A FREE GUIDE FOR PARENTS

What I Wish My Parents *Had Known*

The words and actions that truly help your child through an eating disorder, shared by someone who lived it from the inside.

Nina

TEN MINUTES TO READ · KEEP IT CLOSE

RE-BREATHE.CO

BEFORE WE BEGIN

Why I wrote *this guide*

This guide answers a single question: **what would truly have helped me when I was ill?**

I went through an eating disorder. It began the year I turned 14 and followed me through my teenage years. Today I am well, and I support parents who are living what my own parents lived through.

You won't find a miracle recipe here. You'll find what made the difference from the inside: the words that hurt me without meaning to, the ones that would have soothed me, and everything I wish my parents had known. It takes about ten minutes to read. Keep it close.

This guide goes alongside the care your child receives from their care team. It never replaces it.

DOES THIS SOUND FAMILIAR?

You may recognize *yourself*

Tick whatever looks like your daily life right now:

- ☐ Meals have become the most dreaded moment of the day.
- ☐ You're walking on eggshells: a single word can set off a crisis.
- ☐ You barely recognize your child: irritable, withdrawn, sometimes aggressive.
- ☐ You've tried gentleness, firmness, reasoning, and nothing seems to work.
- ☐ You keep wondering what you did wrong.
- ☐ Your relationship, the siblings, the whole house revolves around the illness.

If you ticked even one box, this guide is for you. What you're feeling, most parents feel too. **You are not alone, and you are not a bad parent.**

START HERE

Three truths to *hold on to*

1 **You are not the cause.**
Specialists have moved away from the old idea that parents cause eating disorders. What you are is one of your child's most precious allies on the way to recovery.

2 **It is not a whim, and it is not a lack of willpower.**
It is an illness. The fear your child feels around food is real, and logical arguments are not enough to calm it.

3 **Your child is not the illness.**
Behind the shouting, the refusals, sometimes the lies, there is your child, and they are suffering. A body running on too little energy switches into survival mode: everything feels like an attack, which explains the touchiness and the flashes of aggression. Learning to separate your child from the disorder lets you stay on their side, against the illness.

SAY THIS, NOT THAT · PART ONE

Six phrases that hurt *without meaning to*

These phrases almost always come from a good place. But the illness filters everything your child hears.

"You ate so well at lunch, I'm proud of you!"

WHAT YOUR CHILD HEARS
"You ate too much." Anxiety rises, and with it the urge to restrict at the next meal.

TRY INSTEAD
Don't comment on the plate or the amounts. After the meal, move on to something else: "Want to play a game, go for a walk, watch a movie?"

"I haven't eaten anything all day!"

WHAT YOUR CHILD HEARS
"I ate, so I ate too much." Comparison plays a huge role in the illness, and guilt follows close behind.

TRY INSTEAD
Keep remarks about your own eating, body or weight to yourself. Eat normally in front of them, without commentary.

Six phrases, *continued*

“Sarah is on a diet. She's lost so much weight, she's glowing!”

WHAT YOUR CHILD HEARS
“Losing weight means succeeding.”

TRY INSTEAD
Retire diet talk and weight compliments at home, for everyone. Compliment what has nothing to do with the body: humour, kindness, courage.

“But look at yourself, you're so thin!”

WHAT YOUR CHILD HEARS
“They're trying to convince me.” Debating the body pushes the illness to defend itself, and it grows stronger.

TRY INSTEAD
Don't debate. Welcome the emotion: “I can see you're really scared. I'm here.”

“You need to pull yourself together!”

WHAT YOUR CHILD HEARS
“It's my fault. I just can't do it.” But this was never about willpower.

TRY INSTEAD
“I know this is really hard for you. We're going to get through it together.”

“You've been putting us through hell for months.”

WHAT YOUR CHILD HEARS
“I'm letting them down. I have to get better fast.” To reassure you, your child may start keeping their fears to themselves, or hiding the truth from you.

TRY INSTEAD
“We know this takes time. We're not giving up, and we're not angry at you.”

EVERYDAY HABITS

Six reflexes to avoid, and *what to do instead*

1. Reading calories or labels in front of your child.

Those numbers feed the illness. Keep them out of sight. Your child's needs are set by their care team; your role is the atmosphere around the table.

2. Lying about what is in their plate.

If your child is terrified of oil and you add some in secret, you might win one meal, but you lose far more: their trust. The illness is already whispering that you want to fatten them up, and a discovered lie sounds like proof that it was right. Be honest about what is in the plate, even when it is hard. Honesty is what keeps you on the same side.

3. Yelling, threatening, punishing, bargaining.

Your child is the first victim of their disorder. They need you beside them, not against them. Calm firmness helps far more than anger.

4. Crying, pleading, breaking down in front of them.

Your feelings are legitimate, and you are allowed to fall apart. But set those feelings down elsewhere: a friend, a parents' group, a coach. In front of your child, aim for the calm of a parent who is holding the course. If you crumble, it becomes harder for them to keep fighting.

5. Cutting off communication.

Even when you feel you have tried everything, keep the door open. The illness pushes toward total isolation, and you may be their only support. A gentle word, a shared moment with no food talk: it all counts.

