How to Help Someone You Care For With An Eating Disorder

Know The Warning Signs.

There are lots of warning signs such as loss of weight or s/he eats much less than they used to. Perhaps s/he makes excuses about eating somewhere else, or refuses to eat certain types of food such as meat. Does s/he make a fuss if there is dressing on a salad or butter on the vegetables? Does s/he insist on cooking their own food, or refuses to eat with the family? S/he may have complained about feeling fat before all of this started, and almost certainly s/he has been on a diet or, if a male, become obsessive about exercise.

The usual signs of anorexia include weight loss, changed eating habits, excessive exercise and withdrawal from a normal social life. People with anorexia usually deny there is a problem. They say they feel fine and get angry if you try to press the point.

People with bulimia may disappear to the bathroom after meals and run the bathwater or play the radio loudly. Air freshener may be used to hide revealing smells. Food may disappear in large amounts, and a carer may find a cache of hidden food, or packets of laxatives. There will be awful mood swings. Bulimia is a hidden illness because the sufferer may not lose weight, but if any of this happens in a dieting person you could suspect that something is amiss.

It is harder to identify someone with a binge eating problem. Due to feelings of shame, people don't usually admit to it. Is s/he always on a diet but fails to lose weight? Is s/he either on of off a diet all the time? Binge eating is not lack of willpower; it is a condition that responds well to expert treatment. Some of the signs of an eating disorder can be true of normal young adults. However, if you are a concerned carer and you think something may be wrong, there usually is.

Do talk to them; let them know your concerns. Tell them you care.

First, make a plan to approach the person in a private place where there is no immediate stress and there is time to talk. We don't advise carers to talk at a confrontational moment such as when someone refuses to eat a meal. Find a time when everything is calm and quiet and then approach the problem person (PP) with words such as "I have some concerns, and I would like to talk about my concerns with you." The issue is to use "I words" rather than "You" words which can set up resistance.

Say in a caring but in a straightforward way what you have observed and what your concerns are. Tell him or her that you are worried and would like to help. People who are too angry with the person to talk quietly should not be present.

The PP may know there is a problem and doesn't want to talk about it or may simply not be aware that anything is wrong, so part of the initial conversation is seeking information. You must take responsibility for your own worries and need to communicate your willingness to learn about the problem in general and the PP's problem in particular.

Leaving an open door for someone to talk when they feel ready must be a part of the opening communications.

Don’t rush.

Give the person time to talk and encourage them to verbalise their feelings. Ask clarifying questions, like “Perhaps you could explain what has happened to make your weight fall” or “We hear you being sick a lot these days, why might this be happening?”. Listen carefully and accept whatever is said in a non judgemental manner.

Don’t accuse or label.

Do not argue abut whether or not there is a problem or insist that someone has anorexia or bulimia. For example you could say “I know that people who are afraid of eating might be suffering from anorexia, or are at risk of developing anorexia.” Power struggles are not helpful, nor is getting into an argument about definitions. Perhaps you can say “I hear what you are saying, and I hope you are right that this is not a problem. But I am still very worried about what I have seen and heard and that is not going to go away.”

There is no one answer for everyone.

Each person is different with different levels of awareness, understanding and motivation to change. So there are no “one size fits all” answers to how to help or what to say. The individual scenarios of how and when and what to say are so complex that concerned friends and families need to do any and all of the following. First LEARN all about eating disorders from a book or the internet. We also strongly suggest that whether you are a friend or a family member please come and “talk out” your anger, fear, distress and confusion with a trained therapist such as ours at the NCFED, who can explain ambivalence and resistance and make sense of illness related symptoms, before embarking on a conversation with the person you are worrying about.

What if they won’t admit there is a problem?

Denial is very much a part of eating disorders. It is important that you don’t surrender to it, nor is it helpful to engage in a battle of wills with the PP. Sometimes denial is just about a fear of losing control of weight, or shame about what s/he is doing. If the person denies the problem, or becomes angry or refuses treatment, understand that this is part of the illness. A professional can help you to find the courage and the right words.
You can provide information about resources for treatment. Offer to go with the person for just one session with a sympathetic doctor or eating disorder expert or nutritionist, and wait while they have their first appointment. Ask them to have just one appointment without having to commit to regular treatment.

Don’t focus on food and eating.

This is easier said than done. It is hard to hold your tongue when someone is blatantly failing to take care of themselves appropriately. Realise that for them it is the only way they know how to be in control. Struggles with calories, fats and portions mask far deeper concerns such as deep-seated problems with self-worth and emotional distress. Food-related conversations must be balanced with focus on the PP as a

whole.

