

SUPPORTING SOMEONE WITH AN EATING DISORDER

How to be present without judgement, pressure or
blame



SPACE TO BREATHE

A supportive information article by Maggie Learoyd

Supporting Someone with an Eating Disorder

You do not need perfect words to make a difference. Calm, consistent presence can help someone feel less alone, while professional support addresses the medical and psychological risks. The aim is not to argue the eating disorder away; it is to keep connection open and help the person reach appropriate care.

Begin with what you have noticed

Choose a private, calm time. Use specific observations and 'I' statements: 'I have noticed you seem exhausted and anxious around meals, and I am worried about you.' Focus on wellbeing and behaviour rather than weight, shape or appearance. Listen more than you speak and avoid debating whether they are 'ill enough'.

Encourage help early

Eating disorders can become medically serious at any body size. Encourage a GP appointment and offer practical help: booking, transport, writing notes or attending if they want you there. If the first conversation is rejected, keep the door open. You can seek professional advice yourself if you are concerned.

Support without policing

Ask what support feels useful and follow clinical guidance. Predictability around plans and meals can reduce anxiety. Avoid commenting on portions, calories, weight, dieting or your own body. Do not praise weight change. Connection after a difficult meal may be more helpful than questioning. Boundaries can be compassionate when they are clear, calm and consistent.

Communication and neurodiversity

Some people need direct language, processing time or written choices. Sensory sensitivities, interoception, demand avoidance and safe foods may affect eating. Do not assume every difficulty is driven by body image. Ask what makes appointments and mealtimes more accessible, and share relevant information with the treatment team with consent.

Look after yourself too

Supporting someone can bring fear, frustration and exhaustion. You are allowed to need rest, information and your own support. Keep parts of the relationship that are not centred on the eating disorder. If the person has alarming physical symptoms, collapses, is confused, cannot stay safe or may be in immediate danger, seek urgent medical help.

Helpful and unhelpful phrases

Helpful language includes: 'I believe you', 'You do not have to explain everything', 'How can I support the next step?' and 'Your health matters at every size.' Avoid 'just eat', 'you look healthy', 'I wish I had your willpower', threats, comparisons and promises of secrecy when safety is at risk. If you say the wrong thing, repair it simply: acknowledge the impact, apologise and ask what would feel more supportive.

Work with the treatment team

With the person's consent, ask clinicians how to respond to symptoms, what physical changes require urgent review and what carers should do around meals. For a child, parents or carers are usually actively involved. Keep a concise record of concerning changes, medication, fainting, vomiting, exercise or fluid intake when clinically relevant, but avoid making the person feel constantly watched. Share facts calmly and protect dignity.

Keep the person in the relationship

The eating disorder may dominate conversation, but the individual still needs ordinary connection. Invite them into low-pressure activities that are not centred on food, exercise or appearance. Speak about music, pets, work, humour and shared memories. Continue to offer invitations without guilt when they say no. Recovery support is strengthened when the person can experience themselves as more than a problem to be managed.

Important

This resource offers general information and emotional support. It cannot diagnose an eating disorder and is not a substitute for medical assessment, specialist treatment or an individual care plan.

If someone is in immediate danger, has collapsed, has severe confusion, chest pain, difficulty breathing, signs of serious dehydration, or an immediate risk of self-harm or suicide, call 999 or go to A&E.; For urgent advice, contact NHS 111.

Further information

- NHS: Eating disorders overview - nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/
- NICE guideline NG69: Eating disorders: recognition and treatment - nice.org.uk/guidance/ng69
- Beat: Information and support - beateatingdisorders.org.uk

Beat Helpline: 0808 801 0677 | Childline (under 19): 0800 1111

Until next time, give yourself space to breathe.