When Dieting Becomes Harmful

Recognising the risks and supporting a healthier, more balanced relationship with food

Dieting can begin with an understandable wish to change health, weight or appearance, yet sometimes the rules gradually become more important than wellbeing. Harm is not defined only by a person's weight. A pattern deserves attention when food, exercise or body concerns begin to dominate thoughts, reduce nourishment, increase distress or interfere with relationships and everyday life.

When healthy intentions become rigid

A plan may start with ordinary changes and then tighten: more foods are removed, portions become smaller, eating becomes delayed, social meals are avoided, exercise becomes compulsory or the number on the scale determines mood and self-worth.

Warning signs

Food and thoughts	Behaviour and life
Constantly thinking about food, calories, weight or body shape.	Skipping meals or repeatedly delaying eating.
Increasing fear of ordinary foods or food groups.	Avoiding meals with other people or cancelling social plans.
Feeling guilt, shame or panic after eating.	Compensating through restriction, vomiting, laxatives or excessive exercise.
Believing food must be earned or 'burned off'.	Repeated body checking or weighing.
Feeling unable to be flexible around meals.	Binge-restrict cycles or loss-of-control eating.

You do not have to look unwell

Eating disorders and disordered eating occur across body sizes. Someone can be medically or psychologically affected even when their appearance does not match stereotypes.

What Restriction Can Do to Body & Mind

The body responds to under-fuelling

When intake becomes inadequate, the body may respond with tiredness, feeling cold, dizziness, headaches, constipation, reduced concentration, disrupted sleep, hormonal changes and reduced physical performance. Significant or prolonged restriction can affect cardiovascular, bone and reproductive health.

The mind can become more food-focused

Restriction often increases preoccupation with food. Thinking about meals, recipes, calories or the next opportunity to eat can become stronger rather than weaker. Irritability, anxiety, low mood and difficulty concentrating may also increase.

The binge-restrict cycle

Severe restriction can make intense hunger and loss-of-control eating more likely. The person may then respond with guilt and tighter restriction, creating a cycle that feels like a lack of willpower but is often reinforced by deprivation.

Exercise can become compensatory

Movement can support wellbeing, but concern rises when exercise feels compulsory, continues despite illness or injury, is used to compensate for eating, or causes intense guilt when missed.

Social and emotional effects

Rigid dieting can shrink everyday life. Meals with friends, holidays, family celebrations and spontaneous plans may become threatening. Secrecy and isolation can increase.

When a diet is costing physical health, emotional wellbeing, flexibility or connection, the cost matters even if weight is changing in the intended direction.

Diet Culture, Body Image & Weight Stigma

Why it can be difficult to notice

Dieting is widely normalised. Compliments about weight loss may reinforce behaviour without anyone knowing whether the change came from illness, distress or severe restriction. Before praising weight change, it can be kinder to focus on the person rather than their body.

All-or-nothing thinking

Rigid rules can turn eating into success or failure: 'good' foods versus 'bad' foods, a 'perfect' day versus a 'ruined' day. This can increase guilt and make ordinary flexibility feel unsafe.

Body checking

Repeated weighing, mirror checking, pinching body areas, measuring, comparing photographs or seeking reassurance can temporarily reduce anxiety but often keeps body concerns active.

Weight stigma

People in larger bodies may receive repeated pressure to lose weight and may have symptoms attributed to weight without adequate investigation. Respectful healthcare should consider the whole person and avoid shame.

Social media

Transformation images, 'what I eat in a day' videos and highly controlled wellness content can make extreme behaviour appear normal. Algorithms can repeatedly show similar content, intensifying comparison and preoccupation.

A more protective question

Instead of asking only, 'Is this making me thinner?', ask: 'Is this helping me remain nourished, flexible, socially connected, mentally well and able to live my life?'

ARFID, Autism, ADHD & Other Vulnerabilities

ARFID

For someone with ARFID, safe foods may already be limited by sensory sensitivity, fear or low interest in eating. Weight-loss dieting can remove essential safe foods and reduce an already narrow intake. Adequacy and safety need to come before unnecessary restriction.

Autism

Predictability can be regulating, but diet rules may become particularly rigid or difficult to change. Sensory differences can also make standard 'healthy eating' advice unrealistic. Support should respect safe textures, sameness and individual sensory needs.

