

Adults Treating Adults with Eating Disorders

Recovery Guide

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Eating Disorder Recovery Kit
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Note: while this guide was written with partners of adult sufferers in mind, it is equally suitable for parents of adult sufferers or friends.



Introduction

[Audio file for this section here](#)

In order to help you help a person with an eating disorder, I am going to have to help you understand what you are dealing with.

Some of the content in this guide will be hard for you to take, and you might not want to believe it — but you are going to have to.

Q: How seriously should you take your partner's eating disorder?

A: How seriously would you take it if they had cancer?

If left untreated your partner's eating disorder may kill them.

Eating disorders are a terrifying form of mental illness. Your family should prioritise your partner's health and recovery.

If your partner is a "functioning" person with an eating disorder and has had the illness for a long time, then they undoubtedly have devised ways to hide the worst of their eating disorder from you and the rest of the family. If your partner seems "fine for the most part" I promise you that they are not fine at all. That is what eating disorders do in order to sustain themselves — they hide, they pretend they are okay, and they pretend that nothing is wrong or abnormal.

Eating disorders are mental illnesses. We have the [brain scans to prove it](#). Your partner may have perfected the art of *looking* as if everything is okay. Your partner may have managed to sustain a weight that is adequate to keep them alive (so far). These things do NOT mean that your partner is not sick. Even if he or she doesn't look and act sick all the time do not underestimate the seriousness of this illness.

Anything that you have seen or witnessed is merely the tip of the iceberg of what they are going through — and that includes weight loss. Even on a good day your partner is living through an incessant barrage of thoughts and feelings that would turn any normal person into a nervous wreck.



Eating disorders are a particularly nefarious form of mental illness. One of the hardest things for you will be re-learning many of the things that you think you know about your partner. You will have to question his or her motives on everything that is even slightly linked to food and exercise. You will have to become the eating disorder Sherlock Holmes. You will have to learn not to trust them when it comes to food and exercise. You will have to commit putting their eating and mealtimes as a priority.

The good news, is that you have the power to get your partner into a state of full recovery, and when you do, they will be 100 percent themselves again. The idea is that you help them get past this illness and continue on with a normal and happy life.

It will be hard at times, but it will be so worth it.

The even better news, is that I've written this guide that will take you through the entire process. If your partner is compliant, and you follow what I have set out here, I am very confident you can get him or her to a point of full recovery.

Why do you need to help your partner?

If they know they have an eating disorder, why can't they just recover on their own?

The eating disorder has access to the parts of your partner's brain that control thoughts and emotions. Due to this, they are experiencing thoughts and emotions that are counter to what their thoughts and emotions should be in order for them to recover. That means that even if they are wanting to recover, they need help in order to overcome those negative thoughts.

For example; when faced with the decision to eat or not, the eating disorder in their head is telling them that eating is dangerous/bad/weak. Couple this with the negative emotions they are feeling and you can see that it would be very hard for them to eat. The eating disorder has disguised itself as their own instinct. In order to recover they have to not trust their instinct as their instinct is telling them "don't eat."

So, despite rationally knowing they have to eat in order to get better, when it comes to the crunch they are crippled with all these doubts and fears. That is where you come in. You have to help them get through that. You have to help them eat

They are experiencing an extreme fear response to food. They need help overcoming



that in order to eat. Do not make the mistake of thinking that in time they will get over it and be okay without some sort of intervention. They will not. You have to help them.

How to use this guide

Read every word of it. Maybe twice. Listen to all the podcasts that I link to, and read all the blog posts that I link to. While many of these were written for *sufferers* of eating disorders to read, they are all relevant to you.

Every section in this guide is relevant to you. Don't skip any parts. You have to know as much about eating disorders as you can in order to help someone recover from one. "Know thy enemy" and all that.

Key Terms:

EDCP = Eating Disorder Check Person (You)

EDS = Eating Disorder Sufferer

Meal Plan = the set plan that includes all information on meal times, food type, food quantity, and scheduled meetings between EDCP and EDS.

Meal Support = A meal where the EDS is supported by the EDCP or a third party to ensure that all food is eaten as planned.

FBT = Family Based Therapy

Target Weight = Ideal weight for height + 10lbs (buffer)

Weight Restoration = reaching target weight

What are eating disorders?

- Eating disorders are mental illnesses with a genetic base.
- Eating disorders can affect any person, at any age, of any gender
- Eating disorders are deadly. They have the highest death rate of any psychiatric illness.
- Eating disorders affect far more than just food and eating. While these are the most visually obvious symptoms, they actually affect almost every aspect of the sufferer's life.



[You can listen to an explanation of the neurobiology that underlies eating disorders here.](#)

What aren't eating disorders?

- Eating disorders are **not a choice** that your partner has made. They are genetically based and your partner has as much control over having one as they do the colour of their eyes.
- Eating disorders are not anybody's fault. If a person has the genetic disposition for an eating disorder they can fall sick to one at any time in life.
- Eating disorders are nothing to do with wanting to be thin.
- Eating disorders are nothing to do with the psychoanalytical idea of "control."

Minnesota Starvation Study

People with eating disorders are cranky, rigid around food and exercise routines, often show signs of depression, anxiety, irritability, and obsessions with food. Guess what? It is not these things that *caused* the eating disorder.

Nope, it is the other way around. The eating disorder causes these symptoms. In Ancel Keys' Minnesota Starvation Study (1948) — 36 healthy men were put on a semi-starvation diet — within 6 months, all the men showed the same symptoms of food obsession, rigidity, irritability etc that a person with an eating disorder displays.

I highly suggest you read up on the [Minnesota Starvation Study](#) to get more of an understanding on this.

Other neurological research shows that the malnutrition often causes a reduction in grey matter in the brain and this leads to cognitive deficit and something called anosognosia — which in layman's terms is a lack of understanding that you are ill.

Due to this lack of insight into the severity of one's own condition, you can begin to understand why traditional talk therapy that relies on insight is pretty useless with eating disorders. It only wastes time. The sufferer's brain has been affected by malnutrition and therefore addressing the condition with reasoning and logic won't do



much good. Only after nutritional help via food has been given will any sort of talk therapy be effective.

The good news? **Nutritional recovery is the key.** Nutritional deficit is what caused the eating disorder symptoms, and nutritional recovery can reverse them!

However this is by no means a fast reversal. In most sufferers the body recovers faster than the brain does. This lag means that you have to be very vigilant especially as the sufferer begins to gain weight as they will mentally struggle with this a lot. There is more information in the Overshoot section on this.

Effects of Starvation

If you think about it from an evolutionary standpoint, all the symptoms associated with starvation make perfect sense. A starving person should become obsessed with food because their body needs it. A starving person should become irritable and cranky because their body is in trouble and in a state of stress. A starving person should have trouble sleeping because their body needs food and wants them to stay awake and find food. A starving person should experience a reduction in the fuel supply to the prefrontal cortex as the survival areas of the brain are the most important in terms of staying alive — thus become less able to think logically. A starving person should be depressed, as they cannot waste energy.

An otherwise smart, intelligent, motivated, logical and rational person can become utterly and frustratingly unreasonable when it comes to anything involving weight, food, eating and exercise or daily routines.

An otherwise very honest and truthful person can become apt at telling lies about eating and exercise.

Many of the symptoms you see, are a result of starvation. Eating disorders are a mental illness that cause starvation.

We also know that anosognosia (not knowing that you are ill) is typical effect of starvation as the brain has been affected by malnutrition. Anosognosia is caused by damage to the brain.



This is NOT your partner's fault

Did I mention that eating disorders are not a choice? It is crucial that you understand that on the deepest level. This is not something that your partner wants, chose, or is doing on purpose. They are a victim of an illness.

If a person gets cancer, you don't blame them for their cells duplicating. Nor do you think that they are giving themselves cancer on purpose. You should not blame a person who is suffering from an eating disorder for their illness either.

Getting angry with a person for having an eating disorder is not only unhelpful and unfair, it is cruel. They did nothing wrong. They got sick. Basically that is blaming someone for getting sick. Being angry at your partner will destroy your relationship.

Being angry at the disease is different. You can be angry at the eating disorder. That's fine. You have every right to be angry at the illness.

The only person who has more right to be angry at the eating disorder is the person who is suffering from it directly: your partner.

What is it like?

Here is just a taster of what your partner has been going through — possibly for years.

They have an intense and almost crippling fear of food. They feel physically panicked at the thought of eating. Mealtimes are like sitting in a snake pit for the amount of cortisol and adrenaline that is released in their brain during that time. When not eating, they are consumed with thoughts of food, counting calories, purging, how to get out of eating, guilt about eating.

The amount of guilt and grief that they feel after eating is on par with what a normal person would feel like after doing something very terrible. The thoughts never stop. They never get a break from the noise. They are made to do stupid rituals in order to make the thoughts quieter, or they are made to exercise in order to get a bit of relief. Their body is malnourished so they feel constantly anxious and cold. They are often in



pain too, as there are physical implications of being malnourished, but they are not allowed to show it because the eating disorder will not allow them to.

The eating disorder forbids them from talking about it. It makes them lie about things related to food and exercise. It forbids them from seeing friends if food might be involved. They become isolated.

Oh, and to top all that off, they are often told things like “why don't you just eat more?” by friends, family, doctors and the very people that they have finally muscled up the courage to go to and ask for help.

The other side of the coin is that *not* eating feels really wonderful for us. Not eating makes us feel happy and safe and calm. This is what we call the effect of negative energy balance or energy deficit [and you can read more about this here.](#)

If anything, you should be proud of them for *not* allowing it to kill them — because that is what it has been trying to do for however long.

You should be proud of them for getting far enough to ask you for help.

You should be proud of them for every single mouthful of food you have seen them eat in the past now that you know how much they were going through and how strong they had to be to take that bite of food.

People who recover from eating disorders are among the mentally strongest people in the world. Your partner has been through things you can only imagine. The good news is that if they have got as far as asking for help, they have already taken the biggest and hardest step.

Now all you have to do is support them. I can help you do that.



How to use FBT to help someone recover from an eating disorder

What is Family-Based Treatment (FBT)?

FBT is the most effective method for treating eating disorders. It is a method that any family can implement, and it works better than anything else. Randomised trials of adolescents with eating disorders such as Anorexia Nervosa and Bulimia Nervosa have shown that FBT achieves a higher rate of recovery than any other approach by far. What I did in order to treat myself as an adult was to turn the rules of FBT around on myself. This guide is the principles of FBT but applied to the adult sufferer.

It is in-home treatment where a family member (you) takes control of meal times and for all intents and purposes makes the sufferer eat. It also extends to non-mealtime areas such as exercise and other behaviours that are related to the eating disorder.

FBT was initially developed for parents helping a child or adolescent with an eating disorder. The principles, however, can be used to help adult sufferers.

In order for you to use FBT to help your partner recover from an eating disorder, you will have to assume control of everything food and eating related until they are recovered.

What caused your partner's eating disorder?

Genetics. However, a person can have the genetics for an eating disorder and never actually have an active eating disorder. In order for a person with the genetics for an eating disorder to have that eating disorder "activated" they need to be "triggered."



Eating disorders lie dormant unless triggered. Almost all cases are triggered by a calorie deficit and/or weight loss.

So, maybe your partner went on a diet and the reduction in calories triggered their eating disorder.

Maybe your partner got sick and could not eat for a prolonged period and this triggered their eating disorder.

Maybe they got super-stressed at work and lost some weight and this triggered their eating disorder.

Frankly, working out what triggered the eating disorder is not as important as getting them eating and getting them weight restored. You don't have to know what the trigger was in order to treat the eating disorder. Once your partner is well again you might want to revisit the question of what triggered it in the first place just so you can both be aware to avoid that happening again.

Right now you have to focus on treatment. The horse already bolted. Let's catch it first and we can fix the stable door later.



Key Concepts

[Audio file for this section here](#)

The eating disorder is *not* your partner.

You have to learn to separate the eating disorder from your spouse. Think of it like a demonic possession if that helps, but work out how you can separate the illness from your spouse. It is not your spouse who gets mad at you if you try and make them eat, it is the eating disorder. It is not your spouse who causes any of this stress, it is the eating disorder.

Once you have separated the eating disorder from your spouse, it is totally healthy that you feel anger towards the illness. But you have to feel compassion and love towards your spouse.

It is healthy and helpful for you to hate the eating disorder because this will motivate you to help your partner get rid of it.

Do not underestimate the damage an untreated eating disorder can do.

This will not simply “go away” of it's own accord. Left alone, eating disorders can be deadly.

Left alone, the eating disorder will slowly consume more and more of your partner.

Left alone, this illness will ruin your relationship.



Act now

The sooner your partner starts treatment the better. The longer eating disorders are left untreated the more entrenched they become. They are like weeds in the brain. If you leave them alone they are harder to unroot once you try and pull them out.

Don't wait for the "right time" to bring this up with your partner, or the "right time" to take control of their recovery. There isn't one. It doesn't exist. There is only one time to start and that is right now.

Likewise, don't ask your partner if they want to recover now, or wait for them to be ready for it. It won't happen.

