

# 10 Critical Steps When Helping a Friend Who May Have An Eating Disorder

1. **KEEP AN OPEN MIND:** No matter how strong your suspicion that the individual has an eating disorder, do not make a decision without first speaking privately to the person. If possible, select a time to talk when you will not feel rushed. Ensure sufficient time and try to prevent interruptions.
2. **CLARIFY YOUR ROLE:** Roommates or friends should select the person who has the best rapport with the student to do the talking. Do not intentionally or unintentionally become the student's therapist, savior or victim. Attempts to "moralize," develop therapeutic plans, closely monitor the person's eating, adjust one's life around the eating disorder, or cover for the person are not helpful.
3. **SPEAK PRIVATELY:** Don't confront the person with a group of people, all of whom are firing concerns and accusations at the person. Unless the situation is an emergency or otherwise very negative for many people, confrontation by a critical group without professional guidance should be avoided.
4. **AVOID JUDGEMENT BY USING SPECIFIC OBSERVATIONS:** In a direct and non-punitive manner, indicate to the individual all the specific observations that have aroused your concern. Allow the individual to respond. If the individual discloses information about problems, listen carefully with empathy and nonjudgmentally.
5. **USE "I" STATEMENTS:** Statements that begin with "You" often feel accusatory. Statements that begin with "I" are much less threatening and communicate to your friend that you care and are concerned about their well-being. "I have noticed that you have been leaving the table abruptly after every meal."
6. **REMAIN SUPPORTIVE:** Throughout the conversation, communicate care, concern, and a desire to talk about problems. Your responsibility is not diagnosis or therapy, it is the development of a compassionate and forthright conversation that ultimately helps an individual in trouble find understanding, support, and the proper therapeutic resources.
7. **REFLECT YOUR CONCERN:** If the information you receive is compelling, communicate to the individual: a) your tentative sense that he/she might have an eating disorder; b) your conviction that the matter clearly needs to be evaluated; c) your understanding that participation in school, sports, or other activities will not be jeopardized unless health has been compromised to the point where such participation is dangerous.
8. **RETREAT FROM CONFLICT:** Conflict often results in resistance. Avoid an argument or battle of wills. Repeat the evidence, your concern, and if warranted, your conviction that something must be done. Terminate the conversation if it is going nowhere or if either party becomes too upset. This impasse suggests the need for consultation from a professional.
9. **EMPHASIZE HEALTH:** Throughout the process of detection, referral, and recovery, the focus should be on the person feeling healthy and functioning effectively; not on weight, shape, and morality.
10. **DO YOUR HOMEWORK:** Be knowledgeable about community resources to which individuals can be referred. In discussing the utility of these resources, emphasize to the individual that, since eating problems are very hard to overcome on one's own, past unsuccessful attempts are not indicative of lack of effort or moral failure. Communicate to your friend that you are open and willing to discuss their concerns again in the future.

## HELPING THE HELPER: GOOD ADVICE TO GIVE TO THE FRIEND OF A STUDENT WITH AN EATING DISORDER

# DOS and DON'Ts

### Do:

- Speak to the person privately and allow time to talk.
- Tell the person you are very concerned about him or her. Do not be confrontational.
- Allow the person time to respond. Listen carefully and do not be judgmental.
- Keep the focus on problems (for example, withdrawing from others).
- If the information you receive suggests an eating disorder, share with the person that:
  - you think she/he has a problem with eating (or body image or weight management)
  - you are concerned about his or her health and well being
  - you feel that the matter may need to be evaluated by someone who understands eating disorders.
- Know about some of the resources to which she/he can be referred.
- Tell a qualified professional (physician, nurse, counselor) immediately if the person has problems that scare you, for example, if the person is:
  - bingeing and throwing up several times per day
  - passing out or complaining of chest pains
  - complaining of severe stomach ache and/or vomiting blood
  - suicidal.

