Seeking Eating Disorder Recovery and Close Relationships

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Eating Disorder Recovery and Close Relationships

Eating disorders are among the deadliest mental illnesses, second only to opioid overdose (ANAD, 2023). The American Psychiatric Association (2023) defined eating disorders as "behavioral conditions characterized by severe and persistent disturbance of eating behaviors and associated distressing thoughts and emotions." Contrary to popular belief, eating disorders do not just affect certain types or groups of people. Eating disorders affect people of every age, race, size, gender identity, sexual orientation and background (ANAD, 2023). Eating disorders also impact everyone in relation to the individual who is experiencing eating disorder symptoms. Eating disorders are often associated with preoccupations with food, weight or shape, or anxiety about eating or the consequences of eating certain foods. Behaviors such as restrictive eating, avoidance of certain foods, binge eating, purging by vomiting or laxative misuse, or compulsive exercise are common for those with eating disorders. Unfortunately these behaviors may become driven in ways that are similar to addictions (American Psychiatric Association, 2023).

This is problematic because these characteristics can make eating disorders difficult to identify and/or treat. Moreover, if individuals are unaware of their struggle with disordered eating, they may not be able or willing to seek help. In order to further society's understanding of the complexities of eating disorders, this research focuses on the communication behaviors that either encouraged those with eating disorders to seek out recovery or made them not want to seek recovery. In other words, participants reveal which communication practices and behaviors felt supportive or unsupportive as they decided whether to seek out treatment. By understanding the supportive and unsupportive communication practices and behaviors associated with seeking recovery, findings can be applied to therapeutic practices surrounding eating disorder recovery

and aid close relational partners in developing efficacy when communicating with a loved one suffering with an eating disorder.

Throughout the literature review, eating disorders, close relationships, as well as supportive and unsupportive communication behaviors will be discussed. In this context, individuals with eating disorders may have close relationships with a romantic partner, friends, family members, and/or mental health professionals. Such individuals may engage in either supportive or unsupportive communication acts through verbal, nonverbal, or behavioral means. Supportive behaviors include: empathy, compassion, understanding, social support and community involvement, positive encouragement, teamwork, and perceptions of relaxed/normal environments (Dunleavy & Malova, 2019; Linville et al., 2012; Lineville et al., 2015; Richardson & Paslakis, 2020; Sheridan & McArdle, 2021; Wacker et al., 2018); whereas unsupportive behaviors include: emphasis on physical body, minimization, misconceptions, stigma, isolation and shame, and disempowerment (Dick et al., 2013; Dimitropoulos & Freeman, 2016; Cavazos-Rehg et al., 2019; Linville et al., 2012; Linville et al., 2015; Liu et al., 2022; Richardson & Paslakis, 2020). Depending on the type of communication behaviors relational others use, the loved one with an eating disorder can either be further driven to or deterred from seeking out the necessary support to aid them in recovery. Therefore, in the context of eating disorders, relational others' communication choices have the potential to be life-saving or life-threatening.

Literature Review

Close relationships are defined as special people in one's life where feelings of connectedness are developed and experienced (Heston-Davis & Brito, 2022). Given that these relationships include romantic partners, friends, family members, and mental health

professionals, they often spend a considerable amount of time with each other. In the context of our study, those in close relationships with an individual living with an eating disorder often spend a considerable amount of time attempting to aid in recovery. Of these supportive relationships, research has cited family members as the primary emotional support person, with friends second, and significant others third (Wacker, 2018). Though not always recognized, mental health professionals also provide such close, supportive relationships for individuals living with eating disorders. Many individuals living with eating disorders share that mental health professionals who listen and understand as well as exhibit empathy, connectedness, and consistency are incredibly important to recovery (Sheridan & McArdle, 2021; Tozzi et al., 2003). In addition to treatment services, those with eating disorders have shared that their relationships with loved ones are both positive and negative (Richardson & Paslakis, 2020). In particular, they find it frustrating when their loved ones are unable to recognize their eating disorder. And, while they may be initially frustrated by the pressure to seek help from a close family member or friend, they typically end up being grateful for this type of support (Richardson & Paslakis, 2020).