The eating disorder will lie to you

The eating disorder will make your partner tell you that they have eaten food when they have not.

The eating disorder will make your partner tell you they have not exercised when they have.

The eating disorder will make your partner tell you that they "prefer" salad for lunch when they actually want a sandwich.

The eating disorder will say anything to get out of eating. It will tell the most elaborate lies to make you believe it. The rule of thumb is that **if you did not see eating take place, it did not happen.**

This is *not* your spouse lying to you on purpose. They have a mental illness that is making them do it. The good news is that once the eating disorder is treated they will go back to being a very honest and trustworthy person again.

Typical lies to look out for:

- *I get a stomach ache if I eat gluten/dairy.* Watch out for this one. Chances are it is a fib. Unless your spouse has a doctor-tested food allergy you can't buy this excuse.



- *I prefer salad/rice cakes/tofu insert health food here) to meat/bread/etc.* It is highly likely that the eating disorder prefers the "health" food, but your spouse actually loves the taste of meat, bread etc. This is why it is critical that food choices are not given.
- *I only went for a 20-minute run.* Bullshit.
- *If I don't exercise I get depressed.* Tough. If they do exercise their eating disorder gets stronger.
- *I ate when the kids ate earlier.* If you didn't witness it, it didn't happen.

The eating disorder will never make the right choice

If you give a sufferer a food or exercise related choice to make, the eating disorder will not allow them to make the right choice.

Example: If you give the sufferer the choice "Do you want to eat this?" the eating disorder will make them say "No."

Your biggest role here is to remove the choice from the eating disorder's control. YOU have to make the choices.

No more "do you want to eat X?" It has to be "You have to eat X."

The same is true for exercise. If you have a spouse with an eating disorder who exercises obsessively you have to remove the choice to do so for them. If you ask them to think about not going for a run, they will still go for a run. You have to tell them that exercise is not allowed. Period.

This is difficult as you are probably not used to being so controlling and acting like a parent for your spouse. But for the time being, when it come to all things food and exercise you absolutely have to act like the parent. You have to be unwavering — because the eating disorder will beg and plead and cry. **You have to take control.**

As your partner progresses into recovery you will see them make choices that are pro-recovery and anti-eating disorder. For example, if they ask for food. If they choose a higher calorie option over a lower calorie option. This are the only times when you back off and allow them to make choices.



The eating disorder is treatable with FBT

FBT is your only real choice for long-term success. Other methods such as psychotherapy simply do not work. Inpatient hospital stays might be needed initially if a sufferer is very underweight. But this will only ever be for a couple of weeks/months. After that, the sufferer will return home and unless you are prepared to continue to help them keep up eating they will most likely relapse.

How long will it take?

That depends on how long the sufferer has been ill, how motivated the sufferer is to recover, and how strongly you administer FBT.

Generally the longer someone has been ill the more entrenched the eating disorder is. But sometimes even very long-term sufferers can recover relatively quickly with FBT.

In all cases the recovery is faster if FBT is jumped into with both feet by whomever is administering it. If you cover every single meal time, don't allow for non-compliance, and are solid in your conviction that your partner must eat to recover you will have a much speedier process.

Do you need professional help?

The answer to that is yes in most cases. Two-fold!

1. Your spouse may need professional help from an eating disorder specialised therapist who is knowledgeable in family-based therapy (FBT). While most FBT therapists are mostly working with parent's treating children, you are doing the same thing and the concepts are transferable to adults treating adults. **You must be present at every therapy session.** If the therapist that you chose doesn't allow for that: find another one.
2. You might consider professional help for yourself. You are acting as a caregiver in this time and that can be stressful and difficult.



3. You might consider help such as a [meal support service](#) for days when you are unable to be there at a mealtime.

Professional help for eating disorders is historically bad — but getting better. Not all therapists understand that eating disorders are mental illness due to the erroneous image that psychoanalyst's use to portray them. Your partner doesn't need to be psychoanalyzed about their eating disorder any more than a person with cancer needs to be psychoanalyzed and asked "why are you giving yourself cancer."

Seeing a therapist who doesn't understand that eating disorders need treatment with food and behavioural therapy is a waste of money but more crucially it is a waste of time. The longer you spend in talk therapy the longer the eating disorder has an opportunity to entrench itself and the harder it will be to remove.

If your spouse is underweight it is critical that he or she reach a restored weight as soon as possible. You should work with a professional to help you set initial meal plans and weight targets.

[Podcast here](#) on how to find a good therapist and the questions you should be asking.

Inpatient Treatment

If a person is dangerously underweight, inpatient treatment can be a lifesaver. It is not, whoever, a cure. It is an important kick start or first step for people who are very ill.

If your partner goes into inpatient treatment, then you will still need this guide as you will have to be there and prepared to continue their treatment when they come out.

[Blog post on this here.](#)

Meal Support

Food is medicine and your partner has to eat. But often, the process of eating enough is unachievable if they are trying to eat alone. What happens on days that you cannot be there?



Because of this, I created an online meal support service. Meal support coaches are available for mealtimes via videocall. We use HIPAA certified video call VSee, and coaches are trained in eating disorders and how to help your partner get through a meal.

If you want to find out more about the meal support service, [you can do so here](#).

What other help do you need?

In order for FBT to work most effectively, all mealtimes have to be covered. If you cannot be there yourself for every mealtime you will have to recruit someone else to be there. A family member, a family friend. If that is not available you can literally hire someone to be a mealtime babysitter.

Here's why: The food is the medication. *Physically* it nourishes the malnourished brain and this gives the brain resources to repair from the eating disorder. *Mentally* the process of eating strengthens the neural pathways that reinforce that eating is not dangerous.

In order for the ED to be beaten all mealtimes and snacks have to be covered and no meals can be skipped. If your partner had been diagnosed with cancer and given X medication to take daily, you would not be okay with them only taking half the dose, would you?

With an eating disorder, the food is the medicine. The meal plan is the dosage.

The importance of mealtime support

If a meal is skipped it puts you back a step and strengthens the eating disorder. Two meals out of three covered is better than none, but it will draw the whole process out. If you can get all three meals and three snacks a day covered this will get your partner to a place of recovery (and meal independence) much faster.

Even if you can be there yourself for every meal you should get someone else on board so that you can have a break when you need one. This is going to be stressful



for you at times and you cannot expect yourself to do this alone. [Blog post on this here.](#)

As a last resort, you could have it so that someone Skype supports your partner at mealtimes. While this might get the food eaten and that is the main thing, it's not quite the same as having someone there.

Snacks are very important too. The body needs a consistent inflow of calories in order to allow it to digest and repair itself. Malnutrition places a great deal of strain on organs and systems within the body, so in order for it to heal internally adequate and regular meals are critical.

Regular meals also mean that your partner is reinforcing the eating pattern on a regular basis. This helps build and reinforce the neural pathways around food and the regularity increases the speed at which the fight or flight response to food is reduced.

Food is medicine

An eating disorder is an illness that is treated with food. The illness itself becomes weaker as the sufferer gains weight and eats regularly. Conversely it becomes stronger as the sufferer loses weight and eats irregularly or resists food.

Additionally, there is no such thing as a good food or a bad food. To a person with an eating disorder all food is good.

You need to take control from the eating disorder in able to give it back to your partner.



Skills you will need

Nonviolent communication skills.

Basically you have to learn to communicate what you want your partner to do without blame or judgement. Say if you tell them to eat more, and their eating disorder has a tantrum, it is vital that you don't get dragged down to the level the eating disorder is trying to take you to. Don't get angry. You have to breathe, smile, be compassionate and understanding, then continue to insist that they eat more.

While initially your natural reaction will be to get stressed and upset when your partner's eating disorder is getting nasty, after you have mastered staying calm and waiting patiently for the tantrum to pass before calmly continuing to request they eat you will find this is a far less stressful way to deal with it for everyone involved.

[There is a great podcast](#) here on the skills you need in order to get a person to eat. While Eva Musby talks about getting a child to eat here, you can appreciate the the key points she puts across are relevant to getting an adult to eat too.

Restraint

The eating disorder will try and drag you into fights and arguments. If you let it do that it will walk all over you. Do not be tempted to get into an argument tangent at mealtimes. Don't expect the eating disorder to be rational, logical or sensible at mealtimes. Don't dignify it's accusations and tantrums with an emotional reaction. Don't try and negotiate with it, as doing so allows it to take back some control. The eating disorder is as honest as a politician and as scrupulous as a Wall Street banker. If you get into a fight with it, it will win.

What is the most effective thing you can do when an eating disorder is trying to fight with you?

Say *"I love you, I know this hurts, I know it sucks ... but you have to eat this meal."*



That's all. Just keep repeating that. The tantrum will peak and then die down. When it dies down, your partner will eat. It might take an hour, but it will take less time each time.

Compassion

Regardless of whether you can understand this or not, this is your partner's reality. Whatever it is you are scared of (heights, snakes, spiders, flying, whatever) — let's say you are scared of snakes. Well, imagine that every bite of food is like touching a snake. No shit, it is that bad. We are talking a fully blown fight or flight reaction to eating. [Podcast on this here](#)

With that in mind, you can feel compassion for what they are going through. It's not fair that this happened to them, and it really sucks that they have to deal with all this stress and fear. You can also use that compassion to motivate you to help them get over this, get healthy, and get both your lives back on track.

Compassion for what they are going through, how much eating hurts them, and the level of stress they are under is important for you as you help them recover. It will stop you getting angry at your partner, and facilitate you getting angry at the illness.

Confidence

If you are going to tell someone who is terrified of eating to eat, you have to look and sound as if you are 100 percent sure that eating is the correct thing to do. If your voice wavers, or if you look like you are uncertain yourself, the eating disorder will jump all over you.

If you are not confident that's okay — just pretend to be.

Your partner is standing in a burning building and you are telling them to jump out the window. They are never going to jump if you are acting like you are worried the fall will kill them. That is what eating a meal feels like to them. You have to act as if you are completely and utterly confident in their ability to eat the meal. You have to act as if your decision to make them eat the meal is utterly unquestioned in your mind.

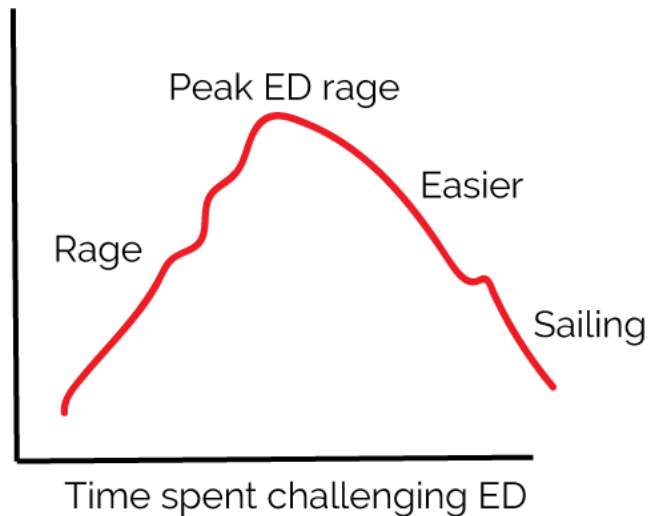


Grit

No kidding. There will be some days, some mealtimes, some bites, when you just do not want to do this anymore. You will just want it all to go away. The only way this will go away is if you hang in there.

Conversely, the biggest fights are usually an indication that change is happening. The eating disorder will scream the loudest when you threaten it. If you hold your ground when it goes berserk you will win that fight and the next one will be much easier. Usually big tantrums are followed by big wins. It's a bit like the tantrum is the brow of the hill, and you get to move much faster and easier afterwards.

But you have to hang in there or you reach the peak and then slide down the hill again before you get to the other side. Unless you hold your ground you will be forever pushing on the uphill slope without getting to the downhill part.



Planning and Strategy

Especially in Stages One and Two, you and your partner will be meal planning a week ahead at a time. Then you will be shopping to ensure that all foods are available when needed.

This is important as it allows you to avoid last-minute meal decisions and helps the sufferer in the early stages — eating disorders are not fans of “surprises” when it



comes to food. In the later stages of recovery surprises will be something that you work on, but in the early stages in order to get a person in a state of calm and eating regularly you need to have everything planned to a T.

Your sense of humour

Eating disorders are not funny. However, humour is an important emotion when it comes to treatment. Laughter is very good for us in terms of both physical and mental health, so it is important that you find time and space for your own laughter.

Laughter also is a tool you can use to shift your partner out of the eating disorder's control if he or she is struggling at a mealtime of getting stressed or anxious.

One thing that hubby did was really effective in jolting me out of fight or flight at mealtimes was use humour. I have a really silly sense of humour, and so does he. I remember one time when I was about to lose my shit about eating he picked up my fork and did that silly plane into mouth thing that you do with a child and we both started giggling. Laughter shifts the mindset

Also, we had code words for when he didn't think I had eaten enough at a mealtime. Silly things like "code red for Tabby" would make me smirk, and let me know that he wanted me to eat more without pissing me off as much for some reason.

