

Helping Someone with an Eating Disorder

Advice for Parents, Family Members, and Friends



Are you worried that a friend or family member might have an eating disorder? It's not easy to watch someone you care about damage their health—especially when the solution appears, at least on the outside, to be simple. But eating disorders aren't really about food or weight. They are attempts to deal with emotional and stress-related issues. You can't force a person with an eating disorder to change, but you can offer your support and encourage treatment. And that can make a huge difference to your loved one's recovery.

Understanding your loved one's eating disorder

Eating disorders involve extreme disturbances in eating behaviors—following rigid diets, bingeing on food in secret, throwing up after meals, obsessively counting calories. But eating disorders are more complicated than just unhealthy dietary habits. At their core, eating disorders involve distorted, self-critical attitudes about weight, food, and body image. It's these negative thoughts and feelings that fuel the damaging behaviors.

People with eating disorders use food to deal with uncomfortable or painful emotions. Restricting food is used to feel in control. Overeating temporarily soothes sadness, anger, or loneliness. Purging is used to combat feelings of helplessness and self-loathing. Over time, people with an eating disorder lose the ability to see themselves objectively and obsessions over food and weight come to dominate everything else in their lives. Their road to recovery begins by identifying the underlying issues that drive their eating disorder and finding healthier ways to cope with emotional pain.

Types of eating disorders

The most common eating disorders are:

Anorexia – People with [anorexia](#) starve themselves out of an intense fear of becoming fat. Despite being underweight or even emaciated, they never believe they're thin enough. In addition to restricting calories, people with anorexia may also control their weight with exercise, diet pills, or purging.

Bulimia – [Bulimia](#) involves a destructive cycle of bingeing and purging. Following an episode of out-of-control binge eating, people with bulimia take drastic steps to purge themselves of the extra calories. In order to avoid weight gain they vomit, exercise to excess, fast, or take laxatives.

Binge Eating Disorder – People with [binge eating disorder](#) compulsively overeat, rapidly consuming thousands of calories in a short period of time. Despite feelings of guilt and shame over these secret binges, they feel unable to control their behavior or stop eating even when uncomfortably full.

Myths and Facts about Eating Disorders

Myth 1: You have to be underweight to have an eating disorder.

Fact: People with eating disorders come in all shapes and sizes. Many individuals with eating disorders are of average weight or are overweight.

Myth 2: Only teenage girls and young women are affected by eating disorders.

Fact: While eating disorders are most common in young women in their teens and early twenties, they are found in men and women of all ages—from children to older adults.

Myth 3: People with eating disorders are vain.

Fact: It's not vanity that drives people with eating disorders to follow extreme diets and obsess over their bodies, but rather an attempt to deal with uncomfortable feelings.

Myth 4: Eating disorders aren't really that dangerous.

Fact: Eating disorders are serious conditions that cause both physical and emotional damage. All eating disorders can lead to irreversible and even life-threatening health problems, such as heart disease, bone loss, stunted growth, infertility, and kidney damage.

Warning signs of an eating disorder

Many people worry about their weight, what they eat, and how they look. This is especially true for teenagers and young adults, who face extra pressure to fit in and look attractive at a time when their bodies are changing. As a result, it can be challenging to tell the difference between an eating disorder and normal self-consciousness, weight concerns, or dieting. Further complicating matters, people with an eating disorder will often go to great lengths to hide the problem. However, there are warning signs you can watch for. And as eating disorders progress, the red flags become easier to spot.

Restricting food or dieting

- Making excuses to avoid meals or situations involving food (e.g. they had a big meal earlier, aren't hungry, or have an upset stomach)
- Eating only tiny portions or specific low-calorie foods, and often banning entire categories of food such as carbs and dietary fat
- Obsessively counting calories, reading food labels, and weighing portions
- Developing restrictive food rituals such as eating foods in certain orders, rearranging food on a plate, excessive cutting or chewing.
- Taking diet pills, prescription stimulants like Adderall or Ritalin, or even illegal drugs such as amphetamines (speed, crystal, etc.)

Bingeing

- Unexplained disappearance of large amounts of food in short periods of time
- Lots of empty food packages and wrappers, often hidden at the bottom of the trash
- Hoarding and hiding stashes of high-calorie foods such as junk food and sweets
- Secrecy and isolation; may eat normally around others, only to binge late at night or in a private spot where they won't be discovered or disturbed

Purging

- Disappearing right after a meal or making frequent trips to the bathroom
- Showering, bathing, or running water after eating to hide the sound of purging
- Using excessive amounts of mouthwash, breath mints, or perfume to disguise the smell of vomiting
- Taking laxatives, diuretics, or enemas
- Periods of fasting or compulsive, intense exercising, especially after eating
- Frequent complaints of sore throat, upset stomach, diarrhea, or constipation
- Discolored teeth

Distorted body image and altered appearance

- Extreme preoccupation with body or weight (e.g. constant weigh-ins, spending lots of time in front of the mirror inspecting and criticizing their body)
- Significant weight loss, rapid weight gain, or constantly fluctuating weight
- Frequent comments about feeling fat or overweight, or about a fear of gaining weight
- Wearing baggy clothes or multiple layers in an attempt to hide weight

Worried about someone? Speak out!