Thus, close relationships are important when someone is ill. For those struggling with eating disorders in particular, close relationships are often cited as the driving force that assist individuals in seeking treatment and/or recovery (Tozzi et al., 2003; Wacker, 2018). Supportive and close relationships grant those struggling with an eating disorder support, advice, encouragement, as well as, perceived sense of feeling heard, understood, and validated (Wetzler, 2020). Having someone who offers empathy, love, trust, and care, can allow individuals to be more honest about their eating disorder symptoms and thus an increased openness to seeking professional help (Wacker, 2018). Individuals who have gone through recovery for their eating

disorder, perceive those who hold a disarming, supportive approach, and were patient, attentive, and providing validation granted them more authenticity and less isolation, which is essential for recovery (Linville et al., 2012). Additionally, developing a strong caregiver-person relationship, where therapists and healthcare professionals are consistent, have an adequate understanding of eating disorders, and guide the person with the eating disorder are particularly helpful (Sheridan & McArdle, 2021). Thus, close relationships, such as romantic relationships, friendships, families, and mental health professionals, all play a role in either helping or hindering an individual's decision to seek treatment for ED.

Perspective of Close Relational Partner

Those in close relationships with an individual who is struggling or has struggled with an eating disorder have a unique perspective of the emotional and cognitive difficulties involved with supporting someone who is struggling with eating disorder symptoms. Family members, friends, and romantic dating partners can particularly struggle because they may not have the proper education or training for supporting their loved one. These individuals must cope emotionally and cognitively with having a relationship with someone struggling with an eating disorder (Buser et al., 2016).

In regard to supporting the individual struggling with the eating disorder, many close relationship supporters discuss attempting to provide emotions of compassion to the struggling individual and blending active intervention and boundary setting when relating to the individual (Buser et al., 2016). Those in close relationships may feel a sense of guilt or annoyance around their situation. Parents of children with eating disorder symptoms, in particular, may feel a sense of guilt rather than annoyance given the nature of their relationship. To help them cope, these individuals attempted to divide the burden of worry by talking to friends, family, and/or a Higher

Power about the situation. They may also blend active intervention and boundary setting in relating to an individual with eating disorder symptoms due to their inclination to assist the struggling individual. It is also notable that those in close relationships often underscore the negative influence of the eating disorder on the relationship with the struggling individual (Buser, et al., 2016).

As these individuals support their close relational partner with an eating disorder, they engage in a variety of helpful or harmful behaviors. Specifically, partners in heterosexual intimate relationships can be a valuable part of the healing process, supporting their partner by being equal, supportive, accepting, and working together (Dick et al., 2013). Since those with eating disorders are often struggling with their body image, when partners avoid making critical comments about the struggling individual's body, recovery is less difficult. Alternatively, if the individual living with the eating disorder makes comments about their own body, knowing how to respond in a constructive way is crucial. For example, if the individual asks: "Do I look fat?" an appropriate response could be "You and I both know that there is no answer I could give you that would really work or make things better" (Dick et al., 2013, p. 239). Furthermore, encouraging social support and community involvement are two aspects partners have found to increase the likelihood that the individual with an eating disorder will see that there is more to life than their appearance (Dick et al., 2013).

Engaging with someone living with an eating disorder has many challenges. Previous research suggests that two communication deficiencies within couples where one of the partners is struggling with an eating disorder are: struggles to resolve conflict because they typically avoid conflict and/or have greater instances of conflict as well as a sense of secrecy surrounding the eating disorder. Specifically, when males in heterosexual relationships view the lack of

sexual intimacy due to the eating disorder with resentment and repulsion, it can further hurt the relationship and the ill partners' communication (Dick et al., 2013). Additionally, if female partners experience insecure attachment styles and emotional distress because of their eating disorder, it is unhelpful for their male partners to match their attachment style and emotions (Dick et al., 2013).

