The Role of the Educator: Some "Don'ts" for Educators and Others Concerned About a Person with an Eating Disorder

By: Michael Levine, PhD and Linda Smolak, PhD

1. **Don’t cast a net of awe and wonder around the existence of an eating disorder.**
   Keep the focus on the reality that eating disorders result in:
   - Inefficiency in the fulfillment of academic, familial, occupational, and other responsibilities.
   - Misery in the form of food and weight obsession, anxiety about control, guilt, helplessness, hopelessness, and extreme mood swings.
   - Alienation in the form of social anxiety, social withdrawal, secrecy, mistrust of others, and self-absorption.
   - Disturbance of self and others through loss of control over dieting, body image, eating, emotions, and decisions.

2. **Don’t oversimplify.** Avoid thinking or saying things such as “Well, eating disorders are just an addiction like alcoholism,” or “All you have to do is start accepting yourself as you are.”

3. **Don’t imply that bulimia nervosa is somehow less serious than anorexia nervosa, because it is often associated with "normal weight."**

4. **Don’t be judgmental, e.g., don’t tell the person that what they are doing is “sick” or “stupid” or “self-destructive.”**

5. **Don’t give advice about weight loss, exercise, or appearance.**

6. **Don’t confront the person as part of a group of people, all of whom are firing accusations at the person at once.**

7. **Don’t diagnose:** keep the focus on IMAD (inefficiency, misery, alienation, disturbance) and the ways that the behaviors are negatively affecting the person’s life and well-being.
8. **Don’t become the person’s therapist, savior, or victim.** Do not “promise to keep this a secret no matter what.”

9. **Don’t get into an argument or a battle of wills.** If the person denies having a problem, simply and calmly:
   - Repeat what you have observed, i.e., evidence that there is a problem.
   - Repeat your concern about the person’s health and well-being.
   - Repeat your conviction that the circumstance should at least be evaluated by a counselor or therapist.
   - End the conversation if it is going nowhere or if either party becomes too upset. This impasse suggests that the person seeking help needs to consult a professional.
   - Take any actions necessary for you to carry out your responsibilities.
   - Leave the door open for further conversations.

10. **Don’t be inactive during an emergency:** If the person is throwing up several times a day, passing out, complaining of chest pain, or is suicidal, get professional help immediately.