6. Blaming your child for the strain on your relationship.

An eating disorder puts a couple to the test. Stay united, agree on decisions away from your child, and take care of your relationship. A stable foundation is one of the most important things you can offer them.

A MOMENT OF HONESTY

Which parent are you *right now?*

The New Maudsley approach, developed by Professor Janet Treasure in London, describes parents' natural reactions through animals. Nobody is just one animal. We drift between them with fatigue and fear. Which one looks like you this week?

STYLE	WHAT THE PARENT DOES	WHAT IT STIRS IN THE CHILD
The jellyfish	Gets swept up: tears, anger, visible anxiety	They feel guilty and start worrying about you
The ostrich	Avoids the subject, acts as if nothing is wrong	They feel alone and misunderstood
The kangaroo	Overprotects, gives in to everything to avoid a crisis	The illness ends up setting the rules
The rhinoceros	Tries to convince with logic or force	They defend their illness, and it grows stronger
The terrier	Repeats, insists, reminds constantly	The message becomes background noise; behaviours go underground
The dolphin	Gently guides: holds the line on what matters, lets go of the rest	They feel supported and know where they're going
The St. Bernard	Stays calm, warm, reliable, always there	They feel safe

The good news: **the dolphin and the St. Bernard can be learned.** That is exactly what I work on with the parents I coach.

FROM THE INSIDE

The 10 things I wish *my parents had done*

1. **Stay united.**
   Seeing my parents stand together reassured me more than any speech.

2. **Take care of themselves.**
   Keep living, keep finding joy, look after their relationship, and get support of their own. I didn't need perfect parents. I needed parents who could stand.

3. **Keep the climate warm.**
   Without forcing me to talk, just showing me they were always there.

4. **Never make the eating disorder a taboo.**
   Being able to talk about it without the whole house freezing.

5. **Try to understand the illness.**
   Learning about it instead of rejecting it already means standing on my side.

6. **Keep our old rituals.**
   The little Friday evening moment, the Sunday morning family walk. Those anchors reminded me who I was before the illness.

7. **Set no recovery deadline.**
   Health goals are for the care team to set. But I didn't need to hear that I was supposed to be better by a certain date.

8. **Not take my rejection personally.**
   There were times I pushed one parent away and would only talk to the other. It wasn't against them. It was the illness closing me off. Keeping a connection with even one parent is a door left open, and it's what recovery can be rebuilt on. The parent kept at a distance still matters: they support the other, and the two of them stay agreed on the line to hold.

9. **Not scold me for behaviours tied to the illness.**
   Eating very slowly, sorting food, cutting it into tiny pieces: those reflexes don't vanish overnight. Not scolding doesn't mean letting them settle in. With the right support, they fade step by step.

10. **See relapses as part of the path.**
    Not as failure. Progress is often very slow, and it is never a straight line.

AND NOW?

So what do I do *tonight, at the table?*

This guide mostly tells you what to avoid. But the real question parents ask me is: how do I actually handle it tonight, at dinner?

- What do you answer when your child shouts “You're trying to make me fat” or “You don't understand”?
- How do you hold a meal that's going off the rails, without yelling and without giving in?
- How do you become that dolphin or St. Bernard parent when you're exhausted?
- How do you talk about the illness with brothers and sisters?
- How do you stay united when you and your partner don't agree?
- How do you get through a relapse without losing hope?

That is exactly what I work on with the parents I coach, alongside their child's care team.

With my inside experience, I help you understand what your child can't manage to tell you, and find your own words.

BOOK A DISCOVERY CALL → RE-BREATHE.CO

Or write to me: **nina@re-breathe.co**

If you would like advice every week, follow me on Instagram: **@rebreathewithnina**

SAFETY FIRST

When to seek help *right away*

An eating disorder can put physical health at risk, even when your child doesn't look “sick enough”. **Call your local emergency number (911 in the US and Canada) or go to the emergency department** if your child:

- faints, or has severe dizziness or chest pain;
- has a very slow or irregular heartbeat;
- seems confused or extremely weak;
- refuses to drink, or is vomiting repeatedly;
- talks about dying or hurting themselves. In the US and Canada you can also call or text **988**, the Suicide and Crisis Lifeline; elsewhere, reach out to your local crisis line.

For any other concern, contact your child's doctor or care team promptly.

KEEP LEARNING

To go *further*

Helplines. In Canada: NEDIC, **1-866-633-4220**, with live chat at nedic.ca. In the US: the National Alliance for Eating Disorders, allianceforeatingdisorders.com. In the UK: Beat, beateatingdisorders.org.uk.

Eva Musby, *Anorexia and Other Eating Disorders: How to Help Your Child Eat Well and Be Well.* Written by a mother, used by parents and clinicians alike.

Janet Treasure, Gráinne Smith & Anna Crane, *Skills-based Caring for a Loved One with an Eating Disorder: The New Maudsley Method.* The source of the caring styles on page 5.

F.E.A.S.T. A worldwide community of parents supporting parents, with free courses and forums at feast-ed.org.

Finding a healthy family balance again takes time and patience, but it is possible. My own family found its way back.

NINA

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This guide shares lived experience and insights drawn from recognized resources. It does not replace medical or psychological advice, nor the care your child receives from their care team. © Nina, re-breathe.co, 2026.