I think that ultimately, you need to work out what things will help you — and you and your partner need to try a couple of approaches then sit down and discuss in those business-like meetings what worked, what didn't work. It goes without saying that if something resulted in your partner getting away with not eating as much then that thing did not work. But you can tweak things to make it more enjoyable for both of you.

Key Points

Eating disorders are deadly and must be treated

Eating disorders are nobody's fault.



The eating disorder is separate from your partner.

FBT is the only proven method of treating an eating disorder

Treatment needs to start now.



The Set Up

Inpatient treatment might be a fantastic kick start if your partner is underweight because it is the fastest way to regain the weight. With or without an inpatient stay you will need to be prepared because either way the recovery process will last far longer than just the weight-gain period. It can take months to years to fully recover, so think of the initial weight-gain period as just the beginning.

In this plan, we will address family-based therapy for a person who wants to recover. While it seems crazy that a person who genuinely wants to gain weight and recover from an eating disorder will still struggle when it comes to eating, remember this is a mental illness. It is affecting the fight or flight response center in the brain and sometimes all the want in the world is not enough to overcome a fear-based response alone.

Think of it this way: no matter how much a person wants to touch the spider, they may still scream when it moves.

This guide is about setting you up for the long haul and it is based on what I learned and the practices I used to reach a full and sustained recovery.

Jump in with both feet

The more heavy handed you are at the start, the quicker this whole process will go.

[Audio file on this section here](#)

Ready? Let's do this!



Love Fat

Eating Disorder Recovery Kit

Tabitha Farrar

tabithafarrar.com

1. Establish Control as the EDCP

I don't like using the word "caregiver" for the role you are going to take because there is a stigma that goes with that. Also, your spouse is not compromised in the ways that we usually associate with a person who requires a caregiver.

I tend to use the term "ED Check Person." (EDCP) It implies that the position is specific to ED. It implies that you are checking the ED not your partner. It implies that this position only exists when the eating disorder is active.

Your role is specific to your partner's eating disorder and their eating disorder only. You are not taking control of non-eating disorder affected aspects of their life and it is important to create this distinction so that the power dynamic in your personal relationship is not upset.

Think of this as a temporary role that you are playing. Regardless of who wears the trousers at home (so to speak) when it comes to your partner's eating disorder you are absolutely in control.

Sometimes this position is difficult to assume if you are not naturally an assertive person (especially hard if your spouse is). If that describes you, you will have to pretend that you are an assertive person. Fake it.



2. Establish the “No-Argue Zone”

Crucial step. In case you were wondering how you are going to talk to the EDS (eating disorder suffer) about their eating disorder. You probably already know they are prone to fly off the handle or get super stressed when anyone confronts them about food or eating. Well, a big part of this recovery plan and one that is crucial to is working is that the EDS makes a vow, that when you tell them something eating disorder related it is a **No Argue Zone**. No ifs. No buts.

In order to recover they have to give away control over all food situations. This effectively takes control away from the eating disorder and places it in your hands. As the EDS moves into deeper stages of recovery there will be a transfer of control back over to them.

What being an EDCP does not mean:

This doesn't mean that you are suddenly in charge of all aspect of the EDS's life. You are not, you are only helping them and taking control when it comes to food.

You are not taking control away from your partner. You are taking control away from the eating disorder for a long enough time that the eating disorder goes into remission. Then, you will be working on giving control back to your partner.

You are not there to yell, or be bossy, or to be dominant. I know this sounds confusing as I am telling you that you have to take control, but there are ways of taking control that don't involve being *controlling*.

You are actually more in a role of service. You are helping your partner recover by giving them space, encouragement, motivation, and understanding so that they can eat.



Practice:

Get your partner to sit down with you and tell them that you are going to practice at giving them eating disorder related feedback. Calmly and gently begin to tell them all the eating disorder behaviours you have noticed that they do. If they interrupt you in order to argue with you simply stop talking, wait, say "please let me finish what I am saying, I am telling you this because I love you and asking you to listen," then continue slowly and calmly.

It is imperative that you do not get angry, do not raise your voice or allow your speech to become to rapid. It is totally fine for you to show emotions such as discomfort, upset, compassion, and sadness. But remember, no anger when you talk to the EDS as this is not their fault.

When I first did this with my hubby, I felt a torrent of emotion and internal ED-tantrum in my head while he was talking. I wanted to argue with him. But that subsided after a couple of moments and I was left with being calm and able to actually listen to what he was saying. Needless to say, he was spot on with all of it. Had I allowed my ED to argue with him however, I would never have been able to sit through the tantrum and allow my rational, thinking, non-ED "me" brain to start listening.



3. Assessment

Goal: Assess your partner's current state of physical health.

Current Weight

You may wish to involve a professional here. You need to work out what weight your partner currently is, what weight they should be, what they need to consume on a weekly basis in order to get them there, and any other critical health issues.

Weight may well be a difficult area for the EDS to discuss, and for some, knowing their weight can be something that sets them back in the early stages of recovery. It is fine if your partner doesn't want to know their current or target weight — they don't need to. But you do.

Even if your partner does want to know their target weight, it might be something that their eating disorder uses against them. If you think that there is a chance of this happening I highly recommend that you assert yourself as EDCP and make the call that they are not to know their weight. Yes, this is exactly the type of thing that you should be making decisions on.

Target Weight

Ideally you will go and get the advice of a trusted ED professional and a plan will be devised as to weight gain and other behavioural traits that need to be eliminated.

If this is not an option for you, I suggest using a forum such as EDPS or Love Fat where you can get advice from people who have already been through this. More information on this here

I personally believe that the target weight should include a **10lb buffer** on whatever is considered a healthy weight for the EDS's height. There is more information on this in the "overshoot" section below. Please make sure that you fully understand the importance of overshoot in recovery and that any therapist you work with does too.



Do not rely on BMI and sack anyone who tells you that you should!

I do not think that BMI is a helpful tool and do not suggest you pay much attention to it. For example if I were to have stopped gaining weight at a weight that put me into the "healthy" range on BMI scale I would still be very underweight and too skinny to have reached a full recovery.

Numbers you need to work out:

- Current weight
- Target weight (minimum healthy weight for height + 10lbs)
- Daily calorie minimum, then break this down into:
- Meal and snack calorie minimums



Weight Restoration

Goal One: Reach a healthy weight

When a person is underweight the “thinking” part of the brain doesn't work so well. Unfortunately the “fight or flight” part of the brain works really fabulously all the time and even more so when you are underweight. This is why EDSs are on edge so much, and are often at a heightened state of anxiety.

In order to the brain back on track, they need to reach a normal weight and stay there.

If they are underweight whatever they are eating right now is not enough. Period.

Considerations:

- **Vegan diets** are an eating disorder's best friend. If your partner is vegan he or she may well have to stop being so. I have a lot of resources on this. Check out this [post first](#), then [this one](#). Now listen to [this podcast](#), and finally listen to [this one](#) to learn why being vegan may not be as ethical as you think.
- If the EDS believes that they are **gluten intolerant or lactose intolerant** and therefore cannot eat gluten or dairy products; question it. I've known people with Anorexia who experience physical digestion symptoms which are actually related to the stress that they feel when eating, not the food. They may feel very real discomfort when eating certain foods, but that doesn't mean they are allergic to them necessarily, it might just be the eating disorder messing with them.
- All **exercise should be stopped** for at least the weight restoration period. While exercise is healthy for the general population it is not healthy for a person recovering from an eating disorder. Expect a large amount of resistance if your partner is a runner or other type of exerciser. No arguments — stand your ground on this. You cannot negotiate with an eating disorder. They will try and allow you to let them exercise at a reduced level of whatever they are doing now. This will not work, they have to stop completely.



Many of us with Anorexia and other eating disorders are also obsessive exercisers — it is a symptom of the illness — so it is part of the recovery plan not to exercise until full weight restoration has been reached for a prolonged period of time. And even then you have to keep an eye on it.

- **Your own attitude to certain foods.** Your partner's eating disorder is nothing to do with you or your attitude to food. Be clear on that. However, their recovery could be helped or hindered by it. For example if you don't eat carbs because you don't think they are healthy then you should re-educate yourself on the importance of all food groups. If you are vegan you are going to have to decide what is more important to you, your partner's health or your stance on eating meat. It will be very difficult for your partner to recover if you show any food discrimination yourself.

A note about weight gain and weight distribution

Read this [blog post on gaining weight](#) and the way in which it distributes itself around the stomach initially to prepare your partner for the physical changes to come. It is about why people recovering from Anorexia often experience initial weight gain going to the stomach and how it is important to understand that once they have been weight restored for long enough the weight will redistribute itself.

For most people with Anorexia, they need to eat a lot more than they are currently eating in order to gain weight. Then, once they have gained weight their natural metabolism is higher as their body is bigger so many of us find that we continue to eat the same amount that we ate when we were gaining weight just to maintain our weight.

It is very important that you do not allow your partner to reduce calories in the weight restoration phase, nor for the sustaining weight restoration phase that follows.

Weight restoration is really difficult mentally for your partner



Their ED will try and cripple them with the following sorts of worries. These are nasty, irrational anxieties that will fill your partner's head. You should make sure that you take some time each day to ask your partner what bullshit their eating disorder is putting them through that day and see if you can help them talk about it. Pointing out how irrational the eating disorder is being is helpful. Most helpful is just being supportive and compassionate.

"Overshoot"

Here's the deal with weight gain and the concept of something many of us refer to as "overshoot" when a person is in recovery from an eating disorder. It is very healthy and advisable that they overshoot their target weight and put on more weight than whatever the target is. In fact, once in weight gain stage their body will try and do this naturally.

In the Minnesota Starvation Experiment, the subjects who were put on a starvation diet, when then put on a weight restoration plan all overshoot their pre-starvation weight. The average amount was 10 percent over the pre-starvation weight. After 12 - 16 months of being at this larger weight, they naturally tended to return to their pre-starvation weight.

Overshooting the pre-eating disorder weight is optimal for recovery!

There are studies that look into why the body does this and why it is important that refer to overshoot as ["poststarvation hyperphagia."](#)

If you are working with any third party doctors, dieticians, therapists etc it is crucial that they understand that overshooting the pre-eating disorder weight is not only a good thing, it is advisable for a full recovery. Any third party that tells you or your partner that they have "put on enough weight now" if they have just reached their pre-eating disorder weight and have not overshoot it needs to be fired.

Rule of thumb I say aim for at least 10lbs over the pre-eating disorder weight. More is good too.

More info on [Minnesota Starvation Experiment](#)



Weighing throughout recovery

I'll remind you again I am not a doctor, but can only tell you what worked for me. If you are working with an ED specialised therapist it may be best to not have scales in the house and only do weigh-in checks at their office.

The first thing you need to work out, is if it is helpful or harmful for your partner to know their weight. Some EDSs can cope with knowing their weight, some cannot. If there is an ounce of doubt in your mind about this err on the side of caution and don't allow your partner to know their weight.

If you don't think they should know their weight your options are:

1. Weigh at Drs office only
2. Weigh at home but they stand on the scales backwards so that they don't see the number.

If you are doing #2 it is important that you do not keep the scales in a place where your partner can access them. If they are kept in the house they have to be locked away and only you have the key. Another option is that you keep them somewhere outside of the house and get them only for weighing days.

And no, it is not good enough to simply ask your partner not to weigh themselves. Their eating disorder will have them on the scales as soon as your back is turned.



Create an Anti-ED Behaviour list

Here's another kicker: eating disorders affect far more than just eating.

In order to fully recover, an EDS has to recognise all the ways in which the eating disorder is influencing them and affecting their behaviour. Sometimes these things are so subtle it takes a while to even recognise them!

Sit down with your partner and write down all the weird shit eating disorder behaviors that they need to kick. This might be a really long list to start with. Go into detail. This list will also change as they get into recovery — hopefully it will get shorter and less weird as they get more recovered.

Below is an examples. I have purposely kept this example list very general. It is also shorter than most of our lists are. Once you get into it you'll partner can probably find pages of these rules. That's okay. The point is you have to create a very honest list that is specific to them.

Example:

1. No juicing or smoothie drinking rather than eating meals.
2. No Nibbling — if you want a biscuit you eat the whole biscuit.
3. No Squirrelling — no hiding food.
4. No drinking excessive water before meals.
5. No cleanses.
6. No dropping food on the floor when nobody's looking
7. Three meals and three snacks a day regardless of how full you feel.
8. Limit fruit to three portions a day. Un-limit chocolate and cheese :).
9. No exercise until 6 months post weight restored.
10. Only full-fat dairy versions of yoghurts or cheese.
11. Proper cutlery to eat meals with.
12. No weird cutting up of food.
13. No weird only eating food in a certain order.
14. Use the escalator if there is one rather than the stairs.
15. Stop fibbing about how much I have eaten.
16. Spend at least \$X on food per week.
17. Spend at least \$X on clothes per month.
18. No eating after 11pm or before 6am.



19. No jiggling of legs or foot tapping
20. No obsessive reading of cookbooks or watching cooking shows

Get the idea?

