When Food, Body Image, or Eating Starts to Feel Hard

A practical guide for recognizing concerning patterns, understanding what may be happening, and knowing when to seek support for yourself or someone you care about.

CALIFORNIA EATING DISORDER & TRAUMA THERAPY

Bella Shirinyan, LMFT

Modern therapy. Deeply human care.

If This Feels Familiar

You may be reading this because you are worried about someone you care about. Or you may recognize some of these patterns in yourself.

Maybe food takes up more mental space than it used to. Meals may feel increasingly stressful. Routines may have become more rigid. You may be spending more time thinking about your body, exercise, calories, ingredients, or what you are allowed to eat.

You may be thinking:

- Maybe I am overreacting.
- Maybe this is just a health phase.
- Maybe they will grow out of it.
- Maybe I should wait.
- What if I say the wrong thing?
- What if I am the one struggling?
- What if this is not serious enough to ask for help?

These thoughts are common.

Eating disorders and disordered eating patterns often develop gradually. People frequently notice that something feels different long before they have the language to explain what is happening.

You do not need certainty before asking questions.
You do not need a diagnosis before seeking support.
You do not need the perfect label.

> You do not need the perfect label before asking for help.

If food, body image, exercise, or eating patterns are taking up too much space in your life, or in the life of someone you care about, it is okay to reach out.

Common Early Warning Signs

Many of these behaviors can occur for reasons other than an eating disorder. No single behavior confirms a diagnosis. What matters is the overall pattern, increasing rigidity, emotional distress, secrecy, preoccupation, or interference with daily life.

Changes in Eating Behaviors

- Eating much more slowly than before
- Taking unusually small bites or cutting food into very small pieces
- Chewing excessively or eating foods in a specific order
- Separating foods so they do not touch
- Becoming particular about plates, bowls, cups, or utensils
- Drinking large amounts of water or diet drinks before or during meals
- Frequently leaving small amounts of food on the plate
- Moving food around without eating much of it
- Finding reasons to leave the table or avoiding eating with others
- Saying they are not hungry despite skipping previous meals
- Becoming distressed when meals do not happen as planned
- Avoiding sauces, oils, dressings, or foods prepared by others
- Appearing tense, distracted, or shut down while eating

Changes in Food Choices

- Eliminating entire food groups or avoiding previously enjoyed foods
- Reading nutrition labels repeatedly
- Describing foods as good, bad, clean, unhealthy, or unsafe
- Eating the same meals repeatedly because they feel predictable
- Becoming distressed when preferred or safe foods are unavailable
- Becoming fearful of restaurants or unfamiliar foods
- Making excuses about having already eaten
- Preparing food for others while avoiding eating it
- Becoming rigid about meal timing

Common Early Warning Signs (continued)

Changes in Exercise and Daily Routines

- Exercising despite illness, injury, exhaustion, or medical advice
- Feeling intense guilt when unable to exercise
- Exercising in response to eating
- Pacing, standing, or staying active after meals
- Avoiding rest or becoming distressed if a workout is interrupted
- Weighing frequently
- Body checking in mirrors, windows, photos, or clothing
- Repeatedly trying on clothing to assess body shape
- Avoiding social events, vacations, or holidays involving food

Emotional, Social, and Physical Changes

- Increased irritability around meals
- Anxiety before or after eating
- Withdrawal from friends or family
- Increased secrecy or greater perfectionism
- Frequent reassurance seeking
- Loss of interest in previously enjoyed activities
- Feeling emotionally numb, detached, or overwhelmed
- Feeling cold more often, fatigue, or weakness
- Dizziness, difficulty concentrating, or lightheadedness
- Bloating, constipation, hair thinning, or brittle nails
- Sleep changes, menstrual changes, headaches, or fainting

None of these signs alone confirms an eating disorder. Looking at the overall pattern over time is often more helpful than focusing on one behavior by itself.

Eating Disorders Do Not Always Look the Way People Expect

One of the biggest misconceptions about eating disorders is that they are always visible.