Perspective of Individual Living with an Eating Disorder

The perceptions of those living with eating disorders mirror many of these supportive and unsupportive communication behaviors and also provide other supportive measures for those they are in close relationships with. Based on our review of previous research, we find the behaviors can be categorized as verbal, nonverbal, or behavioral. Verbal communication behaviors are those that are spoken out loud whereas nonverbal communication behaviors are those that convey information without using words, such as body language, facial expressions, gestures, and created space. Behavioral communication addresses how individuals communicate based on the actions or behaviors they engage in. Importantly, these are behaviors that close relational partners engage in prior to and/or during recovery.

Supportive Verbal Communication Behaviors

Supportive verbal communication behaviors focus on: emotions of empathy, compassion, understanding, and non-judgment, social support, positive encouragement, and relating to the individual with an eating disorder (Dunleavy & Malova, 2019; Linville et al., 2012; Linville et al., 2015; Peebles et al, 2021; Richardson & Paslakis, 2020; Wacker et al., 2018; Wetzler et al., 2020). Specifically, it has been found that patience, flexibility, validation, empathy, and compassion from a relational partner without an eating disorder with regard to the partner with an eating disorder were perceived as helpful by the partner on their way to recovery (Linville et

al., 2015). Those living with eating disorders felt incredibly supported when their perceptions of empathy, particularly from their therapist, were highly regarded (Sheridan & McArdle, 2021). When partners attempt to understand their partner's experience with their eating disorder, using effective communication that emphasizes listening, minimizes assumptions and judgements, and uses "I-statement" as well as emotion regulation, they engage in verbal communication behaviors that are essential to recovery (Linville et al., 2015).

Dunleavy and Malova (2019) discovered when supportive others engaged in emotional support, such as making statements like "I love you" and "I am proud of you" (p. 62), eating disorder symptoms and anxieties were reduced. Loved ones can also engage in appraisal support, which includes making affirmations and praise comments on appearance and personality and avoiding negative comments about food and weight, bolstering participants' self-confidence and helping them with self-acceptance, moving towards greater psychological well-being (Dunleavy & Malova, 2019). These phrases are also a type of positive encouragement. When those with eating disorders receive positive encouragement from supportive others, have others checking in and prompting them through their recovery process, and can find common ground with others who have experienced eating disorders before, they may feel validated, supported and not judged, and accountable for their actions, all of which are helpful in the recovery process (Peebles et al., 2021).

Supportive Nonverbal Communication Behaviors

Though previous literature has not focused extensively on the nonverbal communication behaviors, the highlighted literature discusses physical attributes of environments appropriate for healing. Given patients' experiences of eating disorder treatment services, the literature most prominently focuses on perceptions of normality in the treatment environment (Sheridan &

McArdle, 2021). These perceptions of normality were fostered in environments that were relaxed and encouraging of everyday life activities such as school, television, gardening, cooking, and other household chores. Additionally, engaging in programs with a smaller number of group members was seen as more beneficial for those with eating disorders because they got to interact on a more interpersonal level (Sheridan & McArdle, 2021).

Supportive Behavioral Communication Tactics

Many of the behavioral communication tactics incorporate verbal and nonverbal communication behaviors. Some of the behavioral communication tactics that appeared in the literature as being helpful for individuals living with eating disorders were: listening, working as a team, social support and community involvement, and skill building (Dick et al., 2023; Kirby et al., 2015; Linville et al., 2012; Murray, 2014; Sheridan & McArdle, 2021; Wetzler et al., 2020). Listening is supportive to individuals with eating disorders because it helps the individual feel like their close other understands them (Linville et al., 2015; Tozzi et al., 2003). This was particularly true in terms of therapeutic communication and within-couple support (Linville et al., 2015; Tozzi et al., 2023).