You are going to have to become very observant for behaviours that you think are ED influenced behaviours in your partner.

Then you both sign it, and you stick it on the fridge door or somewhere you will see it.

Your partner should read their Anti-ED Behaviour List at least twice per day in Stage One Recovery. In Stages Two and Three read it once per day. In Full Recovery, have it filed somewhere so they can find it and check up on it every now and then.

Food quantity and meal prep

Anorexia and other eating disorders mess with the part of your brain that tells you how much is an adequate amount to eat. Your partner cannot know how much food is adequate for them to eat at this time — that's going to have to be your job.

You need to set the quantity of food that your partner is to eat at every meal. If you let them do it themselves their ED will not let them eat enough — trust me on that one.

Do not let them make their own food either for the same reason. If there are times when you cannot make food for them, go with pre-bought.

If you are making food at home, it is important that you, not your partner, are in charge of dishing out portions for your partner. Do not allow them to serve themselves as this lets the eating disorder activate and the entire meal time will be harder for them as a result.

If you portion and serve them a plate of food and they question you and say that they think you gave them too much you have to hold your ground. It is important not to give any signs of doubt in what you have served them. Even if you are not confident you did the right thing, you have to act as if you are.



It is also a rule that whatever you serve them they have to eat — all of it.

Meal skipping

In order for any of this to work, your partner cannot skip meals. No exceptions. As soon as they skip a meal they have re-empowered the eating disorder.

Considerations:

- There has to be someone present at every meal in Stage One recovery and until your partner is weight restored and you deem them well recovered enough to eat alone. That is YOUR decision only and not your partner's.
- Not eating the whole portion counts as skipping a meal.
- There literally is no excuse for skipping a meal. If you need to make meals portable then do so. If you have to tell your partner that they can only go to the cinema so long as the movie is finished before 6pm so that they can get back and eat, then that is what you have to do.

Life Stops Until You Eat - F.E.A.S.T



Making Food

You can either do this the hard way, or the easy way.

Hard way: You allow your partner to make their own food or do their own grocery shopping.

Easier way: You make the meals and portion them out or you buy pre-packaged food from the grocery store.

Here's why. There are three routes to a tuna sandwich ...

Route One: I make it myself. ED noise level = through the roof!

- I found that when I made something like a sandwich for myself the ED noise during the process was almost crippling. It would try and trick me into using lower calorie bread, or not putting butter on the bread, or using lite mayo, or cutting off the crusts And then when I came to eat it my ED would kick off again reminding me off all the ingredients I had used.

Route Two: I buy the darn sandwich from Tesco = ED noise level much lower.

- So long as I stick to the rule that I am not allowed to look at the nutrition information label on the back of packages nor am I allowed to buy any sandwich labelled "healthy option" or with the calorie count on the front, this is so much easier. ED can't mess with me in the making of the sandwich process and ED can't be as specific when berating me about the quantity of ingredients in it.

Route Three: I allow someone else to make it for me = ED noise level lowest.

- No peeking when someone else makes food for you. No hovering in the kitchen like a nervous drone. Allowing someone else to prep food for you is easiest as you don't have to make any decisions around anything at all.

Summary: Making food is something that will fire the eating disorder voice in your partner's head up. It will also allow the eating disorder to regain some control.

Exercise

I've already mentioned this a couple of times, but it is worth mentioning again No exercise allowed.



Exercising is an eating disorder symptom in a large number of sufferers. To stay on the safe side, no person in recovery from an eating disorder should be going exercise. Especially not cardio.

Eating disorders place strain on the heart. Being underweight places strain on all the organs. Any amount of exercise is too much for a person who is underweight.

No negotiations. No exceptions.

Watch out for sneaky eating disorder exercise excuses such as "I'm just walking the dog." Activities that involve moving around should be limited.

Eating disorders will play tricks such as getting the EDS to get up and down multiple times; not allow them to sit down for long; make them take multiple trips around the house with one would suffice.

Example. If folding laundry I used to have the laundry pile downstairs, and would fold and walk upstairs with each separate item of clothing. I had a rule that I could not take the laundry upstairs all at once just so that I could covertly exercise by walking up and down the stairs. Watch out of weird things like that.

Meditation/mindfulness techniques

I'll admit, I used to roll my eyes at this crap. But it works. At any rate, it's worth a go as it won't cost you anything other than a little time.

Meditation can be helpful in visualising behavioural changes that your partner needs to make. This allows them to practice in their head how they want to behave and react around food and exercise.

For example, the first time in recovery that I drank a full glass of whole milk I meditated on it for a couple of minutes a day for a couple of days before. I sat, and in my head I went through the whole process of getting the milk out of the fridge, to filling the glass, to drinking it, to actually enjoying it.



When I finally tackled the real-life version of drinking a full glass of milk I sailed through.

If you are wondering how this all works you can listen to a [Podcast episode explaining this here.](#) But basically when you meditate on something you are creating neural pathways in your brain that will help you do that thing in real life — you are practicing it in your head.

Binge eating

Binge eating is a normal part of recovery for any person whose body has been starving. The recovery period often means that a person goes into bouts of extreme hunger. The most important part is that they do not restrict food after.

Binge eating is excessive eating in a single sitting. It is totally out of control. It is not simply eating a bit more than is in the meal plan.

Binge eating usually happens at night but can happen at other times. It most often concerns confectionery and sweet foods but it not limited to those foods.

It is a problem as it pushes the EDS into a binge/purge or binge/restrict cycle. If they binge one night they will be very resistant to eating the next day as the eating disorder will tell them that they have to purge.

If you can break the binge cycle and if you can keep them on a regular meal plan the urge to binge will go away.

Many of us experience binge eating when we do eat, and because of this we fear eating all the more.

You can't really blame the body for bingeing, as it is starving and it doesn't trust that your partner will eat again regularly.. [Blog post on this here.](#)



Holidays and special occasions

These can be very difficult times for EDS and you should always have a plan for them made up a couple weeks ahead of time.

The excess of food around at holiday times can be difficult for people who struggle with binge eating.

The social aspect can be difficult for those with social anxiety.

The eating disorder uses these times as excuses to restrict before the holiday in anticipation of eating more during the holiday.

If your partner is in Stage One recovery you should discuss opting out of some social or other events just for this time. When they are fully recovered they will be able to enjoy these events as much as anyone else, but in the recovery period the recovery process should always be the priority.

[I have a whole series of blog posts to help you get through holidays such as Thanksgiving and Christmas here](#)

Other resources include a [special contract for holidays](#)

Triggers

For the process of recovery, think of a trigger as anything that sparks off the eating disorder in the EDS's head in a way that is not conducive to recovery.

A good example of this might be having someone say "*My, you are so lovely and skinny, aren't you lucky?*"

More examples:

- Hearing other people discuss diets or wanting to lose weight.
- Having friends who are trying to lose weight or on gluten-free/vegan diets etc.
- Anything in the media that glorifies skinny and shames fat.
- Having friends who do a lot of exercise.
- Seeing other people not eat very much at a mealtime.
- Hearing other people moan about needing to lose weight.



- Seeing someone else skip a meal.
- Any form of stress.
- Hearing people like Donald Trump talk about women's dress sizes as a indication of their worth.

I could go on, those are just a few.

So here's the deal with triggers: you can't avoid them.

In an ideal world, society would not be obsessed with thin, but the reality is that it is. You cannot protect your partner from triggers in the long term. Part of Stage Two recovery is beginning to work with your partner on controlling their own response to triggers.

You cannot control the world, but you can control your reaction to it.

However, in Stage One recovery, your partner has so much to deal with already, and weight restoration has to be the priority above anything else. For that reason I suggest that in Stage One recovery you do your best to make things as easy as possible for your partner. That might mean avoiding certain people or certain situations.

For example: if every Sunday you go for a family meal at your in-laws house, and your mother-in-law has a habit of commenting on how much people are eating, or telling your father-in-law that he's getting a spare tyre and needs to go on a diet ... well, then I suggest that you take a couple weeks break from the family Sunday dinner. Just so that your partner can focus on getting well.

Part of Stage Two recovery will be identifying situations like this, and helping your partner re-train the reaction that they have to them.



None-Obvious ED Behaviours to Be Aware Of

Interests/hobbies

When I was sick, my only interests were: exercise, obsessively thinking about food and exercise, reading cookbooks and watching cookery shows. Yes, I was one boring pain in the arse. I genuinely cannot think of any less interesting bedtime reading material than a cookbook. Of course I never ate any of the foods in the books that I pored over, which is wonderfully ironic.

Reading cookbooks, watching cookery shows, talking about food and nutrition, and cooking for other people are all ED behaviours. Make sure that they are on the anti-ED Behaviour list.

But what does your partner do with all this time now that they are not exercising or obsessing over food?

They have to get another interest. I actually took an online learning course in website production in my recovery time to keep my brain occupied and to not allow the food thoughts in. I also volunteered to run some online fundraising campaigns for a horse rescue (I used to train horses, but stopped that while I concentrated on recovery as I classed it as "exercise.")

At this point it doesn't really matter what they decide to interest themselves in — take up knitting or plan a bank robbery for all I care — but it **cannot be food or exercise related**. The point is to start using that incredible brain of theirs for something else.



Telling lies

Anorexia turned me into a big fat liar. I lied about how much I had eaten and the amount of exercise I had done on a daily basis to my parents, friends, and husband. For a smart person I told some bloody stupid and obvious fibs!

This is horrid on so many levels. It makes the EDS feel like a nasty person for one. This is an area in which you need to remind yourself that your partner is NOT lying to you — it is the eating disorder that is lying to you.

- Do not judge your partner for lying. Be compassionate instead,
- Do not trust them to tell the truth about food or exercise.
- Do not give the eating disorder an opportunity to lie to you. Be there at mealtimes.

Know that the lying stops with recovery. When the eating disorder weakens your partner's ability to tell the truth about food and exercise and other ED-related things increases.

Money

Many of us who have Anorexia also exhibit this weird behaviour around money so I want to mention it here.

All through my illness I could not spend money on anything other than rent. I literally never bought clothes and was as stingy and tight as they come. I'd shiver all winter rather than turn the heating on and stumble around in the dark in order to avoid switching a light on.

I thought that was just my personality, but it turns out that now I am recovered I love to buy things. ;)

I also love a warm home.



I've known some people with Anorexia with similar money-saving antics who then blow hundreds of dollars on pills and supplements. Don't try and make sense of it because it like so many other ED behaviours it doesn't make any sense at all.

[Blog post on this here](#)

Sex

Another brain-stem area part of life. Another part of life that for many of us dissolves with Anorexia. Not all sufferers experience loss of sex drive, but many of us do. Frankly it makes sense. If you are underweight your poor body has plenty of other things to worry about other than reproduction.

If your partner has suffered a reduced sex drive then there is nothing to do other than carry on with getting them weight restored. Their sex drive will probably return as their health improved.

What is important is that you do not take this personally. This has nothing to do with your partner's feelings towards you. It really isn't. They are sick, that's all. Their body is malnourished and so the last thing that it has the resources to think about is sex. In most women who are underweight due to an eating disorder their hormonal system shuts down anyway. If your partner is a woman she most likely is not having periods. If the menstrual cycle has shut down it means that sex hormones are likely non-existent. Even if your female partner is still having periods, that doesn't mean that her sex drive is at normal levels..

This sort of thing can be very hard on a relationship. Know that it is a symptom of the illness and remind yourself that it is not personal, nor is it indicative of how your partner feels about your relationship.

Sleep

Many people with eating disorder experience trouble sleeping. Our bodies will not shut off because they are starving. Sleep usually resumes with weight restoration.



Love Fat

Eating Disorder Recovery Kit

Tabitha Farrar

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Nobody functions well without sleep, and that includes you. This is a stressful time, so make sure that you are doing all you can to make sure that both of you get enough sleep.

How I established a healthy sleep:

- Got weight restored (duh!)
- No eating after 10pm
- No eating in bed (yes, I used to do this!)
- No phone in bed.
- Blackout curtains
- White noise player (this drowned out my obsessive thoughts as well as my husband's snoring)
- Go to bed at same time every night.

Realistically while the all rest I think are good practices for a good night's sleep, as far as an EDS is concerned the weight restoration is the very most important. When the body is starving it is continually in a state of stress — bodies don't sleep well when they are stressed.

Other "Patterned Behaviours"

Another odd one here. I used to get all sorts of weird about all sorts of activities.

Always having the same shift at work was one of them. We were supposed to have different shifts every week but I was so rigid about it nobody bothered to argue with me. I think all this type of behaviour was tied into the same obsessive behaviour around food and exercise. If I didn't do the same shifts, week in week out I felt very stressed,

Remember, eating disorder affect far more than just responses to food and eating. They often hide in the details. Be on the lookout for patterned behaviour in your partner and rigidity in terms of changing the order in which things are done.



Plain old “Weird Shit”

I can't think of any other way to adequately describe some of the behaviours that EDs inflict on us other than “weird shit.” Also, while we all certainly have some weird behaviours in common, your partner probably has some unique little gems that are specific to them.

