



Nottingham Trent
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Turning
research into
action for
socially-informed
care

EVIDENCE-BASED PRINCIPLES AND
STRATEGIES FOR PROFESSIONALS

Supporting social recovery in eating disorders

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This document includes quotes from individuals with lived experience to ensure that the guidance reflects real-world perspectives. Contributors were invited to share their views voluntarily and were offered options for attribution (named, role-based, or anonymous). Where anonymity was requested, identifying details have been removed. All quotes are used with explicit consent.

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Context and Purpose

Eating Disorder recovery is both a therapeutic and a social process. While many professionals working in eating disorder care recognise the importance of social factors in eating disorder recovery, current practice often addresses these needs informally and inconsistently. National Institute for Health and Care Excellence (NICE)¹ guidelines recommend assessing individuals' social environments and addressing social needs in treatment but provide limited practical direction. This resource bridges that gap by translating research on social identity, belonging, and eating disorder recovery into structured principles and strategies to aid people in recovery from an eating disorder and their healthcare teams. It complements existing therapeutic approaches by offering an evidence-based framework for integrating social connection and identity reconstruction into treatment. These are areas critical for sustained recovery but rarely formally embedded in standard care pathways.

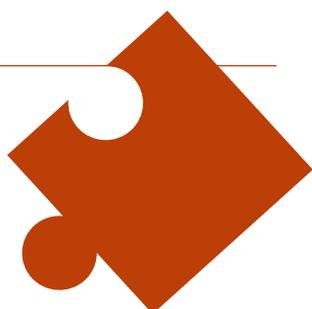


Why Social Connection Matters in Eating Disorder Care



“Being isolated when you’re dealing with an eating disorder is probably one of the hardest elements. You become very withdrawn and you’re fighting this voice on your shoulder constantly. When you get out into the outside world again, you get out of being in your head. You have different things to think about and you see that you actually have worth and value.”

Johnny Hunt, Nurse & Person with Lived Experience



Loneliness is common among people living with an eating disorder and predicts symptom severity and relapse². When loneliness precedes the onset of an eating disorder, a vicious cycle often emerges: eating behaviours change (or maybe deteriorate) in response to loneliness, yet these behaviours intensify isolation and disconnection, reinforcing loneliness. Recovery can also be a period of heightened loneliness³. Moving away from the illness involves letting go of an identity and associated coping strategies that have shaped how individuals understand themselves and their social world⁴. This process requires rediscovering who they are without the eating disorder.

Those who are fully recovered show much lower levels of loneliness than those who are actively ill⁵, suggesting that building meaningful social connections is an important area to address as part of care pathways. Social connection extends beyond the number of relationships a person has. It reflects a subjective sense of belonging, being understood, and feeling valued. Alongside personal identities (defined by individual traits), people hold multiple social identities linked to meaningful group memberships (e.g., family, community, sports team, support group). A psychological sense of connection to these groups is associated with better mental and physical health⁶, including in eating disorder populations^{7,8}. During recovery, affiliation with social groups can help reconstruct a sense of self, reconnect with valued (and sometimes lost) social identities, and envision future identities^{4,6}. Understanding the social dimension of eating disorder recovery underscores the need for care pathways that actively foster belonging and identity reconstruction. The next section outlines key principles to support this process in practice.

Guiding Principles for Addressing Social Needs in Recovery

Decisions about when and how to address social needs should be made collaboratively with the person in recovery. The following principles outline the core values and considerations that underpin socially-informed care.

“It’s not easy. You don’t just wake up one day and go, ‘Right, I’m going to do this.’ It’s a gradual thing where you build up a little bit of inner strength and confidence to try it.”

Johnny Hunt, Nurse & Person with Lived Experience

1 Consider Person Readiness

(Re-)connecting with others can be experienced as very challenging and individuals will vary in terms of how open and ready they are for social re-engagement. Any efforts should proceed at a pace that is appropriate for the person themselves.

2 Value the Process, Not the Outcome

There should be careful management of expectations. Those on the recovery journey are grieving the loss of an important identity (and associated coping mechanisms), may be fearful of social settings, may be struggling with low self esteem, and can be sensitive to failure (real or perceived). It is therefore important to encourage a process-oriented approach rather than outcome-focused goal setting. This reduces the risk of success/failure framing and supports engagement through curiosity and flexibility (as often recommended by evidence-based approaches such as the Maudsley Model of Anorexia Nervosa Treatment for Adults⁹). Build confidence by encouraging the person to try out small steps to connect with social groups and settings, with agreed strategies in place to manage challenges.

3

Identity Change is Gradual & Internally Driven

Developing an identity that is distinct from the eating disorder can be challenging and may feel uncomfortable. Recovery does not involve creating an entirely new identity or reverting to a pre-eating disorder identity⁴; rather, it requires integrating all life experiences into a coherent sense of self. It is important to acknowledge and validate the grief that may accompany the loss of a valued identity and any associated social groups, as well as to provide space for individuals to express feelings related to that loss.

4

Avoid Absolute Restrictions

The influence of any social group on recovery is complex and context-dependent. No group can be designated as inherently beneficial or harmful⁸. Individuals should be supported to make their own decisions about group involvement, with access to relevant information and guidance.



“The sense of community and togetherness that is built through connecting with others can be a powerful tool in breaking free from eating disorder thinking patterns. Through building a support system, reconnecting with loved ones, putting ourselves out there and not being afraid to meet and engage with others, we can overcome that initial fear and gradually start to feel part of our community, society, and world once again.”

Person with Lived Experience

Practical Strategies for Supporting Social Recovery

“Reconnecting with others is a gradual process. It was very small steps for me in the beginning – lots of little steps but once you’ve done it a few times, you crave the normality of it. Once you have formed that connection and the stress of being in that social environment is taken away and you’re more comfortable, you think, ‘OK, I actually like being here and enjoying myself’. It’s a really nice place to be in.”

Roisin Doyle, Health Science Researcher

While principles provide the foundation for socially-informed care, translating these into practice requires concrete actions. The following strategies offer practical ways to support social recovery during treatment. They are designed to help healthcare professionals work collaboratively with individuals, tailoring approaches to their stage of recovery, preferences, and circumstances. These strategies focus on fostering meaningful connections, reducing isolation, and promoting identity reconstruction which are key elements for sustained wellbeing beyond symptom management.

1

Support Gradual Social Engagement

Reconnecting socially often requires restoring skills that may have been lost or impaired during the illness. A gradual, scaffolded approach is recommended. Identify supportive individuals within the person’s network (e.g., family, friends, workplace, university) who can assist. Where possible, a treatment team member (such as a peer support worker or occupational therapist) can provide initial support in specