

eating disorders information for carers

As a carer of a person with an eating disorder you have an influence over the recovery process. We understand that you want the best for your loved one and want to help them achieve positive changes.

Stages of change

A number of factors can affect a person's willingness to make changes. For example, people suffering from *starvation* have a low level of readiness to change because the effects of starvation on their mind limit their capacity to think clearly. People with *depression* have a low readiness to change due to a sense of hopelessness.



There are many stages that people pass through in the process of making changes. People move back and forth between these stages, sometimes in one day.

- Pre-contemplation: This involves no intention to change (or a fear of change)
- Contemplation: People at this stage are aware of a problem and are considering change, but have yet to make the commitment to change.
- Preparation: People in this stage plan to make change in the near future.
- Action: This stage requires considerable commitment, and involves conscious behavioural change.
- Maintenance: Maintaining progress and preventing relapse
- 'Relapse': a normal part of the recovery process

Empathy and Ambivalence

It is important that you display **empathy** with your loved one. You should convey your understanding of:

- The **NEED** and **VALUE** of their symptoms. People with an eating disorder feel that they *need* to act in the way they do. They also feel that their behaviours have a logical *value* or purpose. It is important that you don't dismiss these feelings.
- The emotional pain s/he is experiencing. Your loved one is going through an immense struggle.
- His/her sense of compulsion to pursue the symptoms, feeling they have no choice in their behaviours.
- Both sides of their **ambivalence**. Ambivalence means that on the one hand they want to become well, and on the other hand they don't want to give up the disorder. This is common, and may include:
 - ◇ Denial of the disorder, secrecy, and deception
 - ◇ Lack of concern for serious physical symptoms
 - ◇ Rationalising the eating disorder and being defensive about their behaviour
 - ◇ Hostility/defiance towards those who urge change

Functions of the Eating Disorder

It may sound irrational, but an eating disorder performs a number of functions for the sufferer. Not all functions apply to everybody. An eating disorder may function as:

- Maintaining childlike dependency
- Protection from sexuality/intimacy
- Providing a sense of security and comfort from routine
- Providing some sense of achievement or ownership
- Controlling emotions
- A form of communication: tells others s/he needs help
- Providing an excuse not to be perfect
- Protection from others' expectations
- Protection from who they feel they "really" are (e.g., "bad")
- A comforting friend, always there for them.
- A part of their identity, it makes them special

How to Help?

- Encourage decision making and responsibility for those decisions, to enhance their sense of control. This should be at an age-appropriate level.
- Encourage your loved one to get professional help. If your loved one is a child, you must **insist** on treatment.
- Seek life-saving treatment for anyone in danger.
- Don't force your loved one to eat - it is possible that s/he will secretly engage in purging to compensate.
- Don't make your love conditional on health, weight, appearance or achievements. Express your caring and interest in them getting *well*.
- Don't comment - positively or negatively - on appearance, weight, or eating behaviours. Any comments may be taken the wrong way.
- Ask what you can do to help and show that you want to hear their feelings without judgement.
- Express your feelings honestly. It is important for your loved one to know how you are feeling.
- Express honest love, verbally and physically (hugs). You may not love their behaviours, but you love them.
- Affirm your loved one for who they are as a person, not their accomplishments.
- Maintain your relationship as normally as possible.
- Do fun things together and engage in social activities that don't involve food.
- Learn as much as you can about the disorder.
- Realise that there is no quick solution.
- Take care of yourself too. Make sure you take time for yourself and have your own supports.