Examples: Jiggling legs and fidgeting obsessively; eating foods in a specific order only; going through phases where only a certain type of food can be eaten; having routines and rituals around food, exercise, money, work, and day-to-day activities; always having to walk the long route rather than take the shortcut; having to get up and down frequently and an inability to sit still; refusing to take an elevator because you want to take the stairs; refusing to take the car and insisting on walking even if it takes hours

1. Identify the weird shit the eating disorder makes your partner do.
2. Work out what it is going to take to stop them from doing it.
3. Put in place whatever measures it takes to stop the weird shit.



Recovery Planning: Meetings

[Audio file for this section here](#)

Okay, you have to structure eating disorder meetings like a business would structure a project.

These meetings are not just casual chats. You should both enter these meetings with set discussion points and come out with action items and a plan. If you don't take them seriously you will struggle to maintain the "working" relationship that you need.

You have a one-off Recovery Launch meeting. Then you have the following ongoing meetings: Daily Check-Ins; Weekly Planning; Weekly Retrospective. (Can you tell I work for a software company!)



Recovery Launch meeting

This is your kick off meeting. This is the most important meeting in terms of setting your role as EDCP. You are leading this meeting and you should establish the control that you want to have for the entire process here.

Launch Meeting Goals

1. Establish recovery process structure in terms of key people involved and roles.
2. Establish key changes in the EDS's lifestyle that need to be considered for recovery success.
3. Establish a sustainable recovery meal plan.

Recovery Launch Meeting Agenda [Example]

- I. Discuss bringing in a third party to help with some mealtime relief:
 - A. Can the EDCP cover all meals and snacks?
 - B. Should you get someone else involved to give the EDCP a break sometimes?
 - C. Should you have someone else so that the EDCP has moral support?
- II. Discuss the possibility EDS taking time off work in order to focus on recovery. (This is especially important if you think that their job adds stress or is something that involves being active. [Blog post on that here](#))
 - A. Jobs that involve walking, lifting, standing or any other type of physical activity can be an opportunity for the eating disorder to engage.
 - B. If there are financial concerns plan for those and discuss them now.
 - C. If the EDS will continue to work, identify situations at work that may cause the eating disorder an opportunity and plan ahead on how to tackle them.
 1. Standing desks should be set to sitting at all times.
 2. Take the elevator rather than the stairs.
 3. Do not engage with colleagues who may discuss diets.
 4. Etc, etc
- III. If you have children consider mealtimes separate from when the kids eat so that the EDS and EDCP can both focus fully.
- IV. Discuss the way in which the EDCP will give the sufferer feedback at mealtimes.



- A. The sufferer needs to understand that regardless of how much they protest, it is the EDCPs job to make sure that they eat all the food they are given.
- B. Consider code words for time that you might be in public.
- C. Go through this beforehand and agree on it then it will prepare both of you.

V. Exercise - all exercise should be stopped until at least weight restoration is reached and maintained.

- A. This includes superfluous walking around the house and running errands.
- B. If you have a dog agree on a maximum walk time a day (less than 30 mins)
- C. Cycle commutes should cease. Use the car or public transport instead.

VI. Speciality diets:

- A. Vegan diets are not advisable for people with eating disorders.
- B. Gluten-free, dairy-free, sugar-free etc diets should be stopped unless the sufferer has a serious and diagnosed allergy.
- C. No food groups can be omitted, so low-carb, paleo, low-fat, low-sugar, low-anything diets are out.

VII. Discuss Stage One Meal Plan — (detail on that below.)

VIII. Discuss other ED behaviours on the Anti-ED behaviour list.

IX. Discuss weighing plan:

- A. Are you going to the Dr to be weighed or weighing at home?
- B. Are you weighing weekly or bi-weekly?
- C. Should EDS know target weight or not?

X. Discuss Noncompliance plan (details below)

XI. Agree on meeting structure for:

- A. Daily Check-ins
- B. Weekly Planning
- C. Weekly Retrospective

(Details on all these below)

XII. Other items (Up to you)



XIII. Signed Agreement – (details below)

[Example] Eating Disorder Recovery Agreement
between
(EDS)
and
(EDCP)

The goal of this agreement is to state that we are both actively invested in helping (EDS) to a state of full recovery from their eating disorder. In order to achieve this goal, (EDS) agrees that (EDCP) take full control over meal planning, meal quantity, shopping, meal preparation for (EDS).

Signed
(EDS)
(EDCP)

Additionally, (EDS) agrees that it is not in their interest to exercise at this time. Nor will they participate in any behaviours that (EDCP) deems to be detrimental to the goal of full recovery as listed on the ED Behaviour Checklist.

Signed
(EDS)
(EDCP)

(EDS) also agrees to the structured meeting as laid out in this plan and the meal plan as laid out by (EDCP)

Signed
(EDS)
(EDCP)

Finally, (EDS) recognises that failure to meet the meal plan consumption as required is very detrimental to their long term health and agrees that should at any point they default on the plan they will allow themselves to be admitted for inpatient treatment (or other noncompliance consequences)



Signed
(EDS)
(EDCP)

This is an agreement as I would draw it up. Obviously you should change it up to suit you.

Just a word on the last part: Most people do not want to go to inpatient treatment, but basically it has to be seen as the only option if they are unable to recover with your help at home.



Weekly Planning

This meeting is where you sit down and plan out the week's meals. You can also use this meeting to plan out any other ED-beating activities, schedule times for meetings and talks. I suggest doing this on a Sunday so that you have the week ahead to plan for.

You should have an ED schedule. The best option is an online Google calendar that you can both see and access from your computers and mobile phones.

You should also use a Google doc in which you take notes in. Rather like meeting minutes.

Weekly Planning Meeting Agenda [Example]

- I. List out 3 x meals and 3 x snacks for each day of the week.
- II. Decide on meal and snack times each day.
- III. Decide on who EDCP will be at each meal if you are working with more than one person.
- IV. Plan grocery shopping for the week and items to buy.
- V. Plan meal preparation.
- VI. Discuss fear foods if they are being added to this week's plan (Stage Two).
- VII. Discuss family events or social events that might interfere with the meal plan and come up with a strategy for them.
- VIII. If you have any external ED-related meetings such as therapy or dietician sessions you should make sure they are scheduled and in the plan.



Signing off on the meal plan

I also recommend that after planning you print out the meal plan and each of you signs off on agreement that this is what your partner is going to eat that week. Making someone consciously sign a document outlining the plan is just an extra step of establishing that they agree to conform to it.



Weekly Retrospective

In this meeting you look back on the week that has just passed and discuss what worked and what didn't work. This is a constructive feedback session and all feedback should be given with examples from the week before.

I recommend doing this before Weekly Planning, but not necessarily directly before. For example if Weekly Planning is on a Sunday morning, the Retro would be best on Saturday sometime.

Weekly Retro Agenda [Example]:

- I. Mealtimes.
 - A. Length of mealtimes if eating slowly is something that the EDS is trying to overcome.
 - B. EDS's general disposition at mealtimes. Are they more or less stressed than the week before.
 - C. Amount eaten at mealtimes.
 - D. Noncompliance. If this occurred discuss why and how to stop it happening again.
 - E. Fear food successes and failures.
- II. Other ED behaviours
 - A. Go through the list and see how the EDS has been doing in regards to these.
- III. General feedback for the EDCP
 - A. What worked in words used, encouragement, motivational things they did etc.
 - B. What didn't work so well.
- IV. Anything else at all that can work as constructive feedback for either party to help the next week go even better.
- V. Identify any triggers that the EDS noticed, talk about how to either avoid them (Stage One) or how to be unaffected by them (Stage Two)
- VI. Highlight the biggest achievement of the past week.



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VII. Highlight key points that should be taken into the Weekly Planning Meeting.

The Retro is a feedback meeting with a lot of structure to ensure that all feedback is presented in the interests of improving the recovery experience for all involved. It is important that nobody takes things too personally, but that all feedback is taken seriously.

As EDCP, it is up to you to decide if feedback your partner gives is them or the ED talking. For example if they say that they felt you made them eat too much on Friday lunchtime, you might want to consider that as ED talk and tell them that you hear them, but that you are not going to reduce the amount of food they are eating.

However, if your partner tells you that it wasn't helpful how you asked them if they wanted to eat another potato on Thursday night rather than telling them that they had to because it gave them a decision to make and decisions are hard ... Well, that is the sort of feedback you should take on board.



Daily Check-Ins

These can be much more relaxed, but that doesn't mean that you can forget about them. They are important.

For a person who has an eating disorder, eating is often a terrible experience, but it doesn't end after the meal is eaten. There is a different kind of post-meal anxiety that your partner will go through. Most often, guilt is a large emotion at play here, and insecurity that borders on panic.

If you have to leave your partner after a meal, then make sure you check on them about an hour after they have eaten via text. Just a "how are you doing," or "you did great and I'm proud of you."

It is really important that you talk about the eating disorder often. If you don't it becomes the elephant in the room because your partner is certainly thinking about it and you probably are too. If you were not present for a mealtime don't just wonder how it went: *ask!*

The more used you can get to talking to your partner about their illness the better. You will have to push them at first, but once they trust that you understand and are not judging them they will open up and offer information more readily.



Weekly Schedule

So you have all these meetings to fit in, as well as the crucial three meals and three snacks each day. I suggest drawing up a calendar app such as Google calendar. That way everyone involved can see what is happening and when.

In the next couple pages I give examples of what this calendar should look like, and as we move through the stages of recovery I show how they should change.

| GMT-07 | Sun 11/13 | Mon 11/14 | Tue 11/15 | Wed 11/16 | Thu 11/17 | Fri 11/18 | Sat 11/19 |
|--------|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 7am | | | | | | | |
| 8am | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast |
| 9am | | | | | | | |
| 10am | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack |
| 11am | | | | | | | |
| 12pm | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch |
| 1pm | | | | | | | |
| 2pm | | | | | | | |
| 3pm | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack |
| 4pm | 4p - 5p Weekly Planning | | | | | | 4p - 5p Weekly Retro |
| 5pm | | | | | | | |
| 6pm | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner |
| 7pm | | | | | | | |
| 8pm | | | | | | | |
| 9pm | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack |
| 10pm | | | | | | | |
| 11pm | | | | | | | |

Fig 1. Three meals and three snacks per day should be supported.

Fig 1. Shows a Stage One recovery calendar with three meals and three snacks per day covered by meal support. There is also the Weekly Planning and Weekly Retro meetings at the weekend.



If you are thinking that this looks like a full-time job. Well, in Stage One is kind of is. Remember, food is medication and the only way you will know for sure that your partner took their medication is by being there.

This is not forever, and the harder you hit it off the bat the shorter this initial recovery period will be. Then you can move on to passing mealtime control back over to your partner.



Noncompliance

Noncompliance is when your partner refuses to eat.

There is a section on how to deal with noncompliance below, but this should be discussed in the launch meeting and so should the nuclear option. That is, what action is taken if your partner cannot comply with the meal plan you set them and defaults on meals to the point that they are not reaching goals.

There will likely be the odd meal where your partner simply and utterly refuses to eat or walks out the house without finishing a meal. You can't physically detain them, so total noncompliance is an option for them — through I really hope they don't see it like that.

Couple notes here:

1. Remember that it is not your partner being noncompliant, it is the eating disorder winning a battle with them.
2. While this is certainly a horrible experience for you, they are getting it ten times worse. Can you imagine having something that makes eating so terrifying that you would be forced to act in the way they are around a meal? Have compassion.
3. Have some **protein shakes on hand as noncompliance fixes**. When your partner calms down and comes back around later on, they can stay on track calorie-wise by drinking a shake to make up for the meal fail. Ensure is something I have used myself to get calories into me when eating is simply too much to take.

Nuclear Option

My advice would be that inpatient treatment is the option here if your partner is not complying enough to meet weight restoration goals with your help.

When you set a target weight, you should also agree on a reasonable time frame. You both have to think seriously about what measures to take if your partner is unable to reach a target weight with you helping them.



Remember, this is a serious and deadly illness. **Do not hesitate to insist on an inpatient stay if your partner cannot gain weight with your help alone.**



Part Three: 3-Stage Recovery Plan

This is a 3-stage recovery plan that I have devised from my own experience.

I wish I could provide you with an exact time that you have to spend at every stage but I cannot. It differs for us all. I have known people who have become weight restored and stable within a couple of weeks and have then moved on to Stage Two, and I know people who have been weight restored but stayed on a Stage One meal plan for months and months. It really comes down to how the individual moves through recovery.

Regardless, it is important to remember that the mental component of this illness is far larger than the physical one is. Weight restoration is a priority, but once that is achieved there is still a mountain of work to be done in order to retrain your partner's mental responses to food, triggers, stress, how they feel about their own weight and other peoples, and much more.

But first, most important: weight restoration.



