



Why families matter

Understanding Eating Disorders and Your Role in Recovery

Eating disorders are serious, treatable illnesses. Understanding what your loved one is facing, how your role fits into their care, and how to look after yourself can make you a powerful partner in their recovery.

Families and loved ones do not cause eating disorders.

Informed family and support people can become powerful partners in recovery.

1. Let go of blame

Guilt drains energy you need for the road ahead.

2. You're on the team

Leading clinical guidelines call for family involvement in treatment.

3. Recovery is possible

Full recovery happens at every age.

The diagnosis

Anorexia Nervosa & Atypical Anorexia - Restriction leading to significant weight loss or low weight for the person, intense fear of weight gain, disturbed body image.

Binge Eating Disorder - Repeated binge eating with a sense of loss of control and marked distress, without regular compensating behaviors.

OSFED - A serious illness involving disordered eating behaviors, with significant negative impact on health and functioning, that doesn't meet the other criteria.

Bulimia Nervosa - Repeated binge eating followed by compensating behaviors such as vomiting, laxatives, fasting, or excessive exercise.

ARFID - Avoiding food due to sensory sensitivity, fear of choking or vomiting, or lack of interest in food. Leads to malnutrition; not driven by body image.

Other Feeding Disorders - Pica (eating non-food items), Rumination Disorder (regurgitating food), and Unspecified Feeding or Eating Disorder.

A diagnosis can change over time, and that doesn't mean treatment has failed. Eating disorders often occur alongside anxiety, depression, OCD, trauma, ADHD, or substance use. Unsure of your loved one's diagnosis? Ask the treatment team.

What causes an eating disorder? It's complex

1. **Biology:** Genetics, brain chemistry, metabolism, and temperament.
2. **Psychology:** Anxiety, perfectionism, depression, OCD, trauma, and difficulty tolerating uncertainty.
3. **Environment:** Dieting, puberty, illness, weight focused sports, stress, life transitions, and weight stigma.

Not caused by parenting. Not a choice. Not a phase.

Why help is hard to accept

Malnutrition changes the brain

Occurring in any sized body, malnutrition increases rigidity, anxiety, irritability, and preoccupation with food. Nourishment is the first medicine, and you can help separate eating disorder preferences from real ones.

Ambivalence is expected

It is a symptom, not a character flaw, and it can resurface throughout treatment. Stay committed to treatment even when it's hard for them.

The eating disorder serves a purpose

Behaviors can function as a coping toll and help people manage painful emotions. Learning new ways to cope and tolerating uncomfortable feelings takes time.

Your role in treatment

Treatment teams see your loved one for a small slice of the week; the rest happens in daily life. You know the healthy part of them, you notice early changes others can't, you can hold onto their goals and worth when they can't. Involving supports is linked to stronger, longer-lasting recovery. Your role looks different depending on your loved one's age:

Children & Adolescents

Family-Based Treatment (FBT)

- 1. Caregivers take charge. Plan, serve, and supervise meals to restore nourishment and interrupt behaviors.
- 2. Control returns gradually. As the illness recedes, age-appropriate control over food is handed back step by step.
- 3. Back to healthy development. Focus shifts to independence, identity, and relapse prevention.

Young Adults

Boundaries and partnership

They may be considered adults but they are still living at home, or at school, and are financially dependent.

They're still your child, and it's natural to want to stay involved. Ask to be included. With a signed release of information we will engage with you around treatment and discharge planning.

ERC believes in the power of family engagement and recommends weekly meetings with supports.

Adults

Respect and collaboration

Respect autonomy. Ask what help they want and discuss limits together.

Connect with the team. With a signed release of information, you can talk with providers and join sessions.

Agree on meal support in family sessions so it feels helpful, not controlling.

Support, don't police. Stay curious and connected.

Words that help

INSTEAD OF...	TRY...
"You look so much healthier now."	"It's so good to hear you laughing again."
"Just eat it. It's only a sandwich."	"I know this is really hard. I'm right here with you."
"Why are you doing this to us?"	"I love you, and I won't let the eating disorder win."

Validate the feeling, separate your loved one from their eating disorder, and keep the relationship warm. No one says the right thing every time, and repair matters more than perfection.

You'll be there after treatment ends

Recovery isn't linear, and finishing treatment isn't a cure. Your loved one may need your help remembering their progress, what they learned in treatment, and when it may be time to return to a higher level of care.

Caring for yourself

Exhaustion, guilt and fear, family strain, and isolation are common for supports.
Looking after yourself isn't selfish. It's part of helping them.

Get your own support. A therapist, a carer support group, or a trusted friend who just listens.

Protect the basics. Sleep, regular meals, movement, and your own medical care.

Share the load. Accept specific offers of help, and tagteam meals and supervision.

Stay connected. Keep one or two things that are just yours: friends, hobbies, faith.

Remember siblings. Protect one-on-one time and explain the illness in age-appropriate ways.

Notice small wins. A finished snack, a laugh at dinner. Recovery is built from small steps.

More support

[ANAD](#) free peer-led support groups, including for families

[National Alliance for Eating Disorders](#) helpline and free support groups
[F.E.A.S.T.](#) parent-run guides and online forum

[988 Suicide & Crisis Lifeline](#) call or text 988, caregivers too