

5 Ways to Help a Loved One with an Eating Disorder

BY GRÁINNE SMITH



Introduction

When an eating disorder appears, life for the individual will change dramatically – as will life for everyone close to that person, most especially for those who share accommodation. As Janet Treasure noted in 1997, AN (anorexia nervosa) is not stubbornness or naughtiness that can be stopped with a show of strength or power. It is an all-consuming irresistible force. And Anorexia can be described as a minx that takes over control of the victim and all aspects of his or her life...

It's like having a voice in my head all the time, it just won't shut up. People are trying to make me fat; even one bite means gaining weight. Gaining weight means I've failed. My hips, waist and thighs are huge, I must try to lose weight.

Jay, AN binge/purge type

Anorexics carry on a self-dialogue; however, the topic of conversation deals exclusively with her worthlessness as a human being.

Marcia D, a sufferer

Sometimes Anorexia's self-starvation is joined by another minx, Bulimia (BN), who tries to ensure that any sustenance swallowed is disposed of by vomiting, and/or by taking laxatives. Both these 'minxes' with their self-destructive thoughts and behaviours can greatly affect the thinking with dramatic changes in a loved one's behaviour. As Professor Treasure also stated in 1997, AN can't be stopped with a show of strength or force.

For families living with a loved one affected by either Anorexia or Bulimia (or both), relationships can, and frequently do, change, with unexpected explosions of rage over trivia e.g. the curtains not drawn 'properly', as well as frequent heated arguments over if, when and what to eat... When Anorexia and Bulimia move into a home and take over an individual's life, families often feel it's like living with a volcano, never sure when there will be an explosion or even a major eruption as under Anorexia and Bulimia's influence, a loved one's behaviour can change out of all recognition. And recognising that a loved one's thinking and behaviour has been greatly affected - indeed taken over - by these difficult conditions is a good first step to being able to offer the help and strength needed to beat the twin demons.

To cope with and survive such explosions, family and other home carers need to find relevant information about eating disorders, about how best to respond to major changes in Edi's behaviour, and support in their efforts.

Remember
It is the eating disorder individual (Edi) voice speaking rather than Jay or Marcia, or the person you knew so well.

Find relevant information

Family carers need information about Anorexia and Bulimia's common behaviours – and how best to react, what to do and what to try to avoid doing.

No matter how well-meaning or well-intentioned, without such vital information, home care givers will be 'working in the dark' and may inadvertently trigger or create unexpected and unwanted reactions from Edi – remember, a loved one's reactions are part of their eating

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disorder rather than rational personal reactions from Jay or Mike or Deirdre or Peter or David or...

What is relevant information?

- Often **telephone helplines** are manned by people who have personal experience as carers; and will perhaps be able to give information about a local self-help group.
- **Look for practical books about eating disorders** – libraries, bookshops, online. Self-help group members may be able to suggest helpful books which could offer practical ideas.
- **Contact a helpline specialising in eating disorders** e.g. beat-uk; North East Eating Disorders Support (NEEDS) Scotland; ask if they know of any support near where you live.
- **Ask at a local health centre or hospital** about relevant information the staff may be able to offer.
- **Information may also be found online** – though be aware that *anyone* can put *anything* online. Therefore it is very important to check that the info offered online is accurate and up-to-date rather than simply a personal opinion.

In recent years much research has been undertaken about how family carers can help and support a loved one with an eating disorder; and the benefits of coordinated professional/home care – therefore when you find information, check its date of publication to try to ensure it is up-to-date.

Practical support is needed to beat these chronic illnesses – support for Edi, both professional and from family and close others. And support is essential for all home care givers to enable them to build the most effective long-term care possible.

Why? Without all-round, 24/365 coordinated support, it is extremely difficult – impossible? – to ensure the best and most effective care possible. Without good communication and collaboration between family members, and between treating professionals and home care givers, the result is most likely to be a scattergun approach with professionals having access to theories (some of them possibly out of date) but very rarely any personal experience of care giving; and family members often with little or no relevant information on how to offer support.

