INSIDE OUT
Institute for Eating Disorders

Talking about eating disorders: A guide for GPs

Language is really important. When someone takes the first step to see a GP, they may not be prepared to hear that they have an eating disorder. The GP could say things like: 'This is a really big step and we are really pleased you're here'; 'You're not alone in this - eating disorders are more common than you realise'; 'This is not your fault, you are not broken'. Taking the shame away, which separates the behaviours from who you actually are, is huge in recovery."

Ava*, lived experience

People with lived experience tell us that the language and approach health professionals use is important.

Here are some conversation tips to help ensure that the person presenting has a positive experience and your therapeutic alliance is strengthened.

Core principle: Every interaction counts

Eating disorders are egosyntonic, that is, they are experienced by the person as acceptable, desirable and sometimes, a part of who they are.

(As opposed to depression, say, which is egodystonic – something unpleasant, unacceptable and something the person is keen to divest themselves of).

As a result, it is important to fine tune how we approach and discuss the illness and the person's behaviours, as this will impact on their experience of treatment and can influence their engagement and future help-seeking (1).

Approach conversations from a place of genuine interest, empathy, and curiosity. This can be demonstrated in the following ways:

1. Practice non-judgement

Adopt a stance of curiosity and empathy, and demonstrate a willingness to learn more about the person and their symptoms.

For example:
"I'm keen to understand exactly what's happening for you."
"Can you tell me more about …."
"Let's work together to figure this out."

When a person entrusts you with their personal story and experiences, remember they may feel ashamed and embarrassed about what is going on for them.

Avoid any comment that might imply criticism, blame or judgement, such as:
"Why can't you just eat normally?"
"What you are doing makes no sense"
"That's not normal"

2. Actively listen using reflections

When health professionals communicate positive, supportive attitudes towards someone with an eating disorder, the therapeutic relationship is enhanced.

In turn, the person's ambivalence or 'resistance' to treatment, which impacts treatment outcomes, can be slowly disarmed.

Patients have told us that the GPs who are most helpful, listen.

Active listening allows the person to feel heard and accepted, increases trust and enhances the therapeutic relationship.

While giving guidance and advice is an important part of the role, this can be done whilst also allowing space for the person's perspective to be heard.

An alert but relaxed, upright posture with good eye contact and a warm approach facilitates active listening.

Summarise your understanding of what the person has said, to demonstrate your listening and to clarify if you have understood the person's experience accurately.

3. Validate the person's experience

Recovery from an eating disorder is extremely hard.

Acknowledging this - and the person's associated emotions, thoughts and experiences - will help to show that you understand (or are trying to understand) the difficulties and sensitivities associated with living with an eating disorder.

Examples:
"It makes sense that you might feel that way."
"It sounds like these symptoms are really tough at the moment."
"Thank you for sharing that with me – I know this can be really hard to talk about."

4. Rolling with resistance

Ambivalence and resistance to treatment are part of the illness and are to be expected.

Ambivalence and fear of what recovery means can make it hard to commit to change and to take consistent, meaningful steps towards recovery.

This can be frustrating for carers and loved ones, and for clinicians, and unless this is understood and handled sensitively, can result in conflict and/or increased resistance.

When resistance occurs:

1. Validate the person's feelings and how difficult and distressing it can be to challenge the eating disorder.
2. Work together to set small and achievable goals.
3. Employ **motivational interviewing** techniques to encourage the person to commit to change – targeted to the stage of change they are currently at.

Avoid making threats or ultimatums when resistance emerges (eg "If you don't put on weight this week, we will have to send you to hospital") as this can further isolate the individual, increase resistance. It also creates the sense that intensive treatment is a punishment, rather than a valid and important life-saving treatment option.

It may help to book in longer sessions with people who have an eating disorder to allow time for the person to express themselves and to feel properly heard.

5. Externalise the eating disorder

It is helpful to separate the person from the eating disorder.

This emphasises that the eating disorder is the problem, not the person living with it, and enables a level of curiosity that is not possible when the disorder is internalised as part of the self.

To do this, speak about 'the eating disorder' as an entity that can be controlling of the person in harmful ways and avoid speaking as though the eating disorder is part of who the person is.

Examples of externalising the illness:

"We want to help you to get back some control over the eating and to keep you healthy - no matter what the eating disorder is telling you."

"It seems like the eating disorder has made it really hard for you to stay healthy on your own..."

"How much of the time is the eating disorder in control of what you're eating and the decisions that you make around food and exercise?"

"What does the eating disorder tell you about yourself?"

"We've spoken about the ways that the eating disorder can seem like a best friend to you. I wonder if you can tell me about the ways it is making life harder for you?"

"It sounds like the eating disorder has been very loud this week and has made it really hard for you to make healthy decisions."

"We are all on the same team and we are all fighting together against the eating disorder."

6. Approach body, weight and shape with sensitivity

People with eating disorders are extremely concerned and anxious about their body, weight and shape.

It is very common for any comments (including intended compliments or reassurance) about body, weight or shape, to be interpreted negatively.

While monitoring a person's weight may be an important part of treatment for some people, it is always helpful to take the focus off weight and shape entirely, and instead focus on overall health and wellbeing.

Remain neutral to the persons weight and weight trend.

It can be tempting to try and make a person feel better if you suspect they may be unhappy or distressed about their weight (e.g., *"It probably doesn't mean anything that your weight went up this week"*) or to avoid weighing them at all.

Instead, try asking open questions of the person to assist them to explore their responses and the helpfulness of these. For example, *"This week the number on the scale has increased 300g. How do you feel about this?"*

Provide support and empathy, and affirm that the person is doing what they need to do and you're there to help, e.g. *"Isn't it interesting that the eating disorder tries to make you feel bad about yourself when you have been taking steps to get back to being physically and mentally healthy, so you can live the life you want to live... what sort of support do you need to help you resist what it's saying and keep going?"*

Refrain from making comments about weight loss/gain.

Because shifts in weight are often such a focus and a target for eating disorder thoughts, it is common that seemingly benign comments such as, “well done”, “that’s good” or “that’s disappointing,” will be interpreted negatively and may reinforce eating disorder behaviours.

They might also influence what the individual chooses to share with you in future (or what they feel they should eat).

People often comment about other people’s bodies or compare their body with others, for example, “everyone else is thinner than me/doesn’t eat lunch”.

Of course, this isn’t true (the selection bias generated by the eating disorder will ensure comparison only with a select group of others).

So, encouraging the person to consider this and resist is important. For example, “what the eating disorder wants you to do is to compare yourself to other people – usually so that you feel bad about yourself; I wonder if perhaps you could try and resist this urge? At the moment we’re focusing on you and your health.”