Getting Through the Next Meal

Practical support for before, during and after eating

This resource is not about eating perfectly.
It is about making the next meal feel a little safer, a little more manageable and a little less lonely.

When a meal feels enormous

When you are living with an eating disorder, disordered eating or ARFID, a meal can become much more than food. It can carry fear, sensory overload, memories, rules, guilt, uncertainty, nausea, body anxiety, a fear of choking or vomiting, or the exhausting feeling that everybody is watching what you do. Even deciding what to eat can use up an enormous amount of energy. If that is where you are today, you do not need to solve recovery in one sitting. The immediate task is smaller: how can we help you move through the next meal as safely and gently as possible?

Different eating disorders create different difficulties, and no single strategy will suit everybody. Use what helps and leave what does not. A safe or familiar food can still be meaningful nourishment. Needing company is not failure. Using distraction is not cheating. Taking longer is not doing it wrongly. Support should reduce shame and pressure, not add to them.

> *Small steps still count.*

Before the meal: reduce the size of the challenge

Anticipatory anxiety can begin long before food reaches the table. Your mind may already be predicting how difficult the meal will be. Where possible, reduce unnecessary decisions. Decide where you will sit, whether you want company, what sensory conditions are easiest, and what food currently feels most manageable. Predictability can be particularly important when autism, ARFID, anxiety or sensory processing differences are involved.

You might lower noise, change the lighting, use familiar crockery, move away from cooking smells, choose a comfortable seat or have something regulating nearby. Some people need conversation; others need quiet. Some find television, music, a game or an audiobook useful because it stops all of their attention landing on the act of eating.

Try not to turn preparation into a test of whether you are 'good enough' at recovery. If a full meal feels impossible, think about the next achievable action. Sitting at the table may be one step. Bringing the food into the room may be another. Beginning with a familiar component may help your nervous system settle enough to continue.

A 60-second check-in

What am I noticing?	What might help?
Body	Tension, nausea, racing heart, tiredness, dizziness, sensory discomfort
Environment	Noise, smells, lighting, temperature, people, being watched
Support	Company, quiet, distraction, reassurance, more time, familiar food

If you have an agreed meal plan from your eating-disorder team or dietitian, this resource is not intended to replace it. It can sit alongside professional treatment and help you identify what makes following that plan more manageable.

During the meal: work with your nervous system

An anxious body can make eating physically harder. The mouth may feel dry, the stomach may tighten, swallowing can feel unusually noticeable and nausea can increase. This does not mean you are imagining the difficulty. Stress changes how the body feels. Rather than arguing with yourself, try to create signals of safety around the meal.

Keep your feet supported if that helps you feel grounded. Unclench your jaw and shoulders when you notice them tightening. Allow pauses without turning each pause into a decision about whether you will continue. Bring your attention outward when internal sensations become overwhelming: notice the programme you are watching, the voice of the person beside you, the feel of the chair, or five neutral things you can see.

For sensory difficulties, consistency can matter. Temperature, texture, smell, mixed foods and unexpected changes can all affect tolerability. There is no moral value in tolerating a particular texture. Sensory accommodations can provide the stability from which broader food work becomes possible.

Helpful language from someone sitting with you

Supportive company usually sounds ordinary rather than supervisory. 'I'm here.' 'We have time.' 'Would distraction help?' 'Do you want me to talk about something completely different?' can feel very different from comments about portion size, calories, weight, how quickly somebody is eating, or how much they have left.

Try to avoid: bargaining, threats, praise based on quantity eaten, staring at the plate, comparing portions, commenting on bodies, or turning the meal into an argument.

Try instead: calm presence, predictable plans, neutral conversation, curiosity about what helps, and following the person's clinical safety plan where one exists.

After the meal: the difficult part may not be over

For some people, distress rises after eating. Fullness can feel frightening or unfamiliar. Eating-disorder thoughts may become louder. There may be guilt, urges to compensate, body checking, reassurance seeking or an intense desire to undo what has just happened. Planning the period after a meal can therefore be as important as planning the meal itself.

Choose a gentle activity in advance so that you do not have to make another decision while distressed. This might be watching something familiar, doing a puzzle, colouring, talking to somebody, gaming, listening to an audiobook, sitting somewhere comfortable or completing a calm task with your hands. Where compensatory exercise is part of your difficulty, follow the guidance of your clinical team rather than using activity to neutralise the meal.

If body checking increases distress, consider temporarily reducing access to the things that trigger it: mirrors, scales, measuring, repeated photographs or checking how clothes fit. The aim is not to pretend uncomfortable feelings are absent. It is to give those feelings time to rise and fall without automatically responding to them.

The next hour

0–10 minutes	Settle somewhere safe. Slow the environment down. Use company or distraction.
10–30 minutes	Stay with the planned activity. Notice urges without immediately acting on them.
30–60 minutes	Check what you need now: rest, connection, warmth, distraction, or support.
Later	Notice what helped. You do not need to grade the meal or punish yourself for difficulty.

Your Before–During–After Meal Plan

Complete this when you are relatively calm if possible. It can be kept on your phone, printed, or shared with somebody who supports you.

BEFORE

What meal/food feels manageable today? Where will I eat? What sensory changes would help? Who, if anyone, would I like with me?

DURING

What distraction or grounding strategy will I use? What do I want another person to say or not say? What can remind me that I have time?

AFTER

What will I do for the next 30–60 minutes? What urges or thoughts might show up? Who can I contact if distress becomes difficult to manage?

WHAT I LEARNED

What made this meal a little easier? Was anything unexpectedly difficult? What would I change next time?

When you need more support

Eating disorders can affect physical health as well as emotional wellbeing, and serious medical problems can occur at any body size. If you are already under an eating-disorder service, GP, dietitian or other clinical team, tell them when eating is becoming harder, when intake has reduced, or when symptoms are changing. Do not wait until you believe you look 'ill enough'.

Seek urgent medical help if you are seriously unwell—for example if you faint, have chest pain, severe weakness, confusion, difficulty breathing, signs of severe dehydration, blood in vomit, or another symptom that feels like an emergency. In the UK, use 999/A&E; for an emergency and NHS 111 when you need urgent medical advice but it is not a 999 emergency. If you are unsure because of an eating disorder, it is appropriate to ask for medical advice.

A message from Maggie

If the next meal feels frightening, I don't want you to think about every meal that comes after it. I want you to bring the task closer. This meal. This moment. The next manageable step. Eating difficulties can become tangled with fear, sensory experiences, control, memories, anxiety and the way your body responds when it does not feel safe. That complexity deserves understanding rather than judgement.

You may need familiar food. You may need someone beside you. You may need distraction, quiet, the same bowl, a particular temperature or more time than somebody else understands. Support does not have to look impressive to be meaningful. Sometimes progress is simply staying with yourself through something that feels incredibly difficult.

Please reach for professional support when you need it, especially when your physical health is changing. And on the ordinary difficult days, remember that needing help with food does not make you difficult. You are a person trying to meet a very real need while carrying something hard. One meal does not define your recovery. One difficult day does not erase what you have already done.

Maggie
Space to Breathe Therapy

Resource note: This guide is educational and supportive. It is not a substitute for individual medical, dietetic or eating-disorder treatment.