

Common Misunderstandings

“It’s all about appearance”

Eating disorders are not about vanity or wanting to look “attractive.” While body image can play a role, these illnesses are often rooted in anxiety, control, trauma, or coping with distress. Many people experience shame and disconnection from their bodies—not pride.



“They don’t look sick”

Eating disorders don't have a single look. People can appear “fine,” be in larger or smaller bodies, or function highly while still suffering deeply. Visual cues are unreliable indicators of medical or psychological severity.

“If they wanted to get better, they would”

Wanting recovery and being able to recover are very different things. Fear, trauma, neurobiology, and learned coping patterns can all make change feel genuinely threatening—even when someone desperately wants relief.



“They’re doing this for attention”

Most people with eating disorders do everything possible to avoid attention, scrutiny, or concern. Secrecy and isolation are common—not performative suffering.

“Talking about calories/weight shouldn’t bother them”

Comments that seem neutral or casual can trigger obsessive thoughts, comparison, or urges—even if they aren't directed at the person. The disorder is constantly listening, even when the person wishes it weren't.



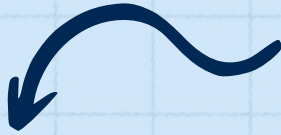
“Once they eat normally, the problem is solved”

Restoring eating is crucial—but it’s often just the beginning. The mental distress, fear, distorted beliefs, and emotional pain can persist long after behaviors change.



“Recovery means loving your body”

Recovery doesn’t always result in body love—or even body neutrality right away. Sometimes recovery is simply choosing not to harm oneself despite discomfort or dislike.



“Relapse means treatment didn’t work”

Relapse can be part of long-term recovery and doesn’t erase progress. What someone learns during treatment often remains—even if symptoms resurface during stress, grief, or transition.



“They’re being difficult on purpose”

What may look like resistance, irritability, or rigidity is often anxiety, fear, or cognitive inflexibility caused by malnutrition or chronic stress—not intentional oppositional behavior.

“They just need more confidence”

Low self-esteem can be part of an eating disorder, but it isn’t the cause. Encouragement alone doesn’t undo compulsive behaviors or deeply ingrained fear responses.

“Support means pushing them to eat”

Support often means emotional safety, predictability, boundaries, and reducing shame—not pressure. Pushing can increase fear and strengthen the disorder’s grip.