

# Me, My Partner, and That #\*&%# Eating Disorder!

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The most common reason people become partners is that they need someone they feel they can trust to be there, through good times and rough times. However, a chronic illness such as an eating disorder makes it difficult for the sufferer to be there for their partner. Healthy relationships have three elements: *me*, *you*, and *us*. Long-term illnesses can erode the *us* and the *me*, leaving only the symptoms of the ill partner. An eating disorder relentlessly consumes the majority of the affected individual's thoughts, feelings, and actions. Sufferers speak of finding it difficult to focus on anything but weight, shape, and symptoms. This can put the squeeze on the amount of time and attention they can give to you and to the relationship. Finding ways to be there for each other, despite the eating disorder, is key for each of you to feel safe, secure, and loved.

Giving the eating disorder the name 'ED' recognizes that the illness is distinct from your loved one. This is especially helpful when the illness seems to have taken over the individual. Identifying the illness as ED separates the symptoms and behaviours of the eating disorder from the wonderful and loveable aspects of your partner. Research shows that a close relationship with a partner can positively affect recovery from an eating disorder (Bulik et al., 2010; Schembri & Evans, 2008). But it is important to understand what you can and cannot do to help your partner. Research (Roberts et al., 2010) has also revealed that many of those living with eating disorders experience very specific cognitive difficulties. They find it extremely difficult both to shift from one task to another, and to see the big picture and not get bogged down in details.

Sadly, there is no easy "just do it" solution to recovering from an eating disorder. It is first and foremost a process. The Stages of Change model outlines this process. It can help you to identify where your partner is in the recovery process, and to support them move into the next stage. The following sections use these Stages of Change to describe how the individual with an eating disorder may be thinking and behaving, and the possible effects on you as a partner.

## Stage 1: Pre-Contemplation

Stage 1, Pre-Contemplation, is marked by denial. Your partner may not agree that there is a significant problem, even though others close to them, such as you, notice many physical, behavioural, and emotional signs that something is seriously amiss.

You may find it very challenging to see your loved one's suffering and the deterioration of their health and yet be unable to get her to agree that they have a serious problem. The goal in Stage 1 is to help them recognize how the eating disorder is affecting their life, and your life as a couple, so that they may move into the second stage of the change process, which is acknowledging that they may have a problem. For example, for the past six months, Miko had adopted a very

restrictive diet, vigorously exercised for over two hours a day, looked gaunt and drawn, and was increasingly forgetful and irritable, while claiming that they were just following the basics of a healthy lifestyle. Gently asking how well this is actually working for them, and talking about the ways in which you have noticed them become more restricted by this “lifestyle,” may help them to open up about changes that they have been noticing but have been too afraid or ashamed to talk about: “Miko, I feel that the amount that you exercise every day leaves little time for us, or for spending time with your family.”

It is normal for you to feel hurt, to feel that if your loved one really cared for you they would get over the eating disorder—and not tomorrow but today. If they really loved you, they would not refuse the help you are so ready to give. But beware of falling into the trap of “If you really loved me, you would or wouldn’t...”

It is also normal to try to control ED behaviours by attempting to prevent binge/purge cycles, or by pushing food/mealtimes. Because ED is all about a sense of control and achievement, this approach can backfire, sending ED underground into secretive and counter-controlling measures. Instead, keep the focus on the destructive and limiting effects ED has on your loved one’s life. Partners frequently feel guilty about taking pleasure in activities outside their relationship when their partners are struggling. However, this self-nurturing is important not only to your health but also to the health of your relationship. Find a support group, meet with friends and family, do activities that offer lots of spontaneous laughter, creativity, and physical and emotional expression so that you can sustain yourself and your ability to support your partner. If you are also able to support your partner in engaging in enjoyable and affirming activities unrelated to food and weight, so much the better.

## **Stage 2: Contemplation**

This stage begins when your loved one tentatively admits to the possibility of having an eating disorder and considers engaging in the hard work of recovery. Even after deciding to get help, they may delay. In this stage, tuning in and really listening to your partner about how ED “works” and how ED is “there” for them can deepen the bond between you, so that you are united throughout the healing process.

Keep in mind that no one consciously chooses to have an eating disorder. Reminding yourself and your partner of this can be helpful when either of you is feeling discouraged, or when either of you is directing frustrations about the eating disorder towards the other.

Emphasize that you want to know how and when your partner is struggling. This can help them to feel that you are with them as part of a “team.” They are then more likely to feel safe to confide in you about how the eating disorder restricts them. However, you do not need to take on any role other than that of partner—listening to and acknowledging their feelings, and expressing your own feelings and needs.

### **Stage 3: Preparation**

Stage 3, Preparation for change, would seem to involve simply visiting a doctor, therapist, or dietitian, and following their advice. If only it were that easy. Eating disorder illnesses are complex. Additional elements such as pre-existing trauma, juvenile diabetes, substance abuse, depression/anxiety, bipolar disorder, or early childhood/adolescent adversity/loss can make recovery more challenging. Researching, finding funding, enduring the waiting period, and gaining admittance to the best recovery plan for the individual may take considerable time and patience.