Working as a team was a behavioral tactic explicitly mentioned in intimate relationships (Murray, 2014). In Murray's (2014) case study of a couple where the male struggled with severe and enduring anorexia nervosa, there was a severe power imbalance where the female partner had significant power and influence over the other. In an attempt to regulate the power in the relationship, the couple would collaboratively communicate about their children's food for the following day and integrate a date night each week to help them combat the male partners' symptoms, gain a greater utility around food, and regulate the power within the relationship. While both partners commented on how working together helped minimize the complexities

presented by anorexia nervosa and make the disease less prevalent in their day-to-day lives, the male partner specifically reported a sense of empowerment around food and in his role as a father as a result of working with his partner (Murray, 2014).

Skill building was also mentioned as being particularly supportive for those living with eating disorders. Those with eating disorders mention benefitting from having the opportunity to learn, self-reflect, and personally develop the skills and tools required for behavior change (Sheridan & McArdle, 2021). It is particularly important for those struggling with an eating disorder to learn the skills to separate themselves from the eating disorder and find purpose outside of the eating disorder (Wetzler et al., 2020). By doing so, individuals engage in person-centered components of their recovery experience, helping them to understand, live with, and manage their eating disorders while pursuing a life filled with hope, meaning, and a positive acceptance of self (Wetzler et al., 2020). Individuals often reported that learning about the effects of their eating disorders and how to eat healthy also aided in their recovery (Linville et al., 2012). Further, when others who were not struggling with eating disorders would focus on teaching the individual how to eat instead of their weight, it shifted the focus of recovery to be on overall health (Linville et al., 2012). If weight must be taken, health practitioners can be supportive of those struggling with eating disorders by allowing the individual to turn their back to the scale during that phase of the appointment and not disclosing the weight in order to ease the emotions attached to the number on the scale (Linville et al., 2012).

Unsupportive Verbal Communication Behaviors

From the perspective of the individual living with the eating disorder, many of the unsupportive behaviors others engage in revolve around verbal communication. These verbal communication behaviors include, but are not limited to: focusing on bodies, minimizing the

experience and/or disorder, avoiding communication or sharing misconceptions about eating disorders, and patronizing providers. Perhaps most obviously, those in close relationships with individuals living with eating disorders should avoid making critical comments about their partners' bodies, weight, and food choices to make recovery less difficult (Dick et al., 2013; Linville et al., 2012; Linville et al., 2015). In fact, research has shown that engaging in such critical messaging has made it difficult for those with eating disorders to deal with criticism and pressure to change their weight and/or body size (Dunleavy & Malova, 2019). Some particularly harmful communicative behaviors are: insensitivity about food/body talk, food preferences, and monitoring the individuals' behavior around triggers, being unaware of triggers and saying things that trigger the individual, trivializing or minimizing the disorder, creating a hyperfocus on eating, not overtly communicating about the disorder, stereotyping and stigmatizing the individual, and providers and close others that treat the individual in a non-supportive, unempathetic, patronizing way (Linville et al., 2012; Linville et al., 2015; Liu et al., 2022; Wacker, 2018). Additionally, father's who express direct aggressiveness and use angry comments toward daughters with eating disorders; families who deny the presence of an eating disorder by expressing that they do not care, completely invalidating the health issues associated with eating disorders, and/or choosing not to listen to the individual; teasing; and for females with eating disorders, competition with female parents, siblings, and friends are particularly unsupportive (Dunleavy & Malova, 2019).

Unsupportive Nonverbal Communication Behaviors

Just as with supportive communication behaviors, previous literature has not focused extensively on the nonverbal communication behaviors that are unsupportive to individuals

living with eating disorders. However, some parts of literature discuss physical attributes of environments that hinder healing. Patients recall that when the environment at their treatment facilities failed to foster perceptions of normality, they exaggerated perceptions of illness (Sheridan & McArdle, 2021). As opposed to the relaxed, home-like setting that encouraged everyday life activities, these facilities were more hospital-like. Patients also cited large treatment groups sizes as a barrier to the recovery process because they were not as close with all of the individuals (Sheridan & McArdle, 2021).

