# BUST A MYTH AROUND FOOD

**MYTH: "You can tell if someone has an eating disorder by looking at them."**

## BUSTED: Eating disorders do not have a "look".

A person's body cannot tell you what is happening in their relationship with food. Serious eating disorders and disordered eating occur across body sizes, ages, genders and backgrounds. Someone may appear physically well, continue working, care for a family, exercise, socialise and even eat in front of other people while experiencing intense restriction, bingeing, purging, compulsive behaviours, fear, shame or relentless thoughts about food. Appearance is not a reliable measure of distress or medical risk.

## The struggle may be almost completely invisible

Many people become skilled at hiding what is happening. They may eat differently when alone, avoid certain situations, disguise restriction, compensate privately, create elaborate food rules or tell others they have already eaten. Others may not recognise their own difficulties as an eating disorder because they do not match the stereotypical image they have seen in media. This can delay asking for help and can also mean family, friends or professionals miss important warning signs.

## Look beyond weight and appearance

Changes worth noticing can include increasing anxiety around meals; avoiding eating with others; rigid food routines; a shrinking range of foods; bingeing or feeling out of control around food; purging or compensatory behaviours; compulsive exercise; frequent body checking; food noise or constant mental calculations; dizziness, tiredness or feeling cold; gastrointestinal symptoms; withdrawal; changes in mood; or life becoming increasingly organised around food and eating. None of these alone proves an eating disorder, but they can be reasons to listen and explore what is happening.

## Different difficulties can sit underneath the same outward appearance

One person may be struggling with body image. Another may be living with ARFID and sensory distress. Someone else may have lost their appetite through depression or grief, become frightened of eating after choking or illness, use food behaviours to manage trauma or anxiety, or experience intense food preoccupation after restriction. Autism, ADHD, executive-function difficulties, physical illness, medication, pain, finances, stress and major life changes can also affect eating. The outside does not show us which story is happening inside.

| DON'T ASSUME | NOTICE & ASK |
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| "They look healthy, so they must be fine." | "How are things with food for you at the moment?" |
| "They ate with me, so they cannot have an eating disorder." | One meal tells us very little about someone's overall experience. |
| "Their weight has not changed." | Distress and harmful behaviours can occur without obvious weight change. |
| "They do not want to be thin, so it cannot be an eating disorder." | Explore sensory, emotional, physical, fear-based and other drivers too. |

## Message from Maggie

Please do not wait for somebody to 'look ill enough' before taking their struggle seriously. People can carry enormous battles quietly. If somebody tells you food is difficult, believe that experience rather than comparing it with their appearance. Ask what is happening, listen without immediately trying to fix it, and help them find appropriate support. We need to make it easier for people to speak before their difficulties become visible to everybody else.

**Seek appropriate help:** Eating disorders can become medically serious at any body size. Rapid changes in intake or weight, fainting, dehydration, severe restriction, repeated vomiting or purging, chest symptoms, marked weakness, physical deterioration or immediate concerns about safety need medical assessment. This resource is educational and does not replace individual medical, dietetic or specialist eating-disorder care.