Where essential relevant information is lacking, each person will be 'doing their best but doing their own thing' ...which may, or may not, be helpful in the changed home circumstances.

Rebuild Edi's self-esteem

Rebuilding Edi's self-esteem is a really important part of what home care givers can do to actively help Edi towards recovery. The problem is - How?!

Communication – good and bad – is again the key. Unfortunately, with Anorexia and Bulimia constantly giving Edi negative messages about his or her weight, looks, shape, it is often extremely difficult for Edi to hear and act on the positive messages other people try to offer. No matter what family carers say, no matter how concerned they are about a loved one's weight

*I feel ill with worry
and totally helpless,
I just don't know
what to do to help M.
What can I do?!
Where can I find out?
Pamela.*

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loss and behaviour, AN and BN will be whispering...

You shouldn't eat that, it'll make you fat! Your family don't really care about you, don't believe them, they just want you to do what you're told! You've got to lose weight to be attractive. Don't eat! You mustn't eat, you really need to exercise for hours every day to lose weight, don't listen to anyone who says you have to eat!

When Edi's confidence and self-esteem have been destroyed by the endless whispers of AN and BN, don't try to ignore the long-term effects - it is extremely important to try to continue to try to repair and rebuild that destruction, and to continue to do so even in the face of Edi's resistance. As always calmly reassuring Edi of your love, and that you are very concerned about his or her health, are the keys...

*I love you very much. I worry about your health and want to help you – I love you.
Let's discuss this when we're both calm.*

Outlining and discussing family rules in the house can be a very constructive activity. For instance, leaving the bathroom clean for other people; helping to clear the table after a meal; taking a turn to help with household chores – plus why we have these rules for the good of everyone who shares the accommodation, Edi as well as everyone else. Followed perhaps by discussion of what could happen if there were no rules at all?

Writing out those rules and pinning them up in e.g. the kitchen can serve as a constant reminder for everyone; or perhaps asking everyone to make some notes about the discussion, what is important to them in the home, how each person helps 'make the home' – which could lead to further constructive discussions.

Small words and actions can have major effects – for good or ill. For instance people may really want to help Edi but, without relevant information about the best way to offer help and support in difficult circumstances, may inadvertently respond in an unhelpful way – perhaps charging in to try to 'sort out' Edi's problems by forceful argument, a bit like a Rhino? Others may behave like a Kangaroo, wanting to protect Edi from unwanted life consequences by trying to wrap him or her in a safe pouch. Then there's Jellyfish who is very easily upset and believes in self-blame; Ostrich who just doesn't want to want to know about any problems, and sticks his or her head in the sand... Perhaps you may recognise here some of these behaviours in people you know?

On the other hand, Dolphin swims alongside and gently tries to guide Edi away from health-damaging behaviour and towards personal safety; and St Bernard who also stays alongside while calmly, quietly offering support and practical help.

Offering Edi guidance, practical help and support ...not simple or easy when Edi's thinking and beliefs are constantly being distorted by Anorexia and Bulimia.

Praise the Positive. A good first step is to look for opportunities to – when you notice Edi has made a real effort, no matter how small, let him or her know you've noticed - and comment positively. For instance:

It was great that you joined us for tea tonight, it must have been hard for you to resist Anorexia's voice about not eating.

Or:

Thanks for helping me prepare the vegetables for our meal tonight... would you like to choose what vegetables we eat tomorrow?

Unfortunately in our busy lives, all too often we only notice and comment on the negatives...

Praise the positive, note the negative

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While it is really important to praise the positive no matter how small, if bad temper and rudeness and other negative reactions are simply accepted and ignored, nothing will really change. Choosing the right words in a fraught and difficult situation is quite a challenge...

