

10 Fundamental Principles and Assumptions of the SHAIRE Model

1. **Eating Disorders are serious, complex conditions** that often take on a life of their own—in fact, to such an extent that it may be very helpful for loved ones to think of the person (e.g., “my daughter”, “my son” or “my spouse”) and their eating disorder as separate entities (e.g., a “monster on her/his shoulder”).^{1,2}
2. **Eating Disorders are caused by complex combinations of biological, psychological, and sociocultural factors.** This means that recovery needs to address, at the very least, the following aspects of the particular disorder that affects your loved one^{3,4,1,5,6,2}:
 - a. medical and physical health
 - b. genetic and neurobiological factors
 - c. psychological factors (e.g., fears, attitudes, goals, self-concept)
 - d. nutritional status
 - e. behavioral knowledge and competencies
 - f. interpersonal and coping skills
 - g. relationship to cultural pressures that promote negative body image and disordered eating
3. No one or no thing is “the cause” of an eating disorder, so **blaming one’s self or others is, while understandable, ultimately counterproductive.**
4. Eating disorders are frightening, confusing, and, at times, maddening. Thus, **an array of strong emotions are normal and expectable.** However, one of the important things family members can learn in order to help their loved one is how to express their negative and positive emotions more effectively, constructively, and humanely.^{1,2}
5. No one is to blame – but **all family members have a responsibility to aid in the person’s recovery to the best of their ability.** In fact, parents and other family members are one of the major keys to recovery.^{4,1,6,2}
6. Many **people do recover from eating disorders,** but it takes time, determination, and, in most instances, coordinated intervention from family members and professionals.^{1,2}
7. Expect—and try not to take personally—the gamut of human emotions and foibles from the person with an eating disorder, and at times from yourself: anger, confusion, ambivalence, dependence, willful independence, anxiety, clarity, progress, backsliding, embarrassment, pride, etc. **Your loved one is human and the disorder is a monster. Thus, as you and your loved one work to overcome the monster, there will be struggle, emotional distress and**

- outbursts**, and the ups and downs of any long-term battle that is marked by fear and courage.^{1,2}
8. **Ambivalence, fueled by fear, anxiety and uncertainty, is the rule for people suffering from eating disorders:** They do not want to suffer, they do not want to make the family's life a "living hell," they do not want to die, AND they are afraid AND they are confused AND they may be having trouble thinking straight.^{1,5,2}
 9. **It is important for families to work with each other and professionals^{1,5,6,2} to establish a united front** to move beyond anger, helplessness, and blame—and toward
 - a. An atmosphere of compassion, consistency, security, and constructive action
 - b. Learning to respond dialectically and with validation. (create links to help define these words for families)
 - c. Non-negotiables for the health and well-being of the family as a unit and as individuals making health more attractive and feasible than illness
 10. Self-care for all family members is of the utmost importance—**the key is giving of yourself, not giving up yourself or on yourself.** You can't share and build upon what you don't have.^{1,2}

¹Herrin, 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.

²Treasure, J. (1997). *Anorexia nervosa: A survival guide for families, friends and sufferers*. East Sussex, UK: Psychology Press.

³Andersen, A. E. (1985). *Practical comprehensive treatment of anorexia nervosa and bulimia*. Baltimore: Johns Hopkins University.

⁴Health Education Center, & Eating Disorders Institute. (1999). "How did this happen?" *A practical guide to understanding disorders—for teachers, parents and coaches*. Minneapolis, MN: Institute for Research and Education, HealthSystem Minnesota.

⁵Natenshon, A. H. (1999). *When your child has an eating disorder: A step-by-step workbook for parents and other caregivers*. San Francisco: Jossey-Bass.

⁶National Eating Disorders Association [NEDA] website = www.nationaleatingdisorders.org