ADHD

Medication, hyperfocus, time blindness and executive-function difficulties can lead to missed meals. A pattern that looks like deliberate fasting may sometimes be under-fuelling caused by practical barriers. Visible food, reminders and easy options can help.

Perfectionism, anxiety and OCD

Diet rules can become attached to certainty, contamination fears, numbers or perfection. When anxiety rather than nourishment is driving food decisions, psychological support may be important.

After weight-loss medication

Reduced appetite can make it easier to eat too little. Persistent inability to meet nutritional needs, severe gastrointestinal symptoms, weakness or rapid deterioration should be discussed with the prescribing team.

Children and teenagers

Growing bodies need adequate energy and nutrients. Dieting, weight concern or rapid dietary restriction in a young person deserves careful assessment rather than casual encouragement.

Neurodivergent and sensory needs are not a reason to force variety or remove safe foods. Support should expand safety, nourishment and choice.

Stepping Away from Harmful Dieting

Start with regular nourishment

If restriction has become established, a regular pattern of meals and snacks may help reduce extreme hunger and food preoccupation. People with an eating disorder or significant medical risk may need an individual plan from an appropriately qualified professional.

Loosen one rule at a time

Notice rules that create the most distress. A gentle experiment might involve eating at a previously forbidden time, including a feared food alongside familiar foods, or allowing a rest day without compensation.

Reduce checking

Consider whether weighing, calorie tracking, body measurements or fitness data are helping or keeping anxiety active. Reducing exposure can be useful, although specialist support may be needed when checking feels compulsive.

Rebuild a wider life

Recovery is not only about food. Reconnecting with relationships, hobbies, work, rest, creativity and enjoyable movement helps body and food concerns occupy less of the day.

What supportive people can do

Helpful	Less helpful
Listen without policing food.	Commenting on weight, shape or portion size.
Offer company at meals if wanted.	Debating whether the person 'looks ill enough'.
Encourage professional support.	Praising restrictive behaviour as discipline.
Keep conversation broader than bodies and diets.	Sharing your own dieting rules around them.
Take physical symptoms seriously.	Assuming they can simply choose to stop.

Urgent concerns

Seek urgent medical help for collapse or fainting, chest pain, severe weakness, confusion, blood in vomit, severe dehydration, inability to keep fluids down, or other signs of acute physical deterioration. If there is immediate danger to life, use emergency services.

Personal Check-In, Support & Further Reading

A gentle personal check-in

- Are food, weight or body thoughts taking up more of my day than they used to?
- Have I removed more and more foods or reduced portions beyond my original plan?
- Do I feel frightened, guilty or ashamed when I break a food rule?
- Am I avoiding people or situations because food might be involved?
- Do I compensate after eating through restriction, purging or exercise?
- Am I frequently dizzy, cold, exhausted, constipated or struggling to concentrate?
- Has weighing or body checking become difficult to resist?
- Is my mood increasingly dependent on what I ate or what the scale says?
- Would I feel anxious if someone asked me to stop dieting for a while?
- Could I tell one trusted person what eating currently feels like for me?

A message from Space to Breathe Therapy

If dieting has begun to take over, you do not need to wait until things become more severe before asking for help. Your distress matters now. Moving away from rigid rules can feel frightening when those rules have offered control, certainty or hope. Support can help you rebuild nourishment, flexibility and trust at a pace that feels manageable.

Where to seek support

GP or primary-care team: for physical assessment, blood tests where indicated and referral to specialist services. **Registered dietitian:** for nutritional assessment and a safe plan. **Eating-disorder services or appropriately trained therapist:** for specialist psychological support. In the UK, Beat provides eating-disorder information and support.

Useful reading

Intuitive Eating — Evelyn Tribole and Elyse Resch. **Rehabilitate, Rewire, Recover!** — Tabitha Farrar. **Sick Enough** — Jennifer L. Gaudiani, MD. Books are educational resources and are not substitutes for individual assessment.

Evidence and clinical sources

NHS information on eating disorders and healthy eating; NICE guidance on eating disorders; Beat eating-disorder information and support; British Dietetic Association resources on food, nutrition and eating disorders.

Educational information only. This guide does not diagnose an eating disorder or replace medical, dietetic or psychological care.