

***R* is for Respect**

The Role of Respect

We believe that self-respect and respect for others—as individuals and as human beings—is fundamental to a healthy, productive life. To respect a person is to:¹

- Care about them as a human being
- Care enough about them to try to see (literally, to see again, i.e., re-spect) where they are coming from in terms of how they perceive, think, and feel about things.
- Care enough about them as a human being to try to ensure that they have a chance to meet their basic physiological needs, be safe and secure, have meaningful relationships, develop their competencies, and have a chance at a productive, meaningful life.

The power and the pain and the uncontrollable momentum of an eating disorder usually threaten to rob the sufferer and the family of self-respect and respect for each other. As if this is not bad enough, hostility (driven by fear and ignorance) from society about the nature of mental disorders in general and eating disorders in particular further erodes self-respect, as does the tendency of some well-meaning physicians and therapists to blame the sufferer for being spoiled and willful, and to blame family members for being “inept” or “dysfunctional as a family.”

Some Basic *Do's*

Every person is different, and by definition family members and close friends usually know best how to talk to the person whom they care about – what words to use, what tone of voice to take, how much information they can handle when they are upset, and so forth. Nevertheless, our experience and that of experts across the world suggests that there are some basic things you can easily do in order to facilitate—over the long haul (see above)—the process of working with your loved one to acknowledge a problem and the need for professional, expert evaluation. Here is our list of basic recommendations:^{2,3,4,5,6}

- **Arrange to talk to the person in private**; you're going to be talking about personal, sensitive, and emotionally charged matters.
- Designate one person or at most two to speak with the person – **do not “gang up” on the person**
- **Allow ample time to listen attentively and communicate effectively** – do not do this “on the fly” or “in between” other important matters.

- **Ask (in the proverbial gentle but firm, insistent manner) the person to “hear me out, first, and then I’ll listen carefully to your response.”**
- Say (again, gently and kindly, but firmly and seriously) “We’re very concerned about you these days. How are you doing . . . really? Listen to the response non-judgmentally. Your purpose here is two-fold: **(1) communicate and demonstrate your willingness to listen; and (2) ascertain whether there is a medical emergency** (see above).
- **Communicate your concerns.** Describe specific times when something your loved one did or something you noticed about your loved one worried you and how these things make you concerned that he/she may need professional help.
- **Communicate your belief that the situation requires a professional evaluation:** “I am not certain what is going on, but I am very concerned, and I strongly believe that we need a professional evaluation.”
- **Communicate your willingness to help the person through this process.** You may, for example, offer to help them locate a professional who has experience in assessment and evaluation, to go with them to the professional’s office, to go out with them afterwards to talk over what transpired, and so forth.
- **Allow your loved one time to think over the conversation.** If, after you speak, there is essentially silence or passive and defensive suspicion on the part of your loved one, smile kindly and with compassion, and then say “Please think over what I’ve just said and how I feel, and let’s talk again in a couple of days or whenever you are ready to, OK?”
- **If the person resists (see below) forcefully or angrily, express yourself and express your continued concern for and support for your loved one.** Don’t get angry or forceful. Try to avoid arguing.

[You may say, for instance] I am not going to argue with you. I know what I feel, I know what I have observed, and I (still) feel very strongly that this situation needs to be evaluated by an expert. If you change your mind and are ready to discuss this further, I am always available to talk with you and to support you.”

Some Basic *Don’ts*

- **Avoid diagnostic labels.** Your role is not to respond to “So, like, you think I have some type of eating disorder?! Well, I don’t!” Your role is to communicate care, concern, a conviction that the situation needs to be evaluated, and constant support.
- **Don’t get caught up in the “health game.”** Avoid discussing whether her/his weight is right, s/he is eating the right diet, or engaging in too much exercise.
- **Avoid conflicts or a battle of wills.** If your loved one refuses to acknowledge a problem, calmly “hold your ground,” calmly repeat your concerns and your belief that the

situation needs to be evaluated (the old “broken record technique” is an effective one) AND leave yourself available as a supportive listener.

[You may say, for instance] I just don’t feel “everything is all right.” I am (still) very concerned about you. I hear you saying that “everything is fine” and that I “should just let it go, it’s no big deal,” but what I’ve noticed it [repeat several specific observations]. I (still) feel very strongly that this situation needs to be evaluated by an expert. If you change your mind and are ready to discuss this further, I am always available to talk with you and to support you.”

- **Avoid placing blame, shame, or guilt.** You can think it, you can feel it “in your bones” as they say – but don’t say things like “everyone knows you have a problem” or “can’t you see what you’re doing to this family?!” Instead, say things like “I’m worried about you never eating lunch” or “I’m concerned about how much time you spend running on your bad ankle.”
- **Avoid asking “why” your loved one is doing this.** We know, and now you know, that eating disorders are not really or solely about eating or weight or shape. Nevertheless, this will likely not make any sense or matter at all to your loved one until much later in the process. Asking “why” is only going to make you sound critical and judgmental, which will put your loved one on the defensive in ways that will be unproductive.
- **Avoid giving simple solutions or simplistic advice,** such as “You just need to exercise more and eat a little less” or “Don’t worry, all women get a little tummy as they get older; you just have to accept that.” Avoid acting as if you have “the answer” and your loved one is just too stubborn or messed up to see your righteousness

¹ May, R., & Yalom, I. (2005). Existential psychotherapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (7th ed., pp. 269-298). Belmont, CA: Thomson/Brooks Cole.

² Levine, M. P. (1987). *Student eating disorders*. Washington, DC: National Education Association.

³ Herrin, M., & Matsumoto, N. (2007). *The parent’s guide to eating disorders: Supporting self-esteem, healthy eating, & positive body image at home* (2nd ed.). Carlsbad, CA: Gürze.

⁴National Eating Disorders Association [NEDA] website = www.nationaleatingdisorders.org

⁵ Smolak, L., & Levine, M. P. (2007). Recognizing & preventing adolescent eating disorders and muscularity Problems. *The Prevention Researcher*, 14(3; September), 15-17.

⁶ Treasure, J. (1997). *Anorexia nervosa: A survival guide for families, friends and sufferers*. East Sussex, UK: Psychology Press