Eating disorders occur across all body sizes, ages, genders, backgrounds, and identities.

A person may experience severe anxiety, rigid food rules, binge eating, purging, compulsive exercise, restriction, obsessive thinking, or significant emotional distress without dramatic weight changes.

Some people are praised for behaviors that are harming them. Comments about discipline, weight loss, clean eating, or fitness can unintentionally reinforce a problem that others do not yet recognize.

Weight alone cannot determine whether someone is struggling. The absence of visible weight loss does not mean the absence of distress.

> A person does not have to look sick to need support.

Common Myths

MYTH / They do not look sick.

Fact: Eating disorders occur across all body sizes.

MYTH / It is only about food.

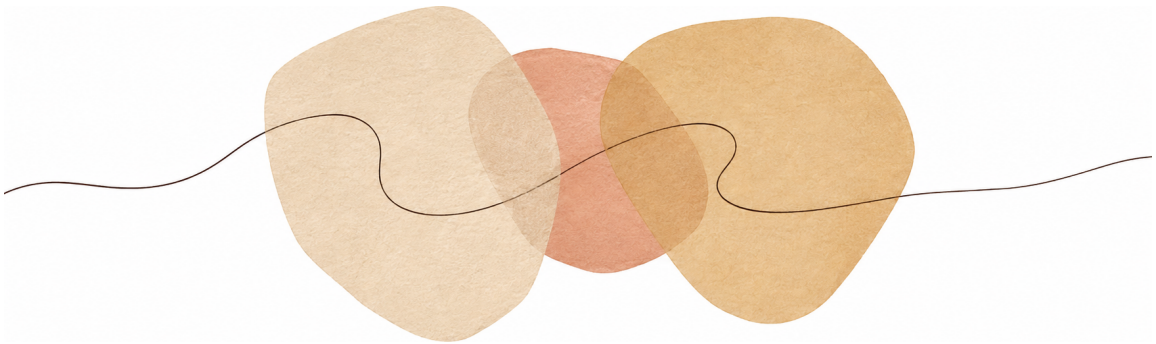
Fact: Eating disorders often involve anxiety, perfectionism, trauma, emotional distress, and a need for control.

MYTH / If they wanted help, they would ask.

Fact: Shame and fear often make asking for help extremely difficult.

MYTH / It is just a phase.

Fact: Some patterns begin gradually and become more entrenched over time.



What Helps

Supporting yourself or someone else is rarely about finding the perfect words. It is more often about creating enough safety for honesty.

People are more likely to open up when they feel understood rather than corrected.

Reframing Common Responses

INSTEAD OF

"You are barely eating."

TRY

"I have noticed that meals seem harder lately. How have things been feeling for you?"

INSTEAD OF

"You look fine."

TRY

"I am here to listen. You do not have to convince me that this feels hard."

INSTEAD OF

"You just need to eat."

TRY

"I know this may not feel simple. Help me understand what feels difficult."

INSTEAD OF

"There is nothing wrong with your body."

TRY

"It sounds like you are experiencing a lot of distress about your body right now."

Helpful responses include:

- Staying calm and listening more than speaking
- Focusing on emotions and behaviors rather than appearance
- Asking open-ended questions
- Expressing care without pressure
- Remaining consistent
- Offering help finding professional support
- Keeping the conversation open even if the first attempt is difficult

The goal of the first conversation is not to fix everything. It is to communicate care, reduce shame, and open the door to support.

What Usually Does Not Help

Many unhelpful responses come from love, fear, and urgency. Unfortunately, pressure, arguments, monitoring, or appearance-based reassurance can increase shame and secrecy.

Responses that may not help:

- Commenting on weight or body shape
- Complimenting weight loss or saying someone looks healthy
- Monitoring every bite or arguing during meals
- Negotiating over food
- Threatening consequences or using guilt
- Comparing the person with others
- Assuming the behavior is about attention
- Telling them they are irrational
- Praising discipline, control, or restraint
- Treating the concern as a choice
- Waiting for the person to look sick enough

The Deeper Picture

Eating disorders are rarely just about food.

