

# What Should I Say to Someone with an Eating Disorder?

*The information in this article is by no means intended as a substitute for medical advice from a qualified health practitioner. It does not recommend any one treatment, therapy or medication. Please seek medical advice as different medications suit different individuals.*

## Tips for communicating with someone with an eating disorder

When you recognise that someone you know might have an eating disorder, it is difficult to know how and when to approach the person with your concerns.

It is important that these concerns are raised with the person. Here are some ideas that might help when working out what to say. Remember that the goal is to maximise the chance of the person engaging in positive conversation with you about your concerns.

## Being Prepared...

Approaching someone with your concerns may be difficult and confronting for all involved, some thought probably needs to occur about the best way to do this.

## There are a few things to think about when raising your concern with someone who potentially has an eating disorder:

- **Early intervention** is the best way to assist with successful recovery. If ignored, the problem is not likely to go away.
- **Think about who might be the best person to raise the concerns.** In most cases the best person is someone who cares about the person, who can provide them with ongoing support, and who sees them regularly. For many young people, this will most likely be their parent. For older people it might be their partner or a close friend.
- **Inform yourself about eating disorders** – you are more likely to be able to express that you understand what the person is going through if you are informed.
- **Be informed about options for seeking help.** This will be helpful, especially if the person is prepared to seek help, but also if they are sceptical or fearful about recovery.
- **Anticipate a negative or emotional response** – it may be one of denial, anger or even relief. This response is usually driven by fear or confusion. A negative reaction does not necessarily mean that there is not a problem. **You may need to be persistent.** Try to remember that the person is likely to be feeling a great amount of shame, embarrassment and fear about the eating disorder, and this may be playing a large part in their angry or denying response.

- It is normal to **feel hesitant about approaching someone** – raising concerns can be confronting. Sometimes people are unsure whether their suspicions of an eating disorder are correct. Remember that you are unlikely to ever be 100% certain unless the problem has been diagnosed or acknowledged by the person.

## What do I say?

- Choosing the right words can be very hard. It can be helpful to **think about what you are going to say before you talk to the person.**
- Try to maximise the chances of positive conversation. **Your knowledge of the person will help you to determine the best way to approach the situation.**
- **Choose a time** to talk when you are both feeling calm and are unlikely to have any distractions. **Pick a safe and comfortable place.**

## How do I say it?

- **Communicate your concerns.** It is important that you let the person know that you are only raising your concerns because you genuinely care about the person. **Come straight to the point and have examples to back up your concerns.** Tell the person that you have observed behaviour that is of concern to you.
- Tell them that you are **worried that they have developed an eating disorder.** It can be useful to have a list of warning signs or behaviours that you have observed. Be up front about your observations – it can be more difficult for the other person to deny things, if you have some solid examples.
- **Focus on feelings – yours and theirs.** This will lessen the chance of what you are saying being interpreted as an attack or a judgment.
- Own your feelings, demonstrate that you are taking responsibility for your own feelings. **Use "I" statements.**
- Try to **focus on behaviours and feelings** that you are concerned about rather than eating and weight. The person is more likely to recognise that they have been unhappy, withdrawn or miserable. They may be highly protective of the eating and associated behaviours.

## How do I do it?

### Try to avoid the following:

- Comments about appearance, weight or food
- Naming other people who are also worried
- Demanding change or berating the person
- Power struggles
- Tricking or forcing the person to eat
- Labelling statements, blaming statements or judgemental language.

**Example:** “You” statements. For example, avoid saying things like: “You are completely unreasonable”, “You need help”, “You aren’t eating enough”, “You are bulimic, anorexic or you have an eating disorder”, “You are being silly”, or “Just get over it and eat”.

### It can be more helpful to raise your concerns in other ways, for example:

- *“I’ve heard you throwing up in the bathroom. I am concerned for you. I would like us to try and get some help.”*
- *“I am really concerned about this at the moment. I am finding it hard to talk with you because we seem to end up fighting whenever I bring it up.”*
- *“I am feeling anxious because I have noticed... I see you skip meals... run to the bathroom... or how much exercise you are doing etc”*
- *“I am very worried about you, you don’t seem to be as happy anymore. I am concerned about how stressed you are, and am wondering how you are managing this. I would like to be able to help you to get some help. Is there anything that you would like to talk to me about?”*
- *“I am concerned about you because I have noticed a few changes. I have noticed that you seem to be very concerned about how you look, and you seem to be giving yourself a pretty hard time at the moment. I don’t see you enjoying time with your friends anymore, or spending time doing things that you once enjoyed. I want you to know that I care a lot about you, and I think that you deserve to feel better than you seem to have been feeling lately. I would really like to help you to feel better about yourself and would like us to try and get some help.”*
- *“I have noticed that your moods are changing more often than usual.”*
- *“I am finding it difficult to cope when you raise your voice at me. I don’t expect you not to get angry or frustrated, but I don’t accept you speaking like this.”*

## What if the person is unwilling or not ready to talk?

In this situation, remember that raising the subject has opened a door for further conversations. Try not to get caught up in power struggles about whether they have a problem or not. In this situation you might want to say something like:

*“Even if I can’t convince you to get help now, I can’t stop caring”.*

**Be patient and persistent** – but be cautious not to nag. Focus on the future, recovery and your willingness to help.

**The person may feel threatened** by your discovery or observations. Sometimes we need to **allow them some time to absorb what you have said and to respond**. Listen to them and ask them to listen to you. Let them know that you have heard what they are saying.

**Consider the approach to the person as opening a door** for them and understand that it may take some time for them to accept the offer. Realise that they will need to work at getting better at their own pace.

You might want to say something like: *“I understand that you might find facing this very difficult, and it takes a lot of courage to admit that something is not right. I will not let you continue to struggle alone. I will be here for you when you are ready to accept my support and I am here whenever you feel ready to talk.”*

## Is the Person Safe?

If you are concerned that the person is in immediate physical danger, or at risk of harming themselves, then it is necessary to take a more direct course of action. **Get immediate advice from a health practitioner, call an ambulance, take them to emergency, call our Helpline**, etc depending on the situation.

**It might also be helpful to be honest and open about your concerns and what action you are taking with respect to your fears.** It can be very effective to develop a contract with them. For example *‘I care about you and your health. You need to know that I have decided that if you... (Faint, or can’t get out of bed, or whatever) I will... (Call an ambulance, take you to Emergency etc...)’.*

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