BUST A MYTH AROUND FOOD

MYTH: "People with eating disorders just refuse to eat."

BUSTED: Eating difficulties can take many forms — and they are rarely as simple as choosing not to eat.

Some people restrict food, but eating disorders and disordered eating can also involve binge eating, purging, compulsive exercise, emotional eating, eating in secret, rigid food rules, intense food noise, selective or sensory-based eating, fear of particular foods, loss of appetite or feeling completely out of control around food. Two people can both be struggling seriously while their eating behaviours look almost opposite.

Sometimes the person wants to eat but cannot manage it

With ARFID, anxiety, trauma or sensory processing difficulties, the barrier can feel physical as well as emotional. Smell, texture, temperature, swallowing sensations or mixed foods may trigger intense distress. A previous choking or vomiting experience can create fear around eating. Nausea, pain or illness can make food feel threatening. A person may understand that their body needs nourishment and still feel unable to take the next bite. Calling this 'refusal' can wrongly suggest deliberate defiance.

Depression, grief and overwhelm can change appetite

Depression may flatten appetite and remove the energy needed to shop, prepare food or eat. Grief can make meals feel empty, painful or irrelevant, particularly when food is connected with the person who has died. Anxiety can create nausea and a tight stomach. Chronic stress can affect appetite in different directions. ADHD-related executive-function difficulties can mean noticing hunger late, forgetting meals or becoming overwhelmed by planning and preparation. None of these experiences fits neatly into the idea that somebody simply refuses food.

And some eating disorders involve eating more, not less

Binge-eating disorder and bulimia can involve episodes of eating accompanied by a sense of lost control, distress and shame. Some people cycle between restriction and bingeing. Others may use food to soothe, numb or regulate overwhelming emotions. What is visible at one meal does not reveal the whole pattern. This is why support needs to explore behaviours, thoughts, emotions, physical health and the person's wider life rather than focusing only on whether they are eating.

WHAT YOU MIGHT SEE	WHAT MAY BE HAPPENING UNDERNEATH
Avoiding or restricting food	Fear, sensory distress, rigid rules, low appetite, control or eating-disorder thoughts
Bingeing or feeling unable to stop	Restriction, food preoccupation, emotional regulation, distress or loss of control
Very limited 'safe' foods	ARFID, sensory needs, fear of consequences or predictability needs
Missing meals	Depression, grief, executive-function difficulty, stress, low appetite or deliberate restriction
Eating normally around others	The person may still be struggling privately before, after or between meals

Change the language

Instead of "Why are you refusing to eat?" try: "What is making eating difficult today?" Instead of assuming somebody needs more willpower, ask what would make the food, environment or situation feel safer and more manageable. Language that removes blame can make it easier for somebody to explain what is actually happening.

Message from Maggie

I want us to move away from seeing difficult eating as bad behaviour. There is usually something underneath it that deserves our attention. Sometimes that is fear. Sometimes sensory distress, grief, depression, trauma, food noise, exhaustion or a desperate attempt to feel in control. And sometimes the person cannot yet explain it themselves. Curiosity gives us somewhere to begin; judgement usually closes the conversation.

Seek appropriate help: Severe restriction, repeated bingeing or purging, fainting, dehydration, rapid or significant changes in intake or weight, chest symptoms, marked weakness or physical deterioration require appropriate medical assessment. Eating disorders can be serious at any body size. This resource is educational and does not replace individual medical, dietetic or specialist care.