

They Just Won’t Eat

What the parent sees, what the child feels - and what I see from my side of the table

When a child cannot eat what is served, adults may see a refusal, a battle of wills or a habit that needs changing. But a plate can hold far more than food. It can hold fear, disgust, uncertainty, sensory overload, pain, and a child’s desperate wish to feel safe.

I am writing this for the parent who is frightened, for the child who feels misunderstood, and for anyone who has found themselves on opposite sides of a table wondering why something that looks so simple can feel impossible.

My perspective comes from two places: living with avoidant/restrictive food intake disorder (ARFID) since childhood, and my work as a psychotherapist supporting neurodivergent people and those navigating difficulties with eating. Those experiences do not make every child’s story the same as mine. They do remind me to look beyond the plate.

> **“What looks like ‘won’t’ from the outside may feel like ‘can’t’ on the inside.”**

What parents see - and why it hurts

Parents may see a child turn away from a carefully prepared meal, eat only a handful of familiar foods, panic when brands change, gag at a smell or texture, or stop eating a food they previously enjoyed. They may hear “I’m not hungry”, “it tastes wrong” or simply “no”.

Behind the frustration there is often fear: Will my child get enough nutrients? Will they grow? What happens at school, on holiday, or when they visit friends? Parents may feel judged by relatives or professionals, and may start coaxing, bargaining, counting mouthfuls, disguising ingredients or removing preferred foods because nothing else seems to work.

Those responses often come from love and worry, not cruelty. Yet pressure can turn eating into an even less safe experience. Once a child expects conflict at the table, anxiety may begin long before the meal appears.

What the child may feel

For some children, food does not arrive as an ordinary invitation to eat. It arrives as unpredictable information: a new smell, a mixed texture, an unfamiliar colour, an unexpected temperature or the possibility of gagging, vomiting, choking or pain. Their nervous system may react as if there is danger, even when everyone else sees a harmless meal.

A child may wish they could eat like other people. They may be hungry and still unable to take a bite. They may feel embarrassment, shame or sadness when adults read their distress as stubbornness. Some children have little interest in food or struggle to notice hunger cues; others want to eat but fear what might happen afterwards.

> **A child’s distress is real even when an adult cannot see the reason for it.**

ARFID is not simply “picky eating”

ARFID can involve sensory sensitivity, fear of adverse consequences, low interest in eating, or a combination. It may affect nutrition, growth, health, daily life and relationships. It does not require concerns about body shape or weight. Not every selective eater has ARFID, and a professional assessment matters when eating is affecting wellbeing.

From my side of the table: what I felt

I know what it means for eating to become much bigger than a meal. My own difficulties with food began when I was nine. For many years my range of safe foods was extremely limited. Familiarity mattered. Food could feel manageable one day and impossible at another point in my life.

When I talk about a “safe food”, I do not mean a food that someone has decided is best or healthiest. I mean something that the person’s body and mind can currently tolerate. That distinction is important. Taking away what feels safe does not automatically make the alternatives possible.

From inside the experience, the question is not always “Do I like it?” It can be “Can I get this into my mouth?”, “Will the texture change?”, “What if I gag?”, “What if I am sick?”, or “Can I bear everyone watching me?” Even a kind suggestion can feel enormous when you are already at the edge of what you can manage.

I want parents to understand how lonely that can feel. A child may see the disappointment in an adult’s face and carry it as evidence that they have failed, even when no one intends to blame them. The moment everyone begins watching the plate, the child can disappear behind the problem.

What I see now, as a therapist

In my work, I try to hold both experiences at once. I can see the frightened parent searching for an answer, and I can see the child whose system is asking for safety before it can consider change. Both need support. Neither benefits from a battle in which every meal must prove progress.

I also see that the route forward is rarely a single trick. It involves understanding the person’s particular barriers, noticing patterns without judgement, protecting nutrition and physical health, building trust, and making changes that are small enough to feel possible. Support needs to be individual, especially when autism, ADHD, sensory differences, anxiety or gastrointestinal symptoms are part of the picture.

> **I do not want parents and children to win against one another. I want them to feel that they are on the same side of the table.**

What can help at home

Start with safety, not a demand. Keep reliable foods available while seeking appropriate nutritional advice. A child who feels their safest options may disappear can become more fearful, not more flexible.

Be curious about the barrier. Instead of “Just try one bite”, ask what is difficult: the smell, sight, crunch, temperature, mixing, uncertainty, fear of being sick or something else. Some children explain more easily away from mealtimes, through drawing, choosing words or pointing.

Reduce the audience. Avoid counting bites, public praise for swallowing, comparisons with siblings, threats, surprises or hidden ingredients. A calm, predictable meal is often more useful than repeated persuasion.

Make room for choice. Offer meaningful control over portions, presentation, utensils, seating, timing and whether an unfamiliar food is simply nearby. Looking at, touching or smelling food may be significant steps for some people, but these should not become compulsory tests.

Notice connection, not just intake. Ask: Did we sit together without conflict? Did my child feel believed? Did I listen rather than argue? These experiences help rebuild trust around eating.

When help is needed

Speak with a GP or appropriate paediatric professional if eating is very restricted, there is weight loss or faltering growth, signs of nutritional deficiency or dehydration, marked fatigue, fainting, persistent pain, vomiting or choking worries, or significant disruption to daily life. A dietitian and an eating-disorder or ARFID-informed clinician may be important. Seek urgent medical advice for acute dehydration, fainting, rapidly worsening physical health or inability to take fluids.

Avoid changing prescribed nutrition plans without medical input. Exposure or food exploration, where appropriate, should be collaborative, graded and never a substitute for nutritional or medical care.

Words that can change the atmosphere

Instead of “You ate this last week,” try “Something about it feels different today. Can we work out what changed?” Instead of “One more bite for me,” try “I can see this is hard. You do not have to explain it all right now.” Instead of “You’re being difficult,” try “I believe you’re finding this difficult.”

A note to parents - from my side of the table

I understand why parents become frightened. Feeding a child is wrapped up in love, protection and responsibility. When food becomes difficult, it can feel as though you are failing at something fundamental. But your child may be frightened too, and frightened people do not usually become safer because the pressure increases.

Please do not measure your relationship by what is left on the plate. Let your child see that you are interested in their experience, even when you do not yet understand it. The aim is not to give up on widening possibilities. It is to build the conditions in which change can happen without shame.

And to the person who struggles to eat: your difficulty is not a character flaw. You deserve to be heard, taken seriously and supported with respect. Recovery or improvement does not have to look like somebody else's journey.

A gentle conversation to begin today

At a calm time, away from food, you might ask: "What do you wish I understood about eating?" "Is there anything I do that makes meals harder?" "What helps you feel safer?" Listen without correcting their answer. You do not have to resolve everything in one conversation.

Support from Space to Breathe Therapy

I offer online support informed by both professional practice and lived experience of ARFID. If you are looking for a space to understand eating difficulties, family tensions around food, or the needs of a neurodivergent child or adult, you can find out more and arrange an appointment through my website.

spacetobreathetherapy.co.uk

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This article is educational and supportive, not a diagnosis or replacement for individual medical, dietetic or psychological assessment. The first-person section is written in Maggie's voice from the biographical details available and should be reviewed by Maggie before publication.