They may occur alongside anxiety, perfectionism, trauma, obsessive thinking, sensory sensitivities, identity concerns, emotional distress, or difficulty coping with overwhelming emotions.

Focusing only on what someone is eating can miss the deeper struggle.

When to Seek Support

You do not need to wait until someone becomes medically unstable before asking for help.

Support may be appropriate when:

- Meals are becoming increasingly stressful
- Food occupies a significant amount of mental energy
- Exercise feels compulsory
- Body image concerns interfere with daily life
- Eating patterns feel increasingly rigid
- Family conflict around food is increasing
- Social activities are being avoided
- Symptoms appear to be worsening
- Physical symptoms are emerging
- You recognize these patterns in yourself
- The problem is affecting relationships, school, work, or daily functioning
- You feel embarrassed, frightened, confused, or stuck
- You are simply unsure what you are seeing

Distress, rigidity, preoccupation, and interference with daily life are enough reasons to reach out.

If there are urgent medical concerns - fainting, severe weakness, chest pain, vomiting blood, suicidal thoughts, or immediate safety concerns - seek emergency medical support.

What Recovery Can Look Like

Recovery is not simply eating normally.

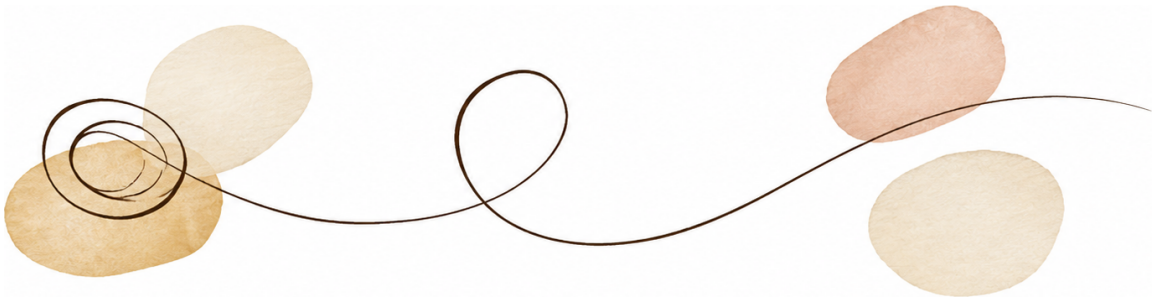
It can look like:

- Spending less mental energy thinking about food
- Becoming more flexible around meals
- Expanding the range of foods that feel possible
- Attending restaurants and social events with less fear
- Moving the body because it feels good rather than because it feels required
- Experiencing less shame and secrecy
- Developing greater self-compassion
- Feeling more connected to relationships, school, work, hobbies, and joy
- Building a life in which food, body image, and self-worth no longer take up all the space

Recovery is rarely linear.

There may be difficult days and moments of doubt. But meaningful change is possible.

> Recovery is not about perfection. It is about building a life with more freedom, flexibility, connection, and room to live.



You Do Not Have to Figure This Out Alone

If something in this guide felt familiar, you do not need to have all the answers before reaching out.

Sometimes a single consultation can help clarify what you are seeing, answer questions, and identify the next appropriate step.

Bella Shirinyan, LMFT is the founder of California Eating Disorder & Trauma Therapy. She specializes in eating disorders, trauma, anxiety, body image concerns, perfectionism, family dynamics, and the emotional patterns that often live underneath symptoms.

Her approach is warm, direct, collaborative, and trauma-informed. She works with teens, adults, individuals, and families in Pasadena, Encino, and virtually throughout California.

If this guide raised questions for you, or if you recognize these patterns in yourself or someone you care about, I would be honored to help.

BELLA SHIRINYAN, LMFT

Founder, California Eating Disorder & Trauma Therapy

Phone: (626) 888-1350

Email: bella@caedtherapy.com

Website: www.caedtherapy.com

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Virtual therapy available throughout California

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