

Parent resource

Approaches to supporting a loved one

Drawing on the Maudsley Hospital's
'Animal Analogies' for caregivers



Approaches to supporting a loved one

Supporting a young person with an eating disorder can be challenging. Friends, family and carers might be anxious about the best approach when communicating with the young person. This can result in approaches to showing care that may be grounded in good intentions but could make supporting their loved one more difficult.

In this resource we explore different behaviours supporters may lean towards when trying to show care for their loved one. The Maudsley Hospital's guidelines for carers compares each of these approaches to a particular animal to help parents reflect on the way they are caring for their young person. We look at why some of these approaches might actually hinder rather than help a young person's recovery, and what some more effective approaches to support look like.

Parents and carers have an important role in providing reassurance, boundaries, and practical support. The aim is to gradually shift from protecting your loved one from every difficult experience towards helping them develop the confidence and skills to manage difficult experiences safely.

A parent or carer does not need to be perfectly calm all the time. Everyone loses their patience or becomes overwhelmed sometimes. What matters is noticing when emotions are taking over and, where possible, finding ways to pause, repair and try again.



Avoiding the subject

Some carers may find it difficult to approach the subject directly and prefer not to talk about what's going on for their loved one. They might prefer to avoid talking about the problem, focus on finding distractions, and hope that with time their child will get better.

This may be common for carers who come from a family or cultural background where people aren't used to talking directly about their emotions or mental health. For men in particular, talking openly about emotions is often still stigmatised, meaning it may feel more uncomfortable or unfamiliar to broach the subject with a loved one.

It can be tempting to hide from the problem and hope that things will improve, but unfortunately, this won't make it go away. **An overly avoidant parenting style is not the most effective approach because:**

- It may **make the young person feel unseen, unloved or uncared for**, triggering worse eating disorder symptoms.
- It may **erode the self-esteem** of the young person managing the eating disorder.
- It may create an atmosphere where things are not discussed and communication is difficult, **making it harder for the young person to ask for help**.

In the Maudsley Hospital's guidance for parents supporting young people affected by eating disorders, this drive is given the analogy of being like an 'ostrich' burying their head in the sand.

If you notice you are feeling a drive to react in this way, here are some questions you might want to reflect on:

Am I actively checking in with my child and creating space for one-to-one time with them?

How much am I expecting my child to handle things alone, and are they really ready for that?



Protecting your young person

Some carers may understandably feel a strong drive to protect their child at all costs. It can be very hard to see a loved one in distress and parents may want to do everything in their power to avoid any upset or stress for their loved one. This might look like trying to carefully manage their child's recovery or shelter them from any possible triggers.

It can be tempting to try to protect your loved one from challenging experiences. However, for a young person in recovery, **learning to cope with difficult emotions** and respond safely to possible triggers is actually **an essential part of the recovery process**.

An overly protective parenting style is not the most effective approach because:

- The young person **may not learn resilience** or how to solve their own problems.
- Change doesn't feel natural to the young person and they may want to **remain cocooned**.
- They may feel they have a **lack of control over their own lives** and come to **rely on their eating disorder in order to cope**.

In the Maudsley Hospital's guidance for parents supporting young people affected by eating disorders, this drive is given the analogy of being like a kangaroo keeping its baby safe in its pouch, not letting its offspring venture out alone.

If you notice you are feeling a drive to react in this way, here are some questions you might want to reflect on:

Am I protecting my child from something that is genuinely unsafe, or from something that is difficult but manageable?

Could this be an opportunity for my child to practise coping with discomfort, with appropriate support?

Am I making decisions for my child that they could gradually begin to make for themselves?

What would a small step towards independence look like for my child in this moment?



Confronting or challenging the eating disorder

When a carer is feeling overwhelmed by stress, frustration or exhaustion, they may feel a drive to use logic or force to try to make the young person change their behaviour. This might look like: attempting to enforce rules around food and meal times, or trying to argue with the 'logic' of their child's anxieties about eating.

While it is important for a carer to offer a child clear boundaries, and to gently challenge eating disorder thinking, **an overly confrontational or logical approach doesn't get to the emotional root of the eating disorder**. The impact of disordered eating on the brain can sometimes make it harder to think rationally: it is not an illness that can be argued out of existence.

An overly confrontational parenting style is not the most effective approach because:

- It is **unlikely to create permanent change**, as the young person is likely to only be obeying in order to placate the person shouting.
- It may undermine the young person's personal confidence as they are continually confronted; they **may lose trust** as a result.
- It is **emotionally draining** for everyone and **the young person may 'resist' through their eating disorder behaviours**.

In the Maudsley Hospital's guidance for parents supporting young people affected by eating disorders, this drive is given the analogy of being like a rhino, charging into a confrontation in a reactive way.

If you notice you are feeling a drive to react in this way, here are some questions you might want to reflect on:

What could I do to support my loved one without taking over?

Can I stay alongside them while allowing them to experience and work through difficult feelings?

Could I respond calmly and consistently rather than immediately trying to solve the problem?



Overly emotional responses

Another possible response from a carer is to display overly-emotional reactions to their child's eating disorder behaviours.

Caring for a loved one with an eating disorder can naturally bring up lots of different emotions – frustration, anxiety, guilt, anger, sadness, distress, burnout – and all these feelings are completely normal. We are not saying you 'shouldn't' feel what you are feeling or that you should bottle these feelings up.

But, as a parent or carer, **your ability to stay grounded during emotionally intense situations can offer your child a sense of safety**. Acknowledging how you are feeling, finding a way to self-regulate without escalating emotions, helps model healthy emotional regulation for your child.

An overly emotional parenting style is not the most effective approach because:

- It is hard to see a clear path in a sea of emotion: it can lead to tears, stress and anxiety for everyone and **can raise anxiety levels all round**.
- The parent or carer may lash out in unexpected outbursts of emotion, which **creates an unpredictable environment for the young person**.
- It can make the young person feel bad that they are upsetting someone so close to them, so **they may avoid opening up**.

In the Maudsley Hospital's guidance for parents supporting young people affected by eating disorders, this drive is given the analogy of being like a jellyfish, moved about by surges of emotions and delivering 'stings' of overt and uncontrolled anxiety or anger.

If you notice you are feeling a drive to react in this way, here are some questions you might want to reflect on:

How do I support my own emotions when things feel like they're escalating?

Can I stay alongside what my child is feeling right now, and tend to my own emotions later?

What self care techniques can I use to help build my resilience for moments that feel challenging?



Effective models for supporting a loved one

The Maudsley Hospital highlights two approaches to supporting a loved one that work more effectively alongside a young person's recovery journey.

Acting as a guide

The first is to offer gentle guidance without being too intrusive or overbearing, offering multiple forms of support – the animal analogy used is one of a dolphin, swimming alongside their loved one as a guide. This approach is effective because:

- It provides hands-off support while gradually nudging the young person to safety.
- The carer can switch between 'swimming in front as a guide' (modelling healthy emotional regulation), 'swimming alongside in encouragement' (observing and giving supportive feedback through their child's recovery progress), or 'swimming behind' to show trust and belief in their child's abilities to navigate recovery.
- The carer learns when somebody needs rescuing, and when they need to find their own way.

Acting as a companion

The second approach is to act as a loyal companion, always willing to help when someone is in need – this is compared by the Maudsley guidelines to being a St Bernard, offering compassion, warmth and consistency, helping those who are lost or in trouble. This approach is effective because:

- A young person with an eating disorder needs friends, family and carers they can depend on.
- The carer learns to be calm, collected, and present in difficult situations.
- The approach encourages trust and a safe environment for honest communication between carer and young person.

