

IT'S NOT ABOUT THE FOOD

Looking beyond the dinner table to understand what's really going on | A compassionate guide for parents and carers

A child who cannot eat a food is not necessarily choosing to be difficult. From the outside, the struggle may look like a refusal of dinner. From the inside, it may feel like danger, disgust, pain, sensory overload, fear of being sick, or an impossible demand. Understanding that difference can change how a family responds.

What a parent sees - and what a child may be experiencing

You may see a meal left untouched, a child leaving the room, tears when a familiar brand changes, an argument over one bite, or a young person who seems able to eat one food today but not tomorrow. You may also see the worry that follows: Are they getting enough? Are we reinforcing avoidance? What will happen at school, on holiday, or as they grow?

Your child may be experiencing a different story: a smell that fills the room, a texture that triggers gagging, an unpredictable ingredient, a racing heart, a fear of choking, a memory of vomiting, or exhaustion after coping with a demanding day. Their nervous system may react before they can find words to explain it.

“What is this behaviour trying to communicate?” is often a more useful question than “How can I get them to eat it?”

ARFID is more than picky eating

Avoidant/restrictive food intake disorder (ARFID) involves significant restriction of food intake that may affect nutrition, growth, health or everyday life. It is not defined by wanting to change body weight or shape. A child can have ARFID at any body size and may experience more than one pattern at once.

- Sensory sensitivity: taste, temperature, appearance, texture, sound or smell can make food feel intolerable.
- Fear of consequences: eating may be linked with fear of choking, vomiting, allergic reactions or physical discomfort.
- Low interest in eating: hunger signals may be weak, eating may feel like work, or fullness may come quickly.

The difficulty may start long before the plate arrives

Consider the whole day. Poor sleep, changes in routine, social demands, school stress, masking, noise, illness, constipation, reflux, medication effects and anxiety can all reduce a child's capacity to manage food. Some children cope at school and unravel once home. A “safe” meal can become unmanageable when the child is already overloaded.

Food experiences are also shaped by predictability. A different packet, a new recipe, foods touching each other, someone watching, or an unexpected comment can transform what looks like a simple meal into a frightening situation.

What helps at the table

Try to make meals predictable and emotionally safer, without turning every mouthful into a test. Food is important, but a calm relationship with food and the people serving it matters too.

- Offer a reliably accepted food where possible, alongside other foods without demanding interaction.
- Ask permission before changing presentation, portion, brand, temperature or utensils.

- Avoid bargaining, countdowns, comparing siblings, public praise for bites or threats about dessert.
- Allow manageable choices: where to sit, plate or bowl, foods separated, or whether to have a quiet space.
- Use neutral language: “You don’t have to explain it right now. We can work out what felt difficult later.”

Looking beneath the behaviour

Rather than writing “refused dinner,” try observing what happened before, during and after: Was the kitchen noisy? Was there an unfamiliar smell? Was the child already upset? Did the food look different? Was someone watching? Did they gag, freeze, flee or say they were full? What helped them recover? Patterns may emerge over time, without requiring the child to justify themselves in the moment.

How to talk with your child outside mealtimes

Choose a calm, low-pressure moment. Children may communicate better by pointing, drawing, texting or choosing from options than by answering direct questions. It is okay if they do not know why something is hard.

- “Was it the smell, the feel, the worry, the noise - or something else?”
- “What could we change to make the next meal feel safer?”
- “Would you rather tell me, write it down, or show me?”
- “I believe you that this is hard. We can find a way forward together.”

Small steps are still steps

Progress does not have to begin with swallowing a new food. It might be tolerating a food nearby, opening a packet, learning about its ingredients, touching it with a utensil, exploring it away from meals, or speaking about fears. These are invitations, not a compulsory ladder. Any graded exposure should be collaborative, paced to the individual and, where appropriate, supported by an ARFID-informed clinician.

A difficult day does not erase earlier progress. If a food drops out of the accepted range, approach the change with curiosity, consider physical causes, and rebuild safety without blame.

Parents need support as well

Living with ongoing eating difficulties can leave parents anxious, exhausted, guilty and isolated. You may be constantly planning meals, negotiating school arrangements, carrying preferred foods or trying to manage differing advice from others. Your feelings matter. Seeking guidance is not giving up on your child; it can help the whole family feel more supported.

Agree, where possible, on a shared approach across home, school and other settings. Explain which foods are reliably accepted, what makes eating harder, how your child signals distress and what adults should avoid doing. Protect the child’s dignity and involve them in decisions in ways that work for them.

When to ask for professional help

Contact your GP or an appropriately qualified clinician if intake is very limited, the range of foods is shrinking, eating causes severe distress, or nutrition and daily functioning are affected. An assessment may include growth and nutritional status, medical causes of pain or nausea, sensory needs and mental health. A dietitian and an ARFID-informed multidisciplinary team may be helpful. Seek urgent medical attention for signs of dehydration, fainting, marked weakness, or a child who is unable to maintain fluids; severe or rapid deterioration needs prompt assessment. Do not rely on appearance or weight alone to judge risk.

A reflection to take away

Before the next meal, ask yourself: What might my child be coping with that I cannot see? What could make this experience more predictable or less frightening? What is one thing I can change, without asking them to change first?

It is not always about the food on the plate. Sometimes the most meaningful starting point is feeling safe, heard and understood.

Space to Breathe Therapy • Support for individuals and families navigating ARFID, eating difficulties and neurodivergence. spacetobreathetherapy.co.uk

Educational information only. This guide does not replace individual medical, dietetic or mental-health assessment.