Supporting Someone with ARFID

A compassionate guide for family, friends, partners, colleagues and carers

Understanding what you are supporting

This resource is for anyone supporting somebody affected by ARFID. The presentation can involve sensory sensitivity, fear of aversive consequences and/or low interest in food, without weight or shape concerns. The most important starting point is to remember that an eating disorder is not a choice and that the person is more than the behaviours you can see.

Support is not about finding the perfect sentence or personally fixing the eating disorder. Your role may be to listen, reduce shame, help the person access treatment, support agreed recovery steps and remain a steady relationship while professionals address the clinical aspects of care. Avoid forcing, disguising foods or removing safe foods; sensory and predictability needs should be taken seriously.

How to start a conversation

Choose a calm, private moment rather than raising concerns in the middle of an argument or difficult meal. Use observations rather than accusations: you might say that you have noticed they seem exhausted, anxious around food, more withdrawn or preoccupied, and that you care about them. Give them time to respond. They may deny there is a problem, become defensive or feel frightened. You do not need to win the conversation in one sitting.

TRY	'I've noticed things seem really hard around food at the moment. I care about you and I would like to understand what this is like for you.'
AVOID	Arguments about appearance, calories, weight, portion size, 'good' and 'bad' foods, threats, ridicule or telling somebody to 'just eat normally'.

Practical ways to support recovery

LISTEN WITHOUT POLICING	Ask what support feels useful. Listening does not mean agreeing with the eating disorder; it means making it safer for the person to tell you the truth.
SUPPORT PROFESSIONAL HELP	Encourage assessment and treatment. Offer practical help with appointments, transport, notes or questions if the person wants it.
REDUCE SHAME	Avoid moralising food or praising weight loss. Focus on wellbeing, energy, connection, values and what the person wants their life to contain.
FOLLOW THE TREATMENT PLAN	Where clinicians have agreed a meal, safety or behavioural plan, support it consistently rather than inventing new rules at home.
KEEP THE PERSON BIGGER THAN THE ILLNESS	Talk about ordinary life too. Watch a programme, walk the dog, share humour, discuss work or hobbies. Recovery needs an identity beyond symptoms.

Around meals and difficult moments

Try to stay calm and predictable. Avoid staring at the plate or giving a running commentary on what has or has not been eaten. If the treatment team has advised post-meal support, distraction or supervision, follow that plan. Ask in advance what makes difficult moments easier. Some people want quiet company; others need conversation, sensory adjustments or help moving away from urges after eating.

Remember that reassurance can become repetitive. Instead of repeatedly proving that a fear is impossible, acknowledge the feeling and return to the agreed recovery step: 'I can see this is frightening. I'm here with you, and we can follow the plan together.'

Looking after yourself while supporting someone

Supporting somebody with an eating disorder can be exhausting. Carers may feel frightened, angry, guilty, helpless or responsible. NICE specifically recognises that family members and carers may need support themselves, and Beat offers carer services, training and peer support. Looking after yourself is not abandoning the person; it helps you remain steadier over time.

SHARE THE LOAD	Accept practical help where possible. One person should not have to carry every appointment, meal, crisis and emotional conversation.
KEEP BOUNDARIES	You can be compassionate without being available every minute. Agree what you can realistically do and what requires professional help.
NOTICE YOUR OWN STRESS	Sleep, food, movement, work, relationships and time away still matter for you. Consider counselling, peer support or carer training if you are becoming depleted.

When to seek urgent help

Seek urgent medical help for collapse or fainting, chest pain, severe weakness or confusion, severe dehydration, blood in vomit, suspected poisoning or obstruction, signs of diabetic ketoacidosis where relevant, or immediate risk of self-harm. In the UK use 999/A&E; for an emergency or NHS 111 for urgent advice. If you are unsure about physical risk, seek professional advice rather than trying to assess severity from appearance.

A message from Maggie

If you are supporting somebody you care about, you may feel as though you should always know what to do. You do not have to get every conversation right. What matters is that you keep returning to compassion, appropriate boundaries and professional support. Try to separate the person from the eating disorder, notice the small moments of connection, and remember that recovery is rarely a straight line. Your wellbeing matters too.

Warmly, Maggie

Space to Breathe Therapy

Clinical basis: informed by NICE eating-disorder guidance and Beat resources for families, friends and carers. Educational resource only; not a substitute for specialist assessment or treatment.