

## 10 things NOT to say...

### 1. “You don’t look so bad to me!”

It’s unfortunate that the stereotypical image of an eating disorder sufferer is an emaciated woman, as the reality is that different types of eating disorders have contrasting effects on body size. Anorexia usually leads to rapid (and severe) weight loss, although a skeletal appearance is still relatively rare. Bulimia and binge-eating disorder typically present at ‘healthy weight’ or even ‘overweight’ in sufferers. What’s important to note is that eating disorders are serious regardless of what size a person is at. The act of binge-eating and purging, for example, puts a person at risk of numerous health problems – even heart attack and bowel rupture, resulting in death.

While most of us would be relieved to know we don’t look ‘bad’ or ‘sick,’ telling someone with an eating disorder that they “don’t look bad” is likely to be interpreted as “I am obviously not as thin as a ‘good’ eating disorder sufferer should be, and certainly not thin enough for anyone to take my illness seriously.” Indeed, even doctors have been known to dismiss eating disorders as ‘not serious’ or ‘non-existent’ due to the sufferer not matching the stereotypical image. This is particularly dangerous as it means sufferers are often denied access to treatment, despite it being well established that sufferers have a better chance of recovery the sooner the intervention.

The other thing to note is that despite looking healthy, the sufferer’s entire profile must be taken into account. For example, people with bulimia are significantly more likely to engage in high-risk, impulsive behaviour such as reckless driving, substance abuse, promiscuity, self-harm, and are more likely to commit suicide compared to those with anorexia. Of course, not all people with bulimia engage in all (or any) of these behaviours, but the point is that it is necessary to look at what other factors may be endangering the sufferer’s safety and health- not merely weight alone.

### 2. “Wow you look so healthy!”

Comments about appearance of health are very common when an eating disorder sufferer has emerged from hospital after treatment, or when a previously underweight sufferer has gained weight. However although physically the person may have made significant improvement, mentally this is often a point when they are extremely vulnerable to relapse as their minds have not caught up with their bodies. It is also a time when the eating disorder voice is likely to be shouting at its loudest. Knowing that they are supposed to put on weight in order to become ‘healthy,’ being told they *look* healthy will most likely be interpreted to mean “oh no! my weight gain must be obvious – I am FAT!”

In addition, unless you are involved in their treatment (if they are undergoing any), gaining weight and looking healthy does not necessarily mean that they *are* healthy. It’s possible the eating disorder behaviour has morphed into binge-eating, overeating, or other unhealthy eating behaviour. It’s best not to comment on appearance at all – but if you really must, focus on hair colour or choice of blouse etc- things that are not affected by shape or size.

### **3. “You look like a refugee/AIDS patient/cancer sufferer.”**

If this comment is designed to make the sufferer realise how sick they look and inspire recovery, chances are it will backfire. At eating disorder support groups we have facilitated, sufferers have often expressed frustration and shame that they are not recovering quickly enough. Everyone’s journey to recovery is different. Telling them they look sick may exacerbate the feeling of hopelessness that many sufferers already feel towards recovery.

For patients who are not yet motivated to recover (which is often the case in the early phase of the illness), telling them they look like a refugee may actually be interpreted as a compliment, that they are ‘thin’ and excite them in the knowledge that they are ‘good’ at losing weight. Again, it’s best not to comment on their appearance.

### **4. “You’re just seeing how far you can go – stop it at once!”**

Another version of this is “you’re just doing this for attention!” Eating disorders are mental illnesses as classified in the Diagnostic Statistical Manual for Psychiatry (DSM-IV-TR). Instead of “doing it for attention,” they are probably in need of it. Blaming the sufferer or threatening them will not change their behaviour – it will merely drive it underground. It will also add to the existing mental distress, which will exacerbate the illness, not inspire recovery. People with eating disorders at the heart of themselves feel worthless, and in many cases, that they are ‘bad’ and deserve to be punished. Saying things that reinforce this idea is likely to make them want to cling to their eating disorder more.

### **6. “Do you *binge*?” (said with obvious look of disgust)**

Binge-eating and purging are two symptoms that characterise bulimia. In cultures where thinness is glorified, the unspoken admiration of the anorectic’s supposed ‘willpower’ sits in stark contrast to the leaky bodies and out-of-control behaviours of bulimics. Often seen as those who want to have their cake and eat it too, people with bulimia feel ashamed they don’t have anorexia. They already feel disgusted by the fact that they binge and vomit. If they could stop, they would. But you can’t choose which type of mental illness you have, and for the bulimic, the eating disorder behaviours are their way of coping with emotional dysregulation. Asking them if they binge (with obvious disgust), or how much they spend on food will only make them feel more ashamed, and because binge-eating and purging is the way they deal with negative emotion, shaming them is highly likely to fuel their eating disorder – not cure it.

### **7. “But you’re a pretty girl, you don’t need to do that.”**

Because eating disorders are mental illnesses and not a choice, they can affect anyone regardless of what they look like. At any rate, eating disorders have little to do with actual appearance. When we talk about ‘body image,’ what we are really discussing is how one *feels* about the way they look. Body dissatisfaction puts people at risk of developing unhealthy weight loss behaviours, which can in turn put them at risk of eating disorders. However once they have an eating disorder, professional intervention will be necessary.



### **8. “How much did you weigh at your lowest?”**

“Are you able to make yourself puke without using your fingers? I saw this documentary on TV where this bulimic vomited so often that she was able to make herself throw up without fingers, can you do that too?” Before you ask these questions, ask yourself why you’re asking them. While a practitioner may ask the former question for medical reasons, when other people ask it is usually asked in the spirit of voyeurism. Don’t ask. It tells the sufferer that you don’t really care that they’re sick, but see their suffering as some form of twisted entertainment.

### **9. “I wish I could have anorexia for a day!”**

When we tell people we specialise in eating disorders, we are occasionally met with this response by those who wish to lose weight. Unfortunately not only does this comment trivialise the seriousness of anorexia, but it reinforces the glamourisation of extreme thinness at any cost. At the end of the day, many diseases can make a person extremely thin – certain types of cancer, Graves disease, AIDS, to name a few – but how many people would say they want *those* illnesses just so they can be thin? Anorexia is a relentless and soul-destroying illness: you do not want it.

### **10. “I have an eating disorder too, ha ha ha” (pointing at beer belly)**

This comment is often made by men, perhaps with the good intention of making the sufferer feel like less of a ‘freak.’ Yet instead of making the sufferer feel more comfortable, it may have the effect of making them feel misunderstood and as though they are not being taken seriously. It also reflects lack of understanding of the seriousness of their disorder.