BUST A MYTH AROUND FOOD

MYTH: "Eating disorders are just about wanting to be thin."

BUSTED: There is no single eating-disorder story.

Some eating disorders do involve intense fears about weight, shape or body image, but this is not everybody's experience and it is not the only route into disordered eating. Difficulties with food can develop through a complicated interaction of biological, psychological, social and environmental factors. A person may struggle profoundly with eating without ever saying, thinking or feeling that they want to be thin.

Depression, anxiety, grief and trauma can all affect eating

Depression can reduce appetite, energy, motivation and the ability to plan, shop, cook or even begin a meal. Anxiety can create nausea, stomach discomfort, fear, hypervigilance and rigid routines around food. Grief may make food feel meaningless, physically difficult or painfully connected to memories and relationships. Trauma can affect safety, control, body awareness and the nervous system. For some people, restricting, overeating, bingeing, purging or tightly controlling food can become a way of coping with emotions that feel impossible to hold elsewhere.

Food noise, preoccupation and the need for control

For some people the mind becomes relentlessly occupied by food: what has been eaten, what can be eaten, what should be avoided, when the next meal will happen or how to compensate. This 'food noise' can be exhausting. Restriction itself can intensify thoughts about food. At other times food rules can create a temporary sense of certainty or control when life feels chaotic. Understanding the function a behaviour is serving is often more helpful than judging the behaviour from the outside.

ARFID, sensory processing and neurodivergence

ARFID is an especially important reminder that eating disorders are not always driven by weight or shape concerns. Eating may be restricted because of sensory sensitivity, very low interest in food, fear of choking, vomiting or another unwanted consequence. Autism and ADHD can also influence interoception, sensory processing, routines, executive functioning, appetite awareness and the practical work involved in feeding yourself. These experiences deserve recognition rather than being dismissed as fussiness or lack of effort.

WHAT MAY SIT UNDERNEATH FOOD DIFFICULTIES	WHAT SUPPORT CAN NOTICE
Depression • anxiety • grief • trauma • stress	Mood, safety, loss, nervous-system responses and coping
Sensory needs • ARFID • autism • ADHD	Texture, smell, predictability, interoception and executive functioning
Food noise • rigid rules • control • self-worth	What the rules or behaviours are doing for the person
Illness • pain • medication • nausea • appetite change	Physical contributors that may require medical assessment
Relationships • culture • finances • life transitions	The person's wider circumstances rather than only the plate

Look beyond appearance

You cannot reliably identify an eating disorder by looking at somebody's body. People of different weights, shapes, ages, genders and backgrounds can experience serious eating disorders or disordered eating. Changes in eating, distress around food, compulsive behaviours, increasing restriction, bingeing, purging, social withdrawal, physical symptoms or a life increasingly organised around food can all deserve attention regardless of appearance.

Message from Maggie

When somebody is struggling with food, I want us to be curious about the whole person rather than reducing their experience to weight. What happened? What changed? What does eating feel like in their body? What are they frightened of? What are they carrying emotionally? What sensory or practical barriers are present? Sometimes food is where distress becomes visible, but the story underneath it may be much bigger. People deserve to have that story heard.

Seek appropriate help: Eating disorders can become medically serious at any body size. If there is rapid or significant change in intake or weight, fainting, dehydration, purging, severe restriction, physical deterioration, or immediate concern about safety, seek medical assessment. This resource is educational and does not replace individual medical, dietetic or specialist eating-disorder care.