Consider carefully **what** you really want to say; how you're going to say what you mean. Think of **when** and **where** best to tackle any negative situation which has affected every member of the household. Informally after a meal? When you are alone with Edi – perhaps when you're out for a walk?

Or when everyone has been affected by Edi's changed and difficult behaviour, perhaps ask everyone to share a cuppa - round the kitchen table; or perhaps in the garden? - to discuss what has happened/is happening and the effects on other members of the household?

When facing negative behaviour, again try always to note and praise anything positive in the situation – and start with that.

I love you very much and can see how hard you're trying – but I won't accept it when you. I don't accept that behaviour from anyone else, and I won't accept it from you. I love you very much - but I still won't accept this behaviour (name the behaviour e.g. shouting, screaming, slamming doors, throwing or breaking things). Let's discuss this when you're feeling calm again, maybe... (suggest a time). Or maybe you can suggest a better time?

A sandwich of positive and negative? 3 steps:

1. Praise anything positive.
2. State clearly what you don't like/won't accept.
3. Finish with a positive observation. (Sometimes this is called 'The Crap Sandwich', with the unpleasant gloopy bit in the middle between 2 positives!)

Care for the Carer

To ensure the best care possible for Edi, support for the home care team is not a luxury – it is essential, so that home carers can continue to offer Edi long-term home support.

Carers need regular 'time off' - perhaps to follow a favourite hobby or activity or meet and relax with a group of friends, go to a concert or film –breathing spaces are really important. Without such breaks, facing frequent difficult behaviour and situations on a daily basis, unfortunately it is much more possible that family carers collapse with exhaustion.

Single carers may find it even more difficult to find times when they can take a much-needed breather. Perhaps asking a close friend or neighbour to keep Edi company for a time may be a possibility, and again, a helpline or self-help group may be able to offer much-needed support and suggestions. Suggest possible activities for Edi – perhaps phone a friend or relation; watch a favourite programme on TV?

Always give a time when you'll be back.

Share 'Talk Time' – a good beginning

Without everyone sitting down together, misunderstandings and difficult feelings are likely to flourish and grow. Sharing time, talking about observations, worries and feelings about behaviour and incidents – good and bad - which affect the whole household, can be invaluable in reassuring everyone that they are not alone in their feelings. Finding a time when everyone can meet together, acknowledging the situation and how it affects everyone, can be a major positive step towards a team effort to support each other through very tough times. And giving each person, including Edi if possible, an opportunity to talk about specific incidents and how they feel, what they would like to see happen – or not happen - is a major step towards building good all-round communication and collaboration within the home team.

Sharing time together without distractions is a good way to openly *Praise the Positives* for everyone – and to *Note the Negatives* and together try to work out ways to try to change these for the future.

Sharing important information with treating professionals

Members of a household are often the first to notice changes in behaviour – positive as well as negative - of other family members; the changes may be major or relatively minor. And often give clues about a person's feelings in response to all sorts of factors – physical health, emotional life situations, mental health.

As professionals see Edi in a sheltered situation - at clinic or hospital – it may be very difficult for them to imagine the person in front of them behaving in a very different way in a home situation with people Edi knows well.

Write it down

When carers are concerned and worried about their observations of ongoing changes in Edi's behaviour, keeping brief notes about those observations at home, noting dates and times, can be a useful record if and when the problems they've observed are maintained and grow. It may be helpful and constructive to talk to Edi about those observations and home-carer team concerns.

Sometimes – often? - Edi cannot accept those concerns, dismissing them completely. *'I'm not ill, stop fussing!'* can often be the response. When carers feel it is important for treating professionals to know what is happening at home, rather than trying to contact treating professionals by phone write a letter outlining concerns and giving information about what you have observed, giving brief details and how often the changes have happened.

Observations passed on by phone can easily be lost and forgotten. A letter can be read and shared by a clinic/hospital team, and kept with Edi's records for future reference.

Conclusion

Collaboration, cooperation, coordination and communication are the keys to the most effective care 24/365.

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