### Don't:

- Don't threaten or challenge the person
- Don't be judgmental: don't tell the person that what they are doing is "sick," "crazy" or "stupid."
- Don't give advice about weight loss or exercising or appearance.
- Don't diagnose.
- Don't get into an argument or a battle of wills. Calmly repeat your evidence, your concern and your strong belief that the person needs to have the problem evaluated. End the conversation if it is going nowhere or if either of you becomes too upset.
- Don't promise to keep what you have observed a secret.
- Don't try to keep track of what the person is eating or try to force the person to eat or not eat.
- Don't let the person monopolize all of your time and energy.
- Don't cast a net of awe and wonder around the existence of an eating disorder: keep the focus on inefficiency, misery, and disturbance.
- Don't oversimplify. Avoid thinking or saying things such as "Well, eating disorders are just an 'addiction' like alcoholism" or "All you have to do is start accepting yourself as you are."
- Don't imply that bulimia nervosa, because it is often associated with "normal weight" is somehow less serious than anorexia nervosa.

# Advice for Friends/Helpers

- Remember that she (or he) has the food problem, and it is up to them to do the work
- Make a pact of complete honesty.
- Be patient, sympathetic, non-judgmental, and a good listener. Let her know that you care and have her best interests at heart.
- Accept that recovery is a process and does not happen quickly. Help her to be patient, as well.
- Do not be controlling of her life; you are limited in what you can do to help. You may need to learn about letting go
- When her behavior affects you, express yourself without placing guilt or blame upon her. Try not to take her actions personally. Use "I" messages, explaining your feelings and concerns. You may need to disengage from her to take care of yourself.
- Have compassion. Your loved one may be overwhelmed as she gets in touch with the painful issues underlying the behavior. She will need your love and support at these times more than ever.
- Always remind yourself that your loved one uses their eating disorder as a substitute for confronting painful feelings or experiences. Ask what, if anything, you can do to help. Encourage her to find healthier ways to deal with her pain.
- Do not try to guess what she wants. Encourage her to express her needs. If you have questions, ask.
- Encourage her to enter professional therapy, keeping in mind that no single approach to recovery works for everyone. Be available for joint counseling. Be flexible and open in supporting her to do whatever approaches she chooses. For example, you may know someone who goes to a particular therapist, but your loved one might relate better to another.

•From ***Bulimia: A Guide to Recovery***  
by Lindsey Hall and Leigh Cohn

# Approaching Someone You Care About

**Here are some things you should think about when approaching someone about you're your concern that they may be suffering with an Eating Disorder.**

- Be gentle and caring, and be prepared to listen without offering mounds of advice. You **are not** the person's therapist, nor should you pretend to be.
- Being a good listener means your ears are open and your mouth is shut, you are not intervening with "yeah, I know what you mean, that happened to me once when...." - **just listen.**

**More things to keep in mind...**

- If they then finish talking and ask what your thoughts or opinions are, be honest and caring.
- Don't make the person feel threatened.
- It is not your job to dictate what they should and shouldn't do. If this person has finally decided to talk to you and **trust you**, cherish it and uphold your role in holding their confidence.
- Be encouraging. The recovery road can be a long and uphill battle, with pitfalls and setbacks. Don't be disappointed or disapproving when a victims displays signs of falling back, just encourage them to continue pushing forward.
- Recovery is not only hard work, but can be very confusing and painful, be sure to remind them that you understand this, and that "you cannot always continue to stride forward without a stumble from time to time. It's okay."
- Read as much as you can on the topic of Eating Disorders. The more you know, the more equipped you will be to offer a helping hand. Photocopy or print out articles of interest and if time presents itself share the info with your loved one, but **do not** overstep your boundaries.
- If the person has asked you **not** to do certain things, or talk about things, then respect their wishes.
- Do not talk about food and weight!** Don't continuously ask what the person has or hasn't eaten, how much weight they have lost, or how great or bad they look after gaining or losing. This is **rude and threatening** and you cannot win either way.
- Saying they look "healthy since you've put on some weight" is heard as "you are fat," and expressing disappointment or concern in weight loss comes across as "you're a failure" or "you're a burden." By the same token, don't be afraid to talk in front of the person about your own day to day living (such as, "yeah, Fred and I went out for dinner last night and the steak was so good.") Your stumbling to avoid topics will be as noticed as your persistence in discussing them.
- Don't watch the person "like a hawk" when they are eating, or give looks when they excuse themselves from a meal or from the table. Recovery is not easy and does not happen overnight! Be respectful and courteous and do not try to be **The Food Police.**
- If your loved one is looking for recovery resources try not to let him/her get discouraged. Unfortunately, there are doctors and therapists out there that do not know what they are doing, or who do not recognize Eating Disorders as the serious issue they are.

