

A FREE GUIDE FROM KATE

Feeding Without Fear

The gentle reintroduction protocol I walk my own son through after every flare — calm, structured, no fear-mongering.

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A note from Kate

If you're reading this, there's a good chance someone in your life — maybe you, maybe a child, maybe a partner — has started to feel afraid of food.

I want to say something first, before anything else: **that fear makes sense**. It is not weakness, it is not fussiness, and it is not your fault. When your gut has been hurting you for months, your brain learns. The fear is your nervous system trying to keep you safe.

What we'll do in this guide is meet that fear gently. No 47-food elimination lists. No "you'll never eat bread again." No miracle cures. Just the calm, structured reintroduction protocol I use with my own family after every flare.

The job is not to overpower the fear. The job is to give the nervous system enough evidence that food can be safe again.

Take it slowly. Take what helps. Ignore what doesn't. You'll know what's right for your situation better than any guide can.

— *Kate*

Part 1

The four food-fear traps

These are the patterns I see most often in Crohn's families. Recognising them is the first step out.

1 The Shrinking Plate

What it looks like: the list of "safe" foods quietly shrinks from twenty items to ten to five to three. Each new elimination feels rational. Each is.

Why it sticks: every removal earns one calm meal. Reward learning kicks in. The shrinking accelerates.

2 The Doctor's Whisper

What it looks like: a doctor mentions "maybe avoid X during a flare" six months ago. The flare passed. The avoidance stayed.

Why it sticks: medical advice given during a vulnerable moment becomes lifetime rule. The original context is forgotten.

3 The Trigger Hunt

What it looks like: every uncomfortable day becomes a "trigger food" investigation. The list of suspects grows. Confidence in any food drops.

Why it sticks: gut symptoms are noisy. Random coincidence reads as causation. The hunt produces "evidence" even where there is none.

4 The Last Bad Meal

What it looks like: one truly bad meal a year ago is still shaping today's choices. The brain treats every similar dish as the same dish.

Why it sticks: traumatic eating events imprint hard, the same way other phobias imprint. The body remembers even when the mind has moved on.

Noticing the trap is half the work. The other half is the protocol that follows.

Part 2

The calm-bite protocol

A seven-day rhythm for reintroducing one food at a time. The goal isn't variety. The goal is **trust**.

Day 1 - Pick a neutral food

Choose one food that already feels safe. Plain rice. A scrambled egg. A piece of toast with butter. Do not push, do not vary.

Day 2 - Eat the neutral food again

Same food. Same time. Same way. Boredom is the point. The nervous system is collecting evidence.

Day 3 - Add one small "side"

Beside the neutral food, place one new item — not mixed in. A spoonful of pumpkin. A slice of cucumber. The eater can ignore it. That's okay.

Day 4 - Notice without commentary

If they ate the side, say nothing. If they didn't, say nothing. Pressure activates the threat response. Quiet evidence does not.

Day 5 - Try the same side again

Same plate. Same neutral + new side. Repetition de-novelises the "new" food and shifts it toward "safe."

Day 6 - Add a second neutral food

Now there are **two** neutrals plus the side. The safe list is growing without effort.

Day 7 - Pause and notice

No new foods today. Let the nervous system rest. Tomorrow starts a new week with three foods that all feel safe.

Repetition de-novelises food. A food that has been calm for seven days is no longer new — and the brain stops bracing.

Part 3

What 'safe food' really means

"Safe" isn't a fixed list — it shifts with the gut. Below is how I think about it at each stage. This is general guidance, not personal medical advice. Always check with the team that knows your case.

Flare stage

Soft, simple, easy on a tender gut. Think plain rice, well-cooked chicken, white toast, broth, bananas, peeled cucumber. Low fibre is your friend — for now.

What to skip for now: raw vegetables, nuts, seeds, tough red meat, very spicy foods, anything that *feels* wrong in your particular gut today.

Recovery stage

Gentle reintroduction. The calm-bite protocol from Part 2 lives here. One new food at a time, evidence-by-evidence, with the existing safe list as the anchor.

What to watch for: patterns over multiple meals, not single-meal verdicts. One bad afternoon is data; it isn't a sentence.

Remission stage

Wider variety, normal portions, social meals, the foods that bring joy. The fear pattern can outlive the flare — this is when you actively rebuild the relationship with food.

What to watch for: rules from the flare stage that have outlived their usefulness. Many parents tell me their biggest moment is realising a restriction is no longer needed and can be quietly let go.

Part 4

The doctor's-office script

When the appetite is the real problem, the words you use with your GI matter. Below is a script I've watched parents and patients use in clinic. Adapt it. Make it yours.

If you're the patient:

I want to flag that my eating has narrowed a lot since my last flare. I'm finding it hard to add new foods back in, even when I'm not in active inflammation. I'd like to talk about whether this is something I should address alongside the medical side — and whether a referral to someone who specialises in eating behaviour might help.

If you're the parent:

My child's safe-food list has shrunk significantly. They show real distress at mealtimes, not just reluctance. I'd like to ask: have we considered whether ARFID or a feeding-disorder evaluation might be appropriate alongside the Crohn's care? I want to make sure we're treating both the gut and the fear.

Why this works:

GIs are trained to look at inflammation, medication, and procedure outcomes. The eating pattern often sits outside their clinical lane — not because they don't care, but because they're not the specialist for it. Naming the issue clearly gives them permission to refer you to someone who is.

One last thing

If this guide met you where you are, I'd love to keep walking with you. Over the next two weeks, I'll send you a few short emails — the story of how we got here with our own son, the single mistake that used to make his flares worse, and the broader framework I now use.

Watch your inbox. Drag my email out of promotions if it landed there. And if you ever want to reply — I read every message myself.

Want more support?

Inside **The Crohn's Method** community, families work through this exact pathway together. Group calls, a resource library, and a quiet space where the fear gets smaller because nobody is alone with it.

Learn more at thecrohnsmethod.com/community.

You don't have to figure this out alone. You never did.