If you notice the warning signs of an eating disorder in a friend or family member, it's

important to speak up. You may be afraid that you're mistaken, or that you'll say the wrong thing, or you might alienate the person. However, it's important that you don't let these worries stop you from voicing your concerns.

People with eating disorders are often afraid to ask for help. Some are struggling just as much as you are to find a way to start a conversation about their problem, while others have such low self-esteem they simply don't feel that they deserve any help. Whatever the case, eating disorders will only get worse without treatment, and the physical and emotional damage can be severe. The sooner you start to help, the better their chances of recovery. While you can't force someone with an eating disorder to get better, having supportive relationships is vital to their recovery. Your love and encouragement can make all the difference.

How to talk to someone about their eating disorder

The decision to make a change is rarely an easy one for someone with an eating disorder. If the eating disorder has left them malnourished, it can distort the way they think—about their body, the world around them, even your motivations for trying to help. Bombarding them with dire warnings about the health consequences of their eating disorder or trying to bully them into eating normally probably won't work. Eating disorders often fill an important role in the person's life—a way to cope with unpleasant emotions—so the allure can be strong. Since you may be met with defensiveness or denial, you'll need to tread carefully when broaching the subject.

Pick a good time. Choose a time when you can speak to the person in private without distractions or constraints. You don't want to have to stop in the middle of the conversation because of other obligations! It's also important to have the conversation at a time of emotional calm. Don't try to have this conversation right after a blow up.

Explain why you're concerned. Be careful to avoid lecturing or criticizing, as this will only make your loved one defensive. Instead, refer to specific situations and behaviors you've noticed, and why they worry you. Your goal at this point is not to offer solutions, but to express your concerns about the person's health, how much you love them, and your desire to help.

Be prepared for denial and resistance. There's a good chance your loved one may deny having an eating disorder or become angry and defensive. If this happens, try to remain calm, focused, and respectful. Remember that this conversation likely feels very threatening to someone with an eating disorder. Don't take it personally.

Ask if the person has reasons for wanting to change. Even if your loved one lacks the desire to change for themselves, they may want to change for other reasons: to please

someone they love, to return to school or work, for example. All that really matters is that they are willing to seek help.

Be patient and supportive. Don't give up if the person shuts you down at first. It may take some time before they're willing to open up and admit to having a problem. The important thing is opening up the lines of communication. If they are willing to talk, listen without judgment, no matter how out of touch they may sound. Make it clear that you care, that you believe in them, and that you'll be there in whatever way they need, whenever they're ready.

What not to do

Avoid ultimatums. Unless you're dealing with an underage child, you can't force someone into treatment. The decision to change must come from them. Ultimatums merely add pressure and promote more secrecy and denial.

Avoid commenting on appearance or weight. People with eating disorders are already overly focused on their bodies. Even assurances that they're not fat play into their preoccupation with being thin. Instead, steer the conversation to their feelings. Why are they afraid of being fat? What do they think they'll achieve by being thin?

Avoid shaming and blaming. Steer clear of accusatory "you" statements like, "You just need to eat!" Or, "You're hurting yourself for no reason." Use "I" statements instead. For example: "I find it hard to watch you wasting away." Or, "I'm scared when I hear you throwing up."

Avoid giving simple solutions. For example, "All you have to do is accept yourself." Eating disorders are complex problems. If it were that easy, your loved one wouldn't be suffering.

Encouraging a person to get help

Aside from offering support, the most important thing you can do for a person with an eating disorder is to encourage treatment. The longer an eating disorder remains undiagnosed and untreated, the harder it is on the body and the more difficult it is to overcome, so urge your loved one to see a doctor right away.

A doctor can assess your loved one's symptoms, provide an accurate diagnosis, and screen for any medical problems that might be involved. The doctor can also determine whether there are any co-existing conditions that require treatment, such as [depression](#), substance abuse, or an [anxiety disorder](#).

If your friend or family member is hesitant to see a doctor, ask them to get a physical just to put your worries to rest. It may help if you offer to make the appointment or go along on the first visit.

Treatments for eating disorders

The [right treatment approach](#) for each person depends on their specific symptoms, issues, and strengths, as well as the severity of the disorder. To be most effective, treatment for an eating disorder must address both the physical and psychological aspects of the problem. The goal is to treat any medical or nutritional needs, promote a healthy relationship with food, and teach constructive ways to cope with unpleasant emotions and life's challenges.

A team approach is often best. Those who may be involved in treatment include medical doctors, mental health professionals, and nutritionists. The participation and support of family members also makes a big difference in the success of eating disorder treatment.

Medical treatment. The first priority is to address and stabilize any serious health issues. Hospitalization or residential treatment may be necessary if your loved one is dangerously malnourished, suffering from medical complications, severely depressed or suicidal, or resistant to treatment. Outpatient treatment is an option when the patient is not in immediate medical danger.

Nutritional counseling. Dietitians or nutritionists can help your loved one design balanced meal plans, set dietary goals, and reach or maintain a healthy weight. Counseling may also involve education about proper nutrition.