Stage One Recovery

[Audio file for this section here](#)

Stage One goals:

1. Get weight restored and stay there.
2. Never skip a meal or snack.
3. Cease binge-purge cycle.
4. Eat full fat versions of foods.
5. Stop ED behaviours.
6. Get into regular sleeping patterns.
7. Start to vary the foods eaten.
8. Eliminate stress response to food.
9. Make regular mealtimes so easy it's almost boring!
10. Women: Stay weight restored so that periods come back if you lost them.
11. Continue to identify the weird shit and stop doing it.

EDCP's Role in Stage One

This will vary depending on what you decided in your assessment. Your partner may be at a point where he or she can eat their daily meals (without skipping) on their own. However, if they are underweight I highly advise that you do not allow them to eat alone no matter how much they protest. If they are underweight they are obviously not feeding themselves adequately.

Mealtime support from start to end.

Half an hour before the meal: Check in with the EDS, ask them how they are doing in terms of levels of anxiety etc. Also check that the food is prepared or in stock in order to be prepared. Start food prep if you need to. EDS should not be in the kitchen while food prep is taking place.

Mealtime: Check in before they start. Deliver them the plate of food. It is best if you are also eating. If you are also eating, you should be eating the same food if possible. Eating disorders love to compare.



Some sufferers prefer distraction conversation at mealtimes. Talk about whatever, but do make sure that if you noticed a halting in the EDS eating progress or a drastic slowing down that you give encouragement. A touch on the hand and a squeeze. A bit of a hug or a "I know this is hard, but I know you can do this" encouragement.

You may get tears, or frustration from the EDS. This is fine. This is normal. This is understandable when you consider the mental pain and anguish that they are under. Just be there for them, listen, commiserate, but also kindly remind them that they have to eat, and that if they eat all this will get easier. Tell them how proud you are of them for their progress so far. It is all about encouragement and understanding.

Avoid talking about the actual food items, or the calories in them etc. Remember that eating disorders don't need logic. They are not about logic, they are an irrational mental illness. You are better off responding with things like "I know this is difficult for you" than "you know, you need protein" or "it is only 300 calories"

Certainly do not say the calories one!

If they say things like "there is too much fat in this sandwich," just reply with something like "it is what you need," rather than talking about the fat.

Encourage when you need to, then when eating resumes, pick up another thread of conversation.

You should aim for no mealtimes to take longer than 30 mins. Eating disorders love to delay eating and procrastinate.

After: Be proud of your partner for eating, but don't keep talking about it. Eating disorders love to do a post mortem on the meal that was eaten and make the EDS feel guilty about having eaten it. Try and move on. If your partner had binge tendencies then you have to keep an eye out for that.

If you have the time, a distraction activity after the meal is a fantastic way to take the focus away from the food. Do something together.

Take time for you: Meal support can be gruelling, not only for the EDS, but for you too. It is very important that you schedule time out for yourself and self care. This is not a suggestion I am giving you, it is a crucial part of being an EDCP.



How much meal support is needed?

This is going to be the first hard decision that you have to make as EDCP:

Does my partner need 100 percent meal support, or can they be trusted to eat some meals alone?

You alone can make this decision. I can tell you now that most EDSs will beg and plead to be allowed to eat alone for some meals. Frankly, their opinion on this matter is not relevant if they are underweight.

1. Make the decision based on what will get your partner to a place of weight restoration and stability the fastest, rather than on what is most convenient.
2. Know that you can change your decision here at any point.

In all scenarios, **100 percent meal support is the safest option** especially in the first week or so. There is no judgement to be attached to this. Just be realistic. If that is what your partner needs then that is what they must have. Remember, this is not forever, just long enough to get your partner well so they can be independent again.

Weight Gain Anxiety

As the EDS puts on weight (and often even at the thought of it) they will experience anxiety around this. Often this comes in the form of thoughts and doubts; worrying about becoming overweight; worrying that people will not know that they are sick just because they look better, etc, etc.

Many sufferers also notice that while they are putting on weight they are still experiencing a high volume of eating disorder thoughts. This makes them wonder if weight restoration is working or not. For most, their worst nightmare is being overweight and still having all the eating disorder thoughts in their head. The thoughts will go, but it takes time after weight restoration for this to happen. In that sense, the body begins to heal from the eating disorder faster than the mind does.



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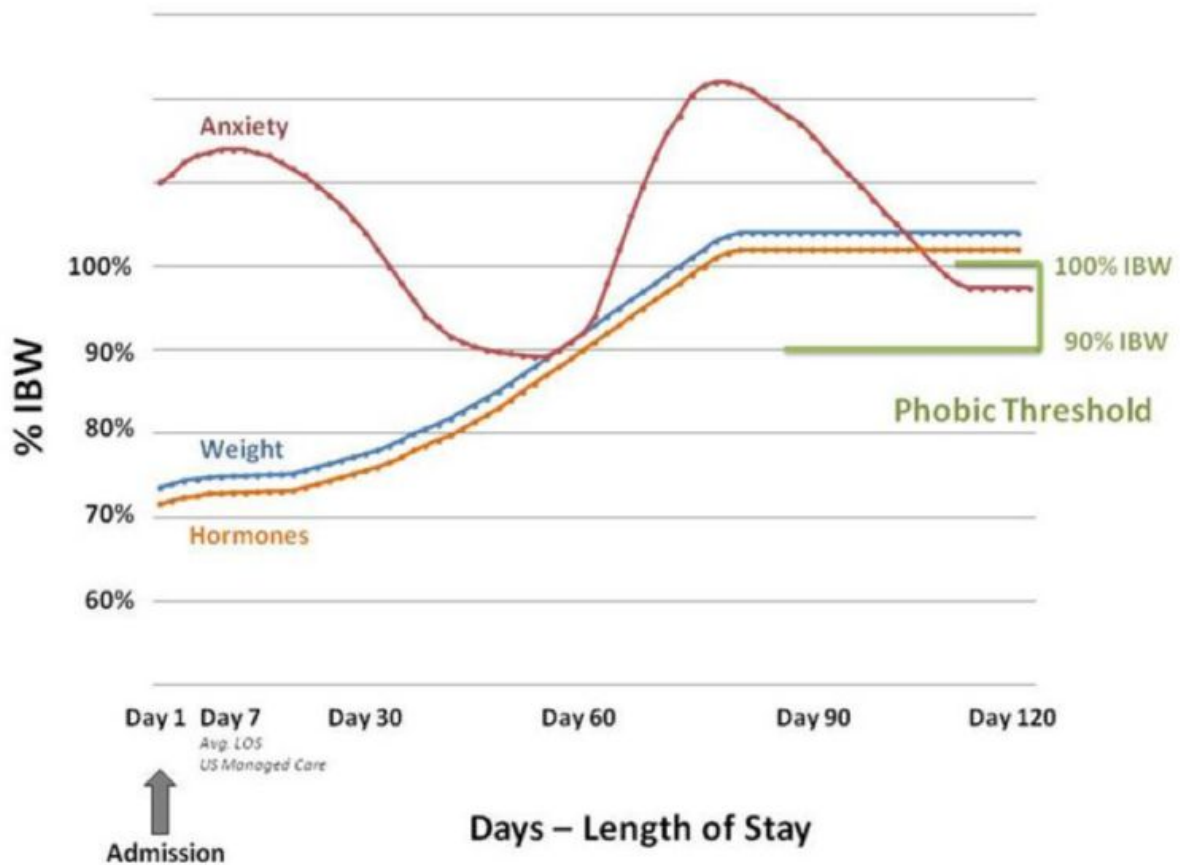
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In order for the mind to heal, it is crucial that the meal plan is stuck to for as long as it takes after weight restoration for this anxiety to diminish.

The graph below refers to inpatient treatment, but it shows the typical anxiety levels in the stages of recovery. As you can see, the second peak around 90 days is usually where the body has begun to recover and weight has been gained, but the eating disorder still has a strong mental hold.

During this time, be prepared for signs of increased stress from the EDS and increased resistance to eating. The good news is that after this, most of us experience a lessening of eating disorder thoughts.



Meal plan structure

Meal planning is a critical part of ED recovery and we will address meal planning for different stages of recovery. This first meal plan is the Stage One meal plan, and it is different from what you will do once your partner is stable in weight and recovery.

I've put vague meal times here, but you need to set a more specific time with your partner and that is what goes into the schedule as outlined above.

Breakfast - before 10am

Snack - before noon

Lunch - before 2pm

Snack - before 4pm

Dinner - before 8pm

Snack - before 10pm

If you have social events or there are holidays or outings planned you will have to be organised and talk about this ahead of time so that you have a plan in place for them.

Food quantity, type etc.

Quantity and type of food is to be determined by you — preferably with the help of an ED specialist dietitian. The EDS has no say in this. Expect a protest about that, but stand your ground. This is another reason why it is very helpful to work with a dietitian here as you'll have the moral support and backup from knowing that you had a professional help you devise this meal plan.

You can take into account the personal taste preferences of your partner, but not if they are all only low-fat and low-calorie options.

If you work with a dietitian, then you have to be present at every meeting. Don't allow your partner to go alone as you cannot trust their eating disorder to allow them to relay what the dietitian said reliably.

Food type



In Stage One Recovery I honestly think fruit, vegetables, and anything labelled “healthy food” should be relegated to the least important food on the list for a time. They are too easy. ED likes them. If they were a high school grade they would be D-.

Full-fat dairy, meat, ice cream, cakes, pastries, fast foods are all higher-level things. Think of them as the **A-star level** and if you can get your partner to eat them you are on your way to recovery gold. ED hates them, so they are the most valuable recovery foods.

A balanced diet has fat, carbohydrates, and protein. In recovery I made it my main aim to eat high-fat foods as those scared me the most. Every plate I had to cover at least $\frac{1}{2}$ full with cheese or meat or some other type of protein/fat rich combo. The rest was $\frac{1}{4}$ (or more) carbohydrates such as bread, rich or potatoes, and $\frac{1}{4}$ (or less) vegetables, I actually worked out the less carbohydrates I ate in that time the more room I had in my tummy for the heavy-nutrient and fat foods that were feeding my body the most. Less rice and more cheese!

A relatively fat dominant diet is what *really* worked for me in terms of healing my body and kicking Anorexia out of my brain.

If you are in any doubt of what you are doing when you are meal setting then please consult a dietician who is well reputed for treating eating disorders. If you consult with a “regular” dietician they will undoubtedly not set a diet that is high enough in the fat that a person recovering from Anorexia needs. People with Anorexia have to eat a higher amount of fat than the general population as they are rebuilding their bodies. It is rather like feeding a baby, and breast-milk is very high in fat because that is what helps build cells. Make sure that anyone you work with is well up-to-scratch on what an eating disorder recovery meal plan should look like.

Fear foods

Many of us have certain foods that are particularly terrifying. Generally these are high calorie foods that we may have loved pre-ED. The eating disorder is threatened by them so banishes them.

Make a list of fear foods with your partner in the initial planning meeting, then begin to tackle them one at a time. I would wait until a couple weeks into the meal plan and



until your partner is eating regularly. It's often a little too much all at once to tackle eating regularly and also fear foods right from the start.

Most often fear foods are chips (fries), ice cream, pizza, chocolate, meat, ... but interestingly bananas often come up!

How to deal with noncompliance

Noncompliance is when your partner refuses to eat what you asked them to. It sucks.

1. Keep insisting that they eat. Even if it takes all night. They don't leave the table until they have eaten. If they throw the plate of food on the floor you calmly get up and replace it with another one.
2. Stay calm, stay focused. The anger that your partner feels comes in waves. When they lash out at you and refuse to eat they are at the top of a peak in emotion. They will come down and calm down in a couple of minutes. You just have to hang in there.
3. Tell your partner that you love them, and you know that they are in pain, but you are trying to help them get better. It is important that you feel compassion here rather than anger. Your partner is going through hell. Eating is painful. They are sick of it. But they have to do it. That sucks. It's shitty. Show them that you understand, but they have to eat anyway.
4. Hang in there. If you push through the hard meals and don't let the eating disorder win, it will make everything else that follows easier. If you back down, it will mean the eating disorder will try that stunt again, and again.
5. Ooze confidence. Don't let the eating disorder's tantrum make you question yourself, the meal plan, or the serving that you portioned. If you do, don't show it.
6. Don't take it personally. I cannot empathise this enough. Even if your partner yells all sorts of nasty things at you, or about you, you must not let it get to you. It is the eating disorder speaking, not your partner.
7. Expect it, Be ready for it. This is a nasty, angry illness. Do not expect all mealtimes to be easy. The good news is that once you have pushed through resistance you'll get an easier sail on the other side.
8. Don't dwell on it afterwards. Focus on the next meal.
9. Remember that recovery is not linear. There will be good days and bad days. Good meals and bad meals. Two steps forward always brings one step back. Keep that in mind.



10. Don't blame yourself. Don't blame your partner. Just put your energy into getting rid of that nasty eating disorder so that you can both put all this behind you.
11. If your partner leaves the house without eating and then also refuses to make up for it by drinking a shake later that day, you have to talk about the nuclear option.

Hunger

Do not expect your partner to be hungry when it comes to meal or snack times. Eating disorders often suppress the hunger feeling.