**Even more things to keep in mind...**

- Be supportive. If you feel it's within your boundaries, offer to help - find names of local support groups and therapists, and offer to go with them their first time if they'd like the company. If they are getting discouraged be patient, supportive and don't push.
- Recovery is a very personal choice each victim will need to make for him or herself.
- Encourage them to find support in others who share the same experiences, through support groups, on-line bulletin boards or chat rooms, or through larger meetings like those of Overeaters Anonymous.
- Don't pretend to understand, if you have never had an Eating Disorder yourself.... it will sound condescending and ingenuine.
- You can be supportive without living with Anorexia, Bulimia or Compulsive Overeating yourself, and your loved-one will appreciate that more than you putting on a facade of empathy.

**Some final things to keep in mind...**

- The victims of Eating Disorders can do better in their own recovery with a good support network behind them... consider it this way -- don't we all do better in life when we know we have people we can count on?
- Learn to be a good listener and what "being there" for someone truly means.

# Do I Contribute to Another's Eating Disorder?

***The culture of disordered eating is pervasive in our society. The following are ways we might encourage eating disorders without even knowing.***

- Praising or glorifying another's appearance based on body size or attractiveness.
- Complementing someone when they lose weight or diet.
- Encouraging someone to lose weight.
- Talking negatively about our bodies.
- Discussing measurements, weights or clothing sizes.
- Thinking of foods as "good" or "bad."
- Making fun of another person's eating habits or food choices.
- Criticizing our own eating.
- Considering a person's weight important.
- Saying someone is "healthy" or "well" because they are thin.
- Expecting perfection.
- Pushing more exercise than necessary.
- Assuming that an overweight person wants or needs to lose weight.
- Allowing the media to dictate what body type is "in."

## Helping Students With Eating Problems

### **Eating Disorder Resources**

- Boskind-White, Marlene. Bulimarexia, The Binge/Purge Cycle. WW Norton, 1987.
- Bruch, Hilde. Eating Disorders: Obesity, Anorexia, and the Person Within. New York: Basic Books, 1973.
- Chernin, Kim. The Obsession: Reflections on the Tyranny of Slenderness. New York: Harper and Row, 1981.
- The Hungry Self: Women, Eating, and Identity. New York: Harper and Row, 1985.
- Hansen, James C., Series Editor. Eating Disorders. Maryland: Aspen Publishers, 1987. Harkaway, Jill Elka, Volume Editor.
- Hirshmann, Jane. Are You Hungry? Random House, 1985.
- Overcoming Eating. Fawcett, 1988.
- Johnson, Craig and Mary E. Connors. The Etiology and Treatment of Bulimia Nervosa. New York: Basic Books, 1987.
- Levenkron, Steven. The Best Little Girl in the World. Contemporary Books, 1987.
- Orbach, Susie. Fat is a Feminist Issue. Paddington Press, Book I, 1977. Book II, 1982.
- Hunger Strike. New York: WW Norton, 1986.
- Roth, Geneen. Why Weight? A Guide to Ending Compulsive Eating. New York: Signet, 1989.
- When Food is Love, Exploring the Relationship Between Eating and Intimacy. New York: Dutton, 1991.
- Siegel, Michele. Surviving an Eating Disorder: New Perspectives and Strategies for Family and Friends. New York: Harper and Row, 1988.
- Stuart, Richard. Weight, Sex, and Marriage. New York: WW Norton, 1987.

### **Online Resources**

- [www.renfrew.org](http://www.renfrew.org)
- [www.overcomingovereating.com](http://www.overcomingovereating.com)
- [www.something-fishy.org](http://www.something-fishy.org)
- [www.gurze.com](http://www.gurze.com)
- [www.nimh.nih.gov](http://www.nimh.nih.gov)
- [www.aabaine.org](http://www.aabaine.org)
- [www.anad.org](http://www.anad.org)
- [www.anrad.org](http://www.anrad.org)
- [www.edap.org](http://www.edap.org)
- [www.naafa.org](http://www.naafa.org)
- [www.kidsouce.com/nedo](http://www.kidsouce.com/nedo)