Therapy. Therapy plays a crucial role in eating disorder treatment. Its goals are to identify the negative thoughts and feelings that are behind the disordered eating behaviors, and to replace them with healthier and less distorted attitudes. Another important goal is to teach the person how to deal with difficult emotions, relationship problems, and stress in a productive, rather than a self-destructive way.

Common types of Therapy for Eating Disorder Treatment

Individual therapy - Explores both the eating disorder symptoms and the underlying emotional and interpersonal issues that fuel them. The focus is on increasing self-awareness, challenging dysfunctional beliefs, and improving self-esteem and sense of control.

Family therapy - Examines the family dynamics that may contribute to eating disorder or interfere with recovery. Often includes some therapy sessions without the patient—a particularly important element when the person with the eating disorder denies having an eating disorder.

Common types of Therapy for Eating Disorder Treatment

Group therapy - Allows people with eating disorders to talk with each other in a supervised setting. Helps to reduce the isolation many people with eating disorders feel. Group members support each other through recovery and share their experiences and advice.

Dealing with eating disorders in the home

As a parent, there are many things you can do to support your child's eating disorder recovery—even if they are still resisting treatment.

Set a positive example. You have more influence than you think. Instead of dieting, eat [nutritious, balanced meals](#). Be mindful about how you talk about your body and your eating. Avoid self-critical remarks or negative comments about others' appearance. Instead, focus on the qualities on the inside that really make a person attractive.

Make mealtimes fun. Try to eat together as a family as often as possible. Even if your child isn't willing to eat the food you've prepared, encourage them to join you at the table. Use this time together to enjoy each other's company, rather than talking about problems. Meals are also a good opportunity to show your child that food is something to be enjoyed rather than feared.

Avoid power struggles over food. Attempts to force your child to eat will only cause conflict and bad feelings and likely lead to more secrecy and lying. That doesn't mean you can't set limits or hold your child accountable for their behavior. But don't act like the food police, constantly monitoring your child's behavior.

Encourage eating with natural consequences. While you can't force healthy eating behaviors, you can encourage them by making the natural consequences of not eating unappealing. For example, if your child won't eat, they can't go to dance class or drive the car because, in their weakened state, it wouldn't be safe. Emphasize that this isn't a punishment, but simply a natural medical consequence.

Do whatever you can to promote self-esteem. in your child in intellectual, athletic, and social endeavors. Give boys and girls the same opportunities and encouragement. A well-rounded sense of self and solid self-esteem are perhaps the best antidotes to disordered eating.

Don't blame yourself. Parents often feel they must take on responsibility for the eating disorder, which is something they truly have no control over. Once you can accept that the eating disorder is not anyone's fault, you can be freed to take action that is honest and not clouded by what you "should" or "could" have done.

Supporting a loved one's recovery

Recovering from an eating disorder takes time. There are no quick fixes or miracle cures, so it's important to have patience and compassion. Don't put unnecessary pressure on your loved one by setting unrealistic goals or demanding progress on your own timetable. Provide hope and encouragement, praise each small step forward, and stay positive through struggles and setbacks.

Learn about eating disorders. The more you know, the better equipped you'll be to help your loved one, avoid pitfalls, and cope with challenges.

Listen without judgment. Show that you care by asking about your loved one's feelings and concerns—and then truly listening. Resist the urge to advise or criticize. Simply let your friend or family member know that they're being heard. Even if you don't understand what they're going through, it's important to validate your loved one's feelings.

Be mindful of triggers. Avoid discussions about food, weight, eating or making negative statements about your own body. But don't be afraid to eat normally in front of someone with an eating disorder. It can help set an example of a healthy relationship with food.

Take care of yourself. Don't become so preoccupied with your loved one's eating disorder that you neglect your own needs. Make sure you have your own support, so you can provide it in turn. Whether that support comes from a trusted friend, a support group, or your own therapist, it's important to have an outlet to talk about your feelings and emotionally recharge. It's also important to schedule time into your day for relaxing and doing things you enjoy.

Where to turn for help

In the U.S.: [National Eating Disorders Association](#) or call 1-800-931-2237 (National Eating Disorders Association)

UK: [Beat Eating Disorders](#) or call 0345 643 1414 (Helpfinder)

Australia: [Butterfly Foundation for Eating Disorders](#) or call 1800 33 4673 (National Eating Disorders Collaboration)

Canada: [Service Provider Directory](#) or call 1-866-633-4220 (NEDIC)

Recommended reading

[Almost Anorexic](#) - Is My (or My Loved One's) Relationship with Food a Problem? (Harvard Health Books)

[The Parent Toolkit \(PDF\)](#) - Advice for parents of children with eating disorders. (National Eating Disorders Association)

[Eating Disorders](#) - Causes, effects, warning signs, and treatment of eating disorders in kids and teens. (KidsHealth)

[Help for Friends & Family](#) - Tips on how to approach a person with an eating disorder, what to say, and how to take care of yourself. (National Eating Disorder Information Centre)

[Treatment](#) - Tips on eating disorder treatment. (National Eating Disorders Association)

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