Clarify with your partner what their needs will be when they are in recovery, who can fulfil which roles, and what you will need from and expect of each other. Work together to plan such things as assisted meal times.

Try to remember that it is normal for couples to experience periods of conflict. A willingness to hear and understand each other, as well as shifting the focus back to constructive problem solving, will go a long way towards repairing ruptures in your relationship.

### **Stage 4: Action**

Stage 4, Action, is when active recovery begins. Activities such as addressing underlying issues, beginning to eat regular healthy meals, learning coping strategies to help with ED urges, becoming aware of thought/behaviour patterns, and using group and individual support, are all part of taking action.

It is normal to breathe a huge sigh of relief at this point and to panic at any sign of a “slip.” But remember that Rome wasn’t built in a day, and that an eating disorder will not be so easily dismissed! Rather, it is all about process, process, and more process.

Give yourself permission to have your own voice, feelings, and needs in the relationship. In an effort not to burden or overwhelm your partner, you may find that you have suppressed your own opinions and desires, even your rights. And while it is good to be sensitive to how and when you raise potentially difficult topics, you aren’t helping yourself or your partner by overprotecting them and carrying unspoken resentments. Use “I” statements to own what you say and to let your partner know what you need of them. There will be wonderful times when you and your partner are engaged, happy, and enjoying yourselves and one another, and times when negative emotions are more present. This is true for all relationships, but the negative emotions may feel more intense because of your partner’s recovery efforts.

### **Stage 5: Maintenance**

This stage begins when your loved one is relatively symptom-free, and weight is restored (if that was part of their recovery). In this stage you may feel as if ED has gone and that both of you can get on with everyday life. While this is largely the case, it is normal for your partner to still struggle with unexpected triggers and major life changes or stressors, and to “slip” on occasion.

The task in the Maintenance stage is for both of you to learn to recognize a slip, to not label it as a relapse, to understand why it occurred, and to find ways to get back on track by revisiting previously helpful strategies.

Feeling frustration or anger over the “antics” of ED is normal and common. Even your partner may admit to hating ED. Find ways to express these feelings that do not damage the relationship, such as holding a “Roast ED Improv Night” with your partner, having a direct, honest, non-blaming talk about your feelings about ED, writing a blog, or splitting lots of firewood.

## **Staying the Course**

In sum, open, honest, and direct communication that respects each person’s needs, feelings, expectations, goals, hopes, dreams, and rights is most likely to reinstate the key elements of a desired relationship: to feel there is a safe, loving, and secure base in and with each other.

## **Partner Self-Care**

- Eating disorders are hard to live with. Be honest with your partner about the impact of ED on you and your relationship.
- Let go of shouldering the impossible responsibility to “cure” your partner.
- Get support for yourself: from family, friends, a group, a therapist.
- Do activities with your partner that don’t revolve around ED.
- Spend time apart from your partner, just to nourish you.

## **Sexual Intimacy**

- Sexual difficulties are experienced by the majority of ED sufferers.
- Don’t assume your partner is disinterested. Negative feelings about their body, and the effect of starvation/symptoms on sexual hormones, are important causes of problems in intimacy for ED sufferers.
- Discuss what helps your partner create a mood of intimacy and “turns them on.”
- Develop an intimacy hierarchy with your partner to build intimacy gradually: for example, at the bottom might be holding hands, progressing to caressing specific, less triggering, parts of their body, and so on.
- Couples therapy can help you both through this challenging period.

## References

- Bulik, C.M., D.H. Baucom, J.S. Kirby, and E. Pisetsky. 2010. Uniting couples (in the treatment of) anorexia nervosa (UCAN). *International Journal of Eating Disorders*, 44(1): 19-28. DOI: 10.1002/eat.20790.
- Roberts M., K. Tchanturia, and J. Treasure. 2010. Exploring the neurocognitive signature of poor set-shifting in anorexia and bulimia nervosa. *Journal of Psychiatric Research*, 44(14): 964-970.
- Schembri, C., and L. Evans. 2008. Adverse relationship processes: The attempts of women with bulimia nervosa symptoms to fit the perceived ideal of intimate partners. *European Eating Disorders Review*, 16: 59-66.

## Suggested Reading

- Harron, D. 2019. *Loving Someone with an Eating Disorder: Understanding, Supporting, and Connecting with Your Partner*. New Harbinger Publications.
- Johnson, S. 2008. *Hold Me Tight: Seven Conversations for a Lifetime of Love*. New York: Little, Brown.
- Levine, A., and R. Heller. 2011. *Attached: The New Science of Adult Attachment and How It Can Help You Find—and Keep—Love*. New York: Tarcher.
- Treasure, J., G. Smith, and A. Crane. 2007. *Skills-Based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method*. London: Routledge.

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