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Some Don’ts for Educators and Others Concerned About a Person With an Eating Disorder

*By: Michael Levine, PhD and Linda Smolak, PhD*

1.   Don’t cast a net of awe and wonder around the existence of an eating disorder.  Keep the focus on the reality that eating disorders result in:

Inefficiency in the fulfillment of academic, familial, occupational, and other responsibilities.

Misery in the form of food and weight obsession, anxiety about control, guilt, helplessness, hopelessness, and extreme mood swings.

Alienation in the form of social anxiety, social withdrawal, secrecy, mistrust of others, and self-absorption.

Disturbance of self and others through loss of control over dieting, body image, eating, emotions, and decisions.

2.   Don’t oversimplify.  Avoid thinking or saying things such as “Well, eating disorders are just an addiction like alcoholism,” or “All you have to do is start accepting yourself as you are.”

3.   Don’t imply that bulimia nervosa, because it is often associated with “normal weight,” is somehow less serious than anorexia nervosa.

4.   Don’t be judgmental, e.g., don’t tell the person that what they are doing is “sick” or “stupid” or “self-destructive.”

5.   Don’t give advice about weight loss, exercise, or appearance.

6.   Don’t confront the person as part of a group of people, all of whom are firing accusations at the person at once.

7.   Don’t diagnose: keep the focus on IMAD (inefficiency, misery, alienation, disturbance) and the ways that the behaviors are negatively affecting the person’s life and well-being.

8.   Don’t become the person’s therapist, savior, or victim.  Do not “promise to keep this a secret no matter what.”

9.   Don’t get into an argument or a battle of wills.  If the person denies having a problem, simply and calmly:

Repeat what you have observed, i.e., evidence that there is a problem.

Repeat your concern about the person’s health and well-being

.Repeat your conviction that the circumstance should at least be evaluated by a counselor or therapist.

End the conversation if it is going nowhere or if either party becomes too upset.  This impasse suggests that the person seeking help needs to consult a professional.

Take any actions necessary for you to carry out your responsibilities.

Leave the door open for further conversations.

10.  Don’t be inactive during an emergency: If the person is throwing up several times a day,  passing out, complaining of chest pain, or is suicidal, get professional help immediately.