Unsupportive Behavioral Communication Tactics

Previous literature has highlighted certain behavioral communication tactics that close others engage in that are unsupportive to those living with eating disorders such as: isolation, power imbalance and disempowerment, using weight as a recovery barometer, being weighed, and social networking (Cavazos-Rehg, 2019; Linville et al., 2012; Murray, 2014; Richardson & Paslakis, 2020). When those close to individuals with eating disorders isolate them in any way, both men and women struggling with eating disorders feel it hinders them from engaging in recovery (Linville et al., 2012; Richardson & Paslakis, 2020). This could include individuals distancing themselves or disconnecting completely from the individual with an eating disorder because they are unable to “deal” with the eating disorder at that point in time (Linville et al., 2012). Then, the individual with the eating disorder loses a supporter and does not talk about their eating disorder with that person and potentially others, too, for fear they will be a burden (Linville et al., 2012). Given that most eating disorder programs are tailored to meet women’s needs, men in particular, experience an increased sense of isolation (Richardson & Paslakis, 2020).

Additionally, if those struggling with eating disorders experience a power imbalance and/or are disempowered by those in close relation to them, they will likely prolong their experience with their eating disorder and not seek treatment. This can be especially prevalent in romantic and family relationships where the individual without an eating disorder triangulates the eating disorder during conflict, leaving them feeling "guilty, disempowered, and pathetic" or monitors their relational partner's food intake (Murray, 2014, p. 394). Power imbalances may also be present at the doctor's office. This can be particularly true when someone at the doctor's office wants to take one's weight. For someone struggling with an eating disorder, research has shown that using weight as a barometer for recovery and/or being weighed are typically two unsupportive behaviors because they place an emphasis on weight as recovery instead of viewing recovery as about overall health (Linville et al., 2012).

Furthermore, this goes to show that engaging with others can cause increased motivation to engage in harmful eating and/or dieting thoughts and habits. This is especially true with social networking. Social networking about thin-ideal and eating disorder content may: conjure up negative or bad feelings, lower self-esteem, force one to deal with the negative consequences/reactions of others, trigger eating disorder behaviors, promote thinness as attractive, which increases the pressure to be thin, cause one to engage in body comparisons, cause one to obsess over weight or the need to be thin, and evoke fear of exposing one's eating disorder thoughts (Cavazos-Rehg, 2019).

Justification of Research Questions

It is clear that eating disorder development, maintenance, and recovery are influenced by many factors, including genetic, psychological, and communicative aspects. As communication scholars, we aspire to increase awareness and give attention to an unstudied communicative

phenomenon through qualitative research. As demonstrated previous research exists on social support received during recovery from the perspective of the person with an eating disorder (Dimitropoulos & Freeman, 2016; Linville et al., 2012), social support provided from the loved one's perspective (Buser et al., 2016), and online support (Peebles et al., 2022). However, it is less clear what supportive messages or behaviors are helpful in the process of deciding to seek help in the first place. Therefore, we seek to hear the narratives of people living with or recovering from eating disorders with a focal point on what communication practices either helped or hindered their ability to seek recovery, seek treatment, or identify that they had an eating disorder.

Additionally, we plan on collecting a broad sample of participants, including both those clinically diagnosed as well as those with subclinical disordered eating (Brooks & Severson, 2022). The existing literature focuses on individuals with a clinical diagnosis of an eating disorder. Those suffering with subclinical eating disorders are individuals who experience symptomology and the life disruptions associated with eating disorders but have never received a diagnosis (Brooks & Severso, 2022). The subclinical population is necessary to include as "only one in ten people with eating disorders will receive treatment" (Brooks & Severson, 2022, p. 27), and more than 2.7 percent of adults with an ED will never receive a formal diagnosis (Eating disorders, n.d.). Thus, the following research questions are presented with the focal point on the perspective of the individual with a diagnosed or subclinical eating disorder:

RQ 1: What supportive communication practices do close relational partners engage in that facilitate the individual with an eating disorder to seek recovery?

RQ 2: What unsupportive communication practices do close relational partners engage in that discourages seeking out recovery?

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