Whether they feel hungry or not is totally irrelevant. They have to eat at the set times and they have to eat the set meal quantity regardless of feelings of hunger.

Feeling hungry before a meal is a bonus — not a requirement. In time, once they move into recovery, they will begin to feel hungry again.

Food shopping

If possible you should do this together. If your partner finds it stressful then you should do it alone. Do not allow your partner to food shop alone. Their eating disorder will make them compare the calories on the back of the packets of the items on the list and choose the lower calorie option.

Eating out

I did not eat out at all in Stage One Recovery. I didn't eat with anyone other than my husband and family either for this time. I knew that I would be more focused and less stressed that way.



When I felt ready to eat out at restaurants and with other people if I went to their house for dinner it was time for me to move on to Stage Two.

Be aware that eating out is probably incredibly stressful for your partner. Take this into account when you think about social events and family events. Remember this is not forever, and if you have to cease eating out for a while then that is what you have to do.

Full fat :)

There should be no low-fat versions of anything in your fridge. Full fat is important for both mental and physical reasons when recovering from an eating disorder.

Fat is crucial for the recovering body, so work on getting full fat versions of all foods into your partner's diet as fast as you can. Nutritional benefits aside, fat is the hardest nutrient for most of us to mentally get our heads around eating. It is a huge step in recovery from an eating disorder to become comfortable eating fatty foods.

Needless to say this was one of the most difficult parts of recovery for me personally. But it was also one of the most rewarding. Fat tastes delicious for one, but also the nutrients in fat were such that my hair regained thickness, my skin and complexion improved, and my disposition became that of a happier person overall.

Vacations/Holidays

I'm not going to try to tell you what to do in regards to this, I am just going to tell you that I really struggled to keep on top of my recovery when I went on a holiday while in Stage One. Different place + different foods = all too much stress really.

But just something to either keep in mind or plan for: if you are going to go on a vacation during early stage recovery be prepared for your partner's ED to flare up and try and use it as an excuse to put them in relapse.

Holidays and large family gatherings such as Christmas are really very hard unless your partner is to talk openly to the family about their eating disorder. This is



something that is worthwhile if you can achieve it as it's very healing for everyone involved.

Stage One doesn't last forever, and in Stage Two you should be able to go to all these types of things without stress. If you have to miss some parties now in order to get there then so be it.

[Blog post on surviving Christmas here](#)

Work

Another tricky one for adults. Many of us — especially those of us with what I refer to as “sustainable” or “functioning” eating disorders — have a job while we have an eating disorder. Some of us hide it so well that we make fantastic employees regardless of how unwell we are in other aspects.

You'll need to work out if your partner's work life needs to alter in order to accommodate recovery. You might have to tell them to give up work for a while. If that is what you need to do then that is what you *must* do.

Remember, the plan is here that you dive into recovery with both feet so that you both move onwards with your life together sooner rather than later.

Moving on to stage two recovery

When your partner is are weight restored (i.e. they have reached target weight) and have been for a while; when they are sleeping well; when they are not exercising or obsessing over it; and when eating three meals and three snacks a day is so easy for them that it is boring ... then it is probably time to move on to Stage Two.

But remember, while getting your partner weight restored is something you should do as fast as possible, moving through these stages is not.

Before you move on:



- Have they been weight restored (at or above target weight) for 6 months or more?
- Is three meals and three snacks a day easy?
- Have they not skipped a meal for at least 6 months?
- Are they sleeping well?
- Are they feeling relaxed about not exercising?
- Have they stopped being such an irritable, cranky pain in the arse? ;)



Stage Two Recovery

[Audio file for this section here](#)

Rule: if your partner skips a meal or a snack they have to go back to Stage One. It's still imperative at this stage that they normalise a regular eating schedule, so if you have any blips just revert back to Stage One plan until you feel confident that they have been stable there and can move up to Stage Two again.

Goals:

- Maintain weight restoration.
- Challenge fear foods
- Begin to challenge triggers
- Continue to eat three meals and three snacks every day.
- Become more independant at mealtimes.
- Become more adventurous about the foods eaten.
- Start eating out and with friends/family more.
- Rely on EDCP less.
- Eat full fat versions of all foods if not already doing so.

Meal plan structure:

Breakfast - before 10am

Snack - before noon

Lunch - before 2pm

Snack - before 4pm

Dinner - before 8pm

Snack - before 10pm

Spot the difference? There isn't one.

Meeting structure

This too, is exactly the same as Stage One



Role of EDCP (you) in stage two

You and only you will decide if your partner is okay to eat meals alone, and when they are okay to shop alone etc. Ultimately, by the end of Stage Two your partner will be eating meals alone and never skipping a meal or a snack.

If you allow your partner to eat a meal alone and you don't feel confident afterwards that they did it then you reserve the right to return them to meal support.

Fear foods

In your weekly meetings now you should choose a fear food and challenge that each week by including it in a meal at least once per day for a week. Only when that food is no longer a fear food do you stop having it feature in the daily meal plan.

If your partner doesn't have fear foods (not all of us do, just most) then work on increasing the variety of foods eaten. Many of people with eating disorders get stuck in a set routine of foods that we like to eat day in, day out. Recovery means being able to eat a wide range of foods.

Triggers

Start to talk about triggers in the weekly meetings. Identify situations that are triggering for your partner. Talk about how they can work to control their own response.

It is effective for the EDS to do the following when they hear or see something triggering:

- Identify the ED voice, and label it as "that's my ED, not me."
- Focus on slowing down breathing while at the same time shutting off the ED voice.
- Do the opposite of whatever the ED voice might have said to do. For example if the ED voice said "that person ate less than you, you should eat less." The correct response from the EDS would be not to eat less. An even better response would be to actually eat more.



- Make note of the trigger so that you can discuss it and plan how to become numb to it.

While you should have been doing all possible to avoid triggers in Stage One, once your partner is a little more stable and you are at Stage Two you should begin to address them (not all at once if possible!).

Triggers are everywhere. Avoiding them is impossible. The only way to really be recovered is being able to deal with triggers and not get triggered by them!

Stage Two, Step One: Reducing Snack Support

Audio File for this section:

<https://s3.amazonaws.com/eatingdisorderrecoverypodcast/Partner+Guide+6.m4a>

You start by reducing the snacktime support for your partner. Not all at once. Slowly.

Initially you might try an unsupported morning snack only. See in the fig 2.1 below. All the blue meals and snacks are supported, the yellow is the unsupported. Just one unsupported snack per day to start with, and see how that goes. When you are confident that snack is being eaten without too much stress, you can move on to Fig. 2.2.



| GMT-07 | Sun 11/13 | Mon 11/14 | Tue 11/15 | Wed 11/16 | Thu 11/17 | Fri 11/18 | Sat 11/19 |
|--------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 6am | | | | | | | |
| 7am | | | | | | | |
| 8am | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast |
| 9am | | | | | | | |
| 10am | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack |
| 11am | | | | | | | |
| 12pm | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch |
| 1pm | | | | | | | |
| 2pm | | | | | | | |
| 3pm | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack |
| 4pm | 4p - 5p Weekly Planning | | | | | | 4p - 5p Weekly Retro |
| 5pm | | | | | | | |
| 6pm | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner |
| 7pm | | | | | | | |
| 8pm | | | | | | | |
| 9pm | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack |
| 10pm | | | | | | | |

Fig 2.1 Morning snack unsupported





Fig 2.2 Morning and afternoon snack unsupported (yellow)

In Fig 2.2, two snacks per day are unsupported.

You would ideally stay here for at least one week, and potentially many more. You only move on when you are confident that your partner is eating two unsupported snacks per day.

It is important that if you suspect the snacks are not being eaten you revert back to fully meal support. Only move on to Fig 2.3 when you are very confident.



| GMT-07 | Sun 11/13 | Mon 11/14 | Tue 11/15 | Wed 11/16 | Thu 11/17 | Fri 11/18 | Sat 11/19 |
|--------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 6am | | | | | | | |
| 7am | | | | | | | |
| 8am | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast |
| 9am | | | | | | | |
| 10am | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack |
| 11am | | | | | | | |
| 12pm | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch |
| 1pm | | | | | | | |
| 2pm | | | | | | | |
| 3pm | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack |
| 4pm | 4p - 5p Weekly Planning | | | | | | 4p - 5p Weekly Retro |
| 5pm | | | | | | | |
| 6pm | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner |
| 7pm | | | | | | | |
| 8pm | | | | | | | |
| 9pm | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack |
| 10pm | | | | | | | |

Fig. 2.3. All snacks unsupported

Stay here for a week or so. When confident you can move on to Step Two, which involves reducing mealtime support in the same manner.

Stage Two, Step Two: Reducing Meal Support

The aim is to slowly reduce meal support.

Start one meal at a time. In the weekly meeting decide on what meal your partner is to eat alone. You still control the type of food, quantity and all aspects of the meal plan (hopefully as set by a ED specialist dietician or other ED professional).

How to plan for the first unsupported meal:

This should be a meal that your partner is now very comfortable with eating. Do not introduce new foods or situations at this time.

Make sure that the meal is portioned by you ahead of time and ready for them to just eat.



If you are not there, text them at the mealtime start time and make sure they are on track.

Text them when they have finished and make sure they ate it all.

Check in with them later that day, have a meeting to review how they felt and how well they did. If you think it went well and you believe that they ate all the meal then you can go ahead and plan the next unsupported meal. If you are unsure, then resist planning another unsupported meal for a week or so.

Initially have a maximum of one unsupported meal a day and don't do back-to-back unsupported meals.

When you have been at one unsupported meal a day (Fig. 2.4.) for more than two weeks you can move on to planning two unsupported meals a day (Fig. 2.5.). Remember that if you move too fast here you can undo some of the good progress that you have made. Always move with caution. Always reassess. Always trust your own judgement if you think that your partner needs to move back a step.



Fig. 2.4. Lunch unsupported. Breakfast and Dinner supported.



Fig. 2.5. Breakfast and Lunch unsupported. Dinner supported.

Fig. 2.6. shows all meals unsupported. Congratulations, your partner is eating again!

Does that mean it is all over?

Sadly no. But the hardest part by far is over for sure. You still have to be on the lookout for blips, slip ups, and wobbles. Basically though, if you can keep your partner on the path of eating three meals and three snacks a day the eating disorder will say in the shadows.



| GMT-07 | Sun 11/13 | Mon 11/14 | Tue 11/15 | Wed 11/16 | Thu 11/17 | Fri 11/18 | Sat 11/19 |
|--------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 6am | | | | | | | |
| 7am | | | | | | | |
| 8am | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast | 8 - Breakfast |
| 9am | | | | | | | |
| 10am | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack | 10:30 - Morning Snack |
| 11am | | | | | | | |
| 12pm | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch | 12:30p - Lunch |
| 1pm | | | | | | | |
| 2pm | | | | | | | |
| 3pm | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack | 3:30p - Afternoon Snack |
| 4pm | 4p - 5p Weekly Planning | | | | | | 4p - 5p Weekly Retro |
| 5pm | | | | | | | |
| 6pm | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner | 6:30p - Dinner |
| 7pm | | | | | | | |
| 8pm | | | | | | | |
| 9pm | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack | 9p - Evening Snack |
| 10pm | | | | | | | |

Fig. 2.6. All meal unsupported

Eating out

Okay. Time to expand!

Add one eating out experience to your partner's weekly meal plan. This absolutely has to be a supported meal.

This also should be structured into the weekly schedule and the day and time that you are planning to eat out should be decided in the weekly meeting by you. You don't have to tell your partner where you are going to eat out (sometimes better not to) but you do have to plan it with them.

Watch out: On the day that you eat out, **all other meals that day should be supported meals.** Eating out days will initially be very difficult for your partner and their eating disorder will try to make them skip the other meals on that day.



Eating out rules:

- Your partner is not allowed to order a salad when you eat out.
- They are not allowed to order a starter for their main course.
- They have to order a full main meal.
- If what they order is supersized and genuinely more than a normal person could eat, you determine when it is okay for them to stop eating. But really, your aim is to get them to clear the plate.
- It is okay to go to the same restaurant every week, but they can't order the same menu item every week.
- You choose the restaurant.
- Your partner is not allowed to look up the menu online ahead of time.
- When your partner orders food, try not to let them ask for alterations to the way in which the food is designed to come. I.e. if it is a burrito with cheese they can't ask for "no cheese." If they absolutely have to make alterations due to dietary allergens (real ones, not just the ones in their head) then you have to okay them first.
- Your partner cannot take more than 10 mins to make up their mind on what to eat.
- When you order food, they cannot change the order after the waitress has delivered it to the kitchen.
- No superfluous water drinking.

Tip: I started by only ordering a full main course. After a couple of months when that was no longer stressful, I began to order a starter as well as the main course, or a dessert as well as the main course. The main course is the most important course, but when you feel confident begin to experiment with add-ons.

Snacks out too!

At least one snack per week should be eaten out now too. Coffee shop visits for a almond croissant are my favorite, or a lovely slice of chocolate brownie. Have fun!

