FROM MY TABLE TO YOURS

ARFID: Why a Safe Food Can Suddenly Stop Being Safe

If a food you relied on has suddenly become difficult to eat, I want to begin with this: you do not have to defend how real that change feels. Something familiar may now feel uncertain, unpleasant or frightening. When there are already only a few foods you can manage, losing one can feel much bigger than other people understand.

A safe food is often more than a favourite. It may be the food you can buy without having to think through every possibility, the meal that gets you through a working day, or the option that makes eating away from home possible. Its familiarity can reduce decisions and help you know what to expect. When that changes, the loss can affect confidence as well as the next meal.

When I use the words “safe food” here, I mean a food that feels manageable to the person eating it. I do not mean a guarantee about allergies, ingredients or food hygiene. Those need their own checks. A food can be physically safe and still feel impossible to eat; a familiar food can also have a genuine safety problem that deserves attention.

ARFID can involve sensitivity to taste, texture, smell or temperature; fear of consequences such as choking or vomiting; and low appetite or interest in eating. These experiences can overlap. [1] From the outside, a change may look like refusing something that was acceptable yesterday. From the inside, yesterday’s experience may no longer match what the person expects or feels today.

“But you ate it last week” does not make the present experience easier. It can leave someone trying to explain a change they cannot fully explain to themselves. I would rather we begin with a gentler question: “What feels different, and what might help right now?” There does not have to be a perfect answer before the difficulty deserves care.

This is an invitation to understand the experience, rather than an instruction to make yourself eat the food. The immediate aim is to support nourishment and trust while making room to find out what has changed.

FROM MY TABLE TO YOURS

The difference may be small. The impact may not be.

Sometimes there is a difference in the food itself: a different batch, a changed recipe, a texture that is less consistent, or a familiar food prepared another way. These are possibilities to check, not explanations to impose. For someone whose eating depends on predictability, a detail that another person barely notices may change the whole experience.

The setting can matter too. An eating environment that is noisy, full of interruptions or unpredictable may make a familiar food harder to manage. Consistency and a calmer environment are among the accommodations discussed for autistic people with ARFID. [2] The question is not simply whether the food is the same, but whether the whole eating experience feels manageable.

A frightening experience can also change what a food represents. Choking, vomiting or pain may become associated with eating, leaving someone worried that it will happen again. [1] Understanding that fear does not mean confirming that the food is dangerous. It means recognising that reassurance alone may not be enough, and that appropriate professional support can help.

Physical discomfort needs attention in its own right. If there is new pain, nausea, dental discomfort or difficulty swallowing, please do not assume that ARFID explains everything. Medical professionals should consider other conditions that make eating difficult. [2] A sudden change deserves curiosity about the body as well as the food.

Sometimes no clear cause appears. I do not want that uncertainty to become another reason for blame. You can notice when the change began, what still feels possible and whether anything helps, without turning every meal into an investigation. Brief notes may be useful; repeatedly testing yourself can become another demand.

The loss can bring sadness, frustration or embarrassment. There may also be practical worry: what to pack, what to buy, how to eat at work, or what to tell someone who has cooked for you. These concerns deserve space. The goal is not to minimise the loss, but to make the next step less lonely and more manageable.

FROM MY TABLE TO YOURS

Support before pressure

When a food stops feeling manageable, I would start with what remains possible. Is there another familiar food or drink available? Would usual preparation, a quieter space or practical help make eating easier? Follow any individual nutrition or treatment plan. Protecting access to manageable food today can sit alongside professional support for longer-term change.

If you are supporting someone, keep changes open and agreed. Do not secretly swap brands, hide ingredients or trick them into eating something different. Ask before offering alternatives. Beat advises against forcing new foods and emphasises patience, trust and less pressure around meals. [3] “Would you like another option?” leaves more room for a useful answer than “Just eat it”.

Respectful support does not mean leaving someone to struggle without help. It might mean shopping for a familiar option, helping prepare a meal, listening without debating, or going with them to an appointment. You can say, “I believe this is difficult. Let us work out what support you need,” without promising that the food will feel safe again tomorrow.

Please speak to your GP or existing care team if your range or intake is shrinking, eating is becoming increasingly distressing, or you are worried about nutrition or physical health. [1] If food or fluid intake falls suddenly and health is deteriorating, seek help promptly; NHS 111 can advise about urgent care. Use emergency services for an immediate life-threatening emergency. [4]

A safe food changing is not a personal failure. There is no deadline by which you must manage it again. From my table to yours, my hope is that you are met with understanding, practical support and care for both your physical health and your experience of eating.

Maggie
Space to Breathe Therapy

Further reading: [1] Beat: understanding ARFID. [2] Royal College of Psychiatrists: ARFID. [3] Beat: supporting someone with ARFID. [4] Beat: dietitians discuss ARFID. Reviewed November 2026.

Psychoeducational information, not a diagnosis or a substitute for individual medical, dietetic or mental-health advice. The possible explanations described here do not establish the cause of any individual change.