Don’t walk on eggshells, dare to be honest with them.

The kind of honesty that is required is best left to the advice of a therapist. There is a difference between honesty about what you are thinking and feeling compared with dumping your stuff on the PP. Show the PP that it is important and OK to reveal dangerous and shame invoking feelings. The kind of honesty in communication which works best is the format “When you… I feel … and I am going to take care of myself by ….” (eg “When you eat so little I feel scared and helpless and I’m going to take care of my own feelings by asking you if I can help you in any way….”)

Do give time to listen to them.

PPs value their carers learning about eating problems as a means of caring about them rather than forcing them to change.

Don’t tell them what to do most of the time.

People always do better when they make their own choices, but this doesn’t prevent you from setting boundaries such as “NO you will eat with us and not on your own”, or “NO you will not cook for us”. Or “NO we will not buy you special food”. Boundaries mean that under certain circumstances, you will take actions which are non negotiable - like “If your weight falls to “X” then you will be admitted to hospital.” Parents or carers setting boundaries must be consistent and in agreement. A therapist will help you to set these boundaries.

Know your boundaries and limits as a friend or colleague.

Do not be a hero or a rescuer, you may be resented. If help is rejected, stop, no matter how difficult it seems. Remind yourself that you have done what it is reasonable to do. Eating disorders are stubborn conditions and you may have planted the seed of future change.
Eating Disorders are complex mental health conditions which respond to specially trained expertise. It is unlikely that you will be able to persuade your friend to stop behaving in a worrying way, or force them to recover. They need specific trained help to motivate them to change and support their recovery thereafter.

Don’t collude with the illness.
One feature of eating disorders is secrecy and avoidance. Please don’t take it upon your self to manage their problem and above all don’t under any circumstances keep any secrets for them. If someone is caught out with problems, and asks you to keep it a secret, it is too much of a burden for you to carry on your own. If you wish to be a true friend you might have to say that there are some secrets that cannot be

kept and you will need to speak to someone you can trust. Their health is more important than anything else.

In some cases it may be best for you to withdraw (temporarily) from the company of the sufferer. Hard as this may seem, when everyone is bending over backwards to get help for someone and they are not doing much to help themselves, the wrong kind of attention can keep the problem going. To know when to support and when to withdraw is different for everyone. If you don't know how to handle your friend or colleague with an obvious problem, please consider having a session with an NCFED therapist who will guide you on the best way of supporting both him/her and also yourself.

Do accept and appreciate them as the unique person they are.

This may be controversial - PPs don't feel loved, not because they have bad friends or families but because they feel unworthy. They are highly susceptible to abandonment or rejection ideas. You must see him or her as a very unhappy person who has a form of mental illness, they are not bad or stubborn. An eating disorder takes over so much mental space that they are unable to experience love and true intimacy even though they may "need" the people who care for them. Their relationship patterns can be as "black and white" as their relationship with food. The eating disorder makes them feel unhelpful thoughts about their carers. "If you confront me, force me to get help, challenge me, etc you are a bad person". You need to develop a firm style of loving the PP while not loving the eating problem. An expert can help you with this.

Many sufferers are highly attached to their eating problem, and a therapist can explain why. If this is the case, when you hate the problem it can feel as if you hate the person who has it. It can be a long and fraught process for you to accept that an eating disorder is not just something that can be extracted like a tooth, leaving the familiar person that you used to know and love. Loving someone with an eating disorder can be equivalent to loving someone with schizophrenia, or a different kind of disability. It needs an awful lot of strength and help and maybe some bereavement work for the apparent loss of the person the PP could be, in contrast to who they are right now.

Finally please don't label them with the eating disorder. They have anorexia, or bulimia, or whatever else they would rather call it, rather than saying that they "a**re** bulimic."

Don't try to get them to eat or stop exercising

…Unless your person asks you to help him or her, and you feel that they recognise their problems and really want to change. Again, if YOU get some help from a professional you will get some good advice about how to motivate and encourage someone who will be struggling toward recovery. One NCFED client in recovery said that her mother was the main influence in getting her to eat more, by sitting with her and talking her through her fears. This will not be true for everyone.

What if they continue to refuse help?

They may continue to deny a problem or may admit a problem but refuse to do anything about it. Perhaps they promise that they can change by themselves, even when the evidence doesn't hold up. You might be taken in by promises that s/he will try harder. This is a normal feature of the disorder, your friend or loved one may be very attached to their eating problem no matter how much it appears to be hurting them. Also, eating disorders do not disappear overnight and the fears of change may be intense. Besides, people have a right to refuse treatment unless their life is in acute danger. You will probably feel helpless, angry and frustrated with them. You can say "I know you can refuse to go for help but this will not stop me from worrying. I will talk to you about this again". You must follow up on what you say. Let the PP know that you are seeking support for your own feelings about the situation. In our experience this gives a powerful message to them and may encourage them to do the same. The professional will give good advice about how to recognise and manage a crisis and how to best respond when the PP will not change.

Recognise that an eating disorder upsets the equilibrium of a whole family or group of friends. There may be many people suffering as a result of the illness of one member. Parents may be driven to distraction, brothers and sisters get ignored or drawn into trying to give help which is beyond them, friends get tied in knots wondering if they are doing something wrong. The wrong kind of attention can actually maintain an eating problem, so once again, anyone will benefit from a little professional advice.

Don't give up if your attempts are rebuffed.

Rebuff is part of the nature of eating distress. Don't take it personally. You will need ways of calming down, self soothing and being consistent in your (informed) ways of helping the PP who may be struggling with anxiety and fear.

Don't keep watching them and questioning them – especially about food.

The paradoxical nature of eating disorder shows itself here. Eating disordered behaviour is designed to be both a secret and a communication at the same time. There is no point however in cross questioning someone about their eating behaviour. It encourages lies and deception.

Do get family counselling, to show you ways of managing the problem effectively for your particular circumstances.

Please realise that family interventions are really effective in working with people who have eating problems. A trained therapist can harness the resources of the family to confront the problem behaviours in the most effective way.

Do take time to build trust with them.

This is a really big one. Families can weave such secrets and hidden agendas in their relationships that it can be hard to rebuild trust in each toward the others. Lack of trust is at the heart of eating problems both

as regards the relationship of the PP toward him or herself, and to others. They do not trust their own body, they do not trust their emotions, their intuitions, or their ability to cope with life. They do not trust the world outside and their ability to thrive in it. They may not trust the ability of their carers to cope without the glue of their illness.

Do realise their fear of gaining weight and becoming fat.

This is a complex issue. Even thin people are terrified of gaining weight and normal people have fat days and periods of low self worth. These powerful irrational feelings at the heart of eating disorders do not respond to appeals for common sense or confrontation, and are best left to the wisdom of a therapist experienced in the body image distortions of eating disorders. Terror of feeling fat and even feelings of fatness are usually a metaphor for issues of control and dangerous negative feelings. Conversations about the real control issues and the real buried feelings will be helpful.

Don't be afraid to talk about your feelings.

Talking without acting out, getting aggressive, manipulating or calling on the PP to rescue you from your distress is not helpful. Carers are understandably frustrated by the range of eating disorder behaviours, and distressed and despairing about the apparent waste of life which is being played out in the illness of someone they care for. You need help to balance out the needs of others, children, siblings, colleagues, schoolmates, and to not ignore their needs or engage these people in propping up either you or the eating disordered person.

Do realise that it is not easy to change behaviour.
You can help a person to change by showing them that you can change yourself. Try changing some simpler behaviours like wearing a watch on the other hand so you can feel how hard it can be to do something which just doesn't feel right.

Don't be impatient, change will take time.
Anorexia can take many years to resolve. Bulimia is hard to overcome without professional help. Parents need to be informed about the prognosis of the various eating disorders. Even evidence is not set in stone, people can recover after many years of suffering, others may just maintain their condition within certain boundaries. The prognosis will depend upon many factors, (age, severity, weight loss, personality) and this is part of the learning you will need. It is really important to make your home supportive of the recovery process. Please don't talk about weight, remove the scales, don't go on diets, remove diet books from the home. Be sensitive about what kind of food you keep on view.

Do realise that non-food factors are at the heart of the problem.
An eating disorder is about trust issues, emotional management, self-esteem, perceived control, thinking distortions and not having appropriate boundaries to manage relationships well. Each element supports,

maintains and magnifies the others. The disorder itself may have a positive value for the sufferer, for example weight loss makes him or her feel special, powerful and different. The eating problem may have a positive value in the broader family context, as by diverting attention from powerful family conflicts. It is not helpful to blame a problem on parenting styles or to look for historical traumas at the heart of the problem. This may not be a focus of treatment.

Don't pretend it will all just go away.
And don't assume that getting better is a one way process. Relapse happens and the correct therapy will help someone to manage and prevent their own relapse.

Always make sure you have enough support.

Don't carry an overwhelming burden of anxiety and worry alone.

Do phone a Helpline or forge a relationship an expert NCFED practitioner if you are unsure how to handle a situation.

National Centre for Eating Disorders.

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