Vacations/ Holidays



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Tabitha Farrar

tabithafarrar.com

The thought of the large family gathering meal should be a lot easier for your partner now.

Goals:

- To be able to eat a regular sized meal of whatever festive food is on offer.
- Not to analyse what other people are eating.
- Not to binge eat.
- Not to be cranky and snappy with people!

The first time you go to a family gathering that is buffet style you (the EDCP) should portion out a plate of food for your partner regardless of where they are in recovery. You doing this for them will actually prove to be much less stressful for them because it removes the decision making and choices.

If this goes well, you should discuss with them how they feel about portioning out their own food next time.

Moving on to stage three recovery

When eating out is boring, and your partner is eating independently, and they have maintained their target weight, and they are eating full-fat versions of all foods, and — most importantly — you feel confident ... then you can consider moving on to Stage Three.



Stage Three Recovery

[Audio file for this section here](#)

Okay, same deal. If your partner skips a meal or lose weight you have to revert back to Stage Two until they have gained weight or feel confident that they won't skip.

Goals:

- Maintain recovered weight.
- Be totally independent.
- Be able to eat anything.
- Be able to handle any social situation.
- Reintroduce a reasonable amount of exercise.
- Weigh independently.
- Continue to identify and eat fear foods.
- Eat at fast food restaurants on a semi-regular basis.
- Continue to eat three meals and three snacks every day.

EDCP Role in stage three recovery

In Stage Three your role becomes greatly reduced. Time to hand the reins back over completely.

Still keep a watchful eye and if you suspect weight loss you have to jump back in and bring this up. See how to spot a relapse below.

I suggest a monthly ED Check meeting where you sit down and just make sure everything is still cool. That said, it is important that you feel you can check in and ask your partner about their eating disorder at any time. At the very least, this stops it ever becoming the elephant in the room again.



Stage three meal plan structure:

You guessed it! Same as Stage One and Stage Two! Three meals and three snacks a day forever!

Planning and shopping

Have one meal planning session per week where you plan all meals and make sure that you have food in stock to make them. You don't need to plan every detail as meticulously now, but you do need to plan so that you never get caught out. This is less of an official meeting now, and more just plain old managing the family fridge.

You have to be more careful than the average bear when it comes to stocking the fridge. When you come home late after a long hard day and you can't be bothered to go to the store you need something quick and easy because you can't skip meals like normal people can — no matter how recovered you are!

Eating out

Continue to include at least one meal out per week. Try different restaurants and foods and with different people.

Your partner should include at least one fast food restaurant per month. Yes, you heard me. A balanced diet means you can eat *all sorts* of foods sometimes.

Actually I eat fast food once per week as part of my personal practice. Firstly I do it because I *loove* doing anything that Anorexia would not allow me to do. Second, well, I guess I have to admit I like the taste of trashy food. Sue me.

Exercise



You can now start to reintroduce exercise. Here's how:

- Do not reintroduce exercise unless your partner wants to. You don't have to exercise to be healthy.
- Start with a 30 minute walk per day. With days off. Make sure taking a day off is not too hard for your partner.
- After one month of walks with regular days off walking and if taking a day off walking is easy, they can start to introduce weights. Do the same thing. Take regular days off. If there is any sign of you becoming reliant on exercise or reluctant to take a day off then you should stop.
- If you introduce any form of cardio other than walking (and I don't recommend this, I'm just saying if you do) then you have to place a 20 minute limit on the amount of cardio your partner can do a day. **No more than 20 mins a day.**
- They have to have more than one day off exercise completely a week. No cardio, no weights, no planned exercise at all.
- Be suspicious. If you think that for any reason your partner is not exercising for the right reasons you have to stop, take a break from exercise for at least a month, then rethink how to add it if you need to add it at all.
- You have to take exercise as a serious trigger for the eating disorder.

Weighing

You should stop the weigh-ins unless you suspect weight loss. Generally at this stage the EDS is as motivated as you are to keep themselves well. That said, relapse is never out of the question.

I frankly don't recommend scales in the house even after recovery.



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Full Recovery

Don't get complacent

Main thing now is to not get complacent. The problem is, you have to remember that ***your partner still has an eating disorder***. It's just dormant. It will stay dormant unless they go into a negative energy balance for a prolonged period of time (i.e. lose weight).

How to spot a relapse

While most clinicians only define relapse in terms of weight loss to the point of being underweight again, I personally think that is too late to be talking about it. You need to be able to spot a relapse before weight loss happens. Remember, with eating disorders, actually losing weight is the tip of the iceberg. Spotting relapse before weight loss happens can be difficult, but you will be so primed for eating disorder behaviours by the end of treating someone through one that you can probably trust your spidey senses.

If you think things are getting weird again. If exercise seems more compulsive. If your partner is more rigid in routines around food and exercise etc, you should act on your suspicions. Here are a few key tell-tale signs of an eating disorder trying to reactivate:

- Increase in exercise
- Telling lies about amount eaten or exercise done
- Seeming anxious or more uptight than usual
- Declining social events more than usual
- Becoming more insular
- Becoming prickly when you ask about anything eating-disorder related
- Buying lower calorie foods
- Going on a fad diet or any other diet that restricts certain foods
- Becoming more routine based in type of food eaten and quantity etc
- Hiding food or pretending to eat more than actually eaten



- Becoming overly interested in cooking programs or cook books
- Watching and comparing what other people are eating
- Weighing obsessively
- Differences in appearance include: yellow skin tone, hair thinning and anemia.

Know the triggers

I have not discussed triggers too much in this kit as while they can trigger an eating disorder in a person who is predisposed to having one, they are not the same as a cause and I personally don't think they are much of a factor in ED *recovery* specifically unless they are causing relapse.

A trigger is anything that could cause your partner to lose weight and spark the eating disorder. Being aware of them is important

Triggers often spark the eating disorder in the first place—hence trigger.
Triggers contribute to the eating disorder's longevity if left unaddressed.
Triggers worsen the eating disorder.
Triggers spark relapse.
Triggers are not causes.

I think this is very important, but it's somewhat difficult to understand. First you need to know that the environmental trigger(s) that provoked the eating disorder to activate in your partner's brain is/are not the "cause" of the eating disorder. Without the genetic predisposition for your eating disorder, those triggers would not have made them develop the eating disorder.

[Blog post on triggers here](#)

Transitions

Even if your partner has been fully recovered for years, there are some situational blips to look out for. I've noticed that I have to be careful around transitions of any type. Things like:

- Changing jobs



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- Moving house
- Going on holiday
- Having someone come and stay
- Changing roles at work

I'm not saying your partner won't breeze through transitions, and I've never fully relapsed due to an transition, but I have felt and observed wobbles.

Stress

Stress is part of life and we all have it from time to time. Be aware that times of stress are high-relapse-risk zones so that you are extra diligent to watch for any behavioural changes when the shit has hit the fan.

Illness

Eating Disorders love nothing more than a stomach bug that'll mean the EDS can't eat for a while. While nobody can control getting ill, you can be ultra-vigilant about eating immediately as soon as your partner is able and making up for however long they were unable to eat.

Remember, any prolonged energy imbalance where they are consuming fewer calories than they need to can trigger that eating disorder that is lying dormant.



Things a Person with an Eating Disorder Can't Do

Life isn't fair. There are some things that a person with an eating disorder history just should never do in order to stay healthy. But do consider this and take it seriously.

- **They can't be gluten free.** Unless they are celiac.
- **They can't go dairy free..**
- **They cannot be vegan.** I have a lot of resources on this. Check out this [post first](#), then [this one](#). Now listen to [this podcast](#), and finally listen to [this one](#) to learn why being vegan may not be as ethical as you think.
- If they have an **exercise problem:** they shouldn't have a job that means they have to run around all over the place. Like working as a waitress. It turns into an ED behaviour.
- **They can't be a marathon runner** or do any other sort of extreme cardio sport
- **They should not work in the diet or fitness industry.** For example my dream job when I was ill with Anorexia has being a personal trainer and nutrition coach. Good grief that is so obvious an ED influence now I see it, but at the time I was convinced it was my life's mission.
- **They can't diet.** Duh.
- They can't hang around with people who are obsessed with food and diet.
- They probably shouldn't aspire to be a chef or work with food either. One symptom is a preoccupation of cooking for and watching other people eat. Just saying.
- **They can't go on cleanses.** (And you shouldn't want to as they are a load of crap anyway. Read [more on that here](#))

Cheers, and best of luck!

Thank you for reading this Eating Disorder Recovery Guide for Partners of People with Eating Disorders. I am not a therapist and am not trying to do anything here other than provide the information that I had wished I had when I was recovering from Anorexia.

Suggestions and your own stories welcome. You can email me at info@tabithafarrar.com or tweet to @Love_Fat_



If you want to read my full recovery story, you can [get my book here](#).

FAQs

Q: What are eating disorders?

A: Eating disorders are mental illnesses with a genetic base.

Q: What “activates” or “triggers” eating disorders?

A: Anything that causes a caloric deficit or negative energy imbalance.

Q: Are eating disorders fatal?

A: If left untreated eating disorders have the highest mortality rate of any psychiatric disorder

Q: What is the best treatment for eating disorders?

A: Family-based therapy (FBT) has the most evidence of positive outcomes of all types of treatment.

Q: Are eating disorders something the sufferer does on purpose?

A: No. They are not a choice. They are an illness.

Q: Are eating disorders caused by abusive treatment for other people?

A: No. They are mental illness.

Q: Why is a person with an eating disorder scared of food?

A: Because the eating disorder has affected the part of their brain that generates the fight or flight response and made it fire when they are about to eat food.

Q: Why do people with eating disorders often get stressed?

A: Stress and irritability are symptom of malnutrition. When the sufferer is weight restored they should become less stressed.

Q: Why do people with eating disorders sometimes suffer from insomnia?

A: Inability to sleep is a symptom of malnutrition. Many sufferers are able to sleep well again once they are weight restored.



Q: Why do some therapists still use psychoanalytical approaches to treat eating disorders?

A: These are unproven treatments that were popular when we did not really know what eating disorders were or how to treat them. Some psychologists who were trained in these approaches before there was so much evidence for FBT (and CBT) and are resistant to change regardless of the scientific proof that FBT works.

Q: Do men get eating disorders?

A: Yes.

Q: Can a person get an eating disorder in later life?

A: Yes, any person can get an eating disorder at any time if they have the genetic predisposition to have one and they experience a caloric deficit.

Q: What does Family-based therapy (FBT) entail?

A: Meal support at home so that the sufferer has someone with them to help them eat and stop the eating disorder behaviours.

Q: How long does FBT take to work?

A: This varies, but the sooner the sufferer is weight restored generally the faster they move through recovery.

Q: Does the sufferer have to be a child to go through FBT?

A: No. Adults can be put through FBT by an adult parent, family member, friend or partner.

Q: Why does my partner get angry when I try and make him or her eat?

A: Eating disorders evoke a fear response to food. Irrational as it sounds, what your spouse is feeling is a fear response on par with jumping off a cliff. Anger is a normal response to fear in this sort of circumstance.

Q: Why does my partner think that he or she is fat when they are not?

A: The eating disorder affects the part of the brain that processes body image in some sufferers and distorts how they see themselves.

Q: Why does my partner seem obsessed with food and cooking?

A: For some sufferers, the eating disorder makes them constantly think about food and making food.

Q: Why does my partner constantly want to watch cooking shows?



A: For some sufferers, the eating disorder makes them constantly think about food and making food.

Q: How do eating disorders affect exercise?

A: Many sufferers become obsessed with exercise because the eating disorder tells them that they have to do it in order to burn calories.

Q: My partner is in eating disorder recovery and wants to exercise, should I let them?

A: No. Exercise is an eating disorder behaviour and should not be allowed until recovery is made.

Q: My partner is in eating disorder recovery and wants to also be gluten free, is this okay?

A: No. Eating disorders try and take control via making sufferers go on diets that restrict certain food groups. Unless your partner is celiac he or she should not eat gluten free.

Q: Why does my partner want to eat healthy food all the time?

A: Eating healthily is an eating disorder behaviour. You should reinforce the fact that no food bad and that all food is healthy in a balanced diet.

Q: Why does my partner lie to me about how much food he or she has eaten?

A: Your partner is not lying to you. The eating disorder is lying to you. When your partner is recovered they will not lie about what they have eaten.

Nine Truths of Eating Disorders

1. Many people with eating disorders look healthy, yet may be extremely ill.
2. Families are not to blame, and can be the patients and providers biggest allies in treatment.
3. An eating disorder diagnosis is a health crisis that disrupts personal and family functioning
4. Eating disorders are not choices, they are serious biologically influenced illnesses.
5. Eating disorder affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations and socioeconomic statuses.



6. Eating disorders carry an increased risk of both suicide and medical complications if left untreated.
 7. Genes and the environment play an important role in the development of eating disorders.
 8. Genes alone do not predict who will develop eating disorders
 9. Fully recovery from an eating disorder is possible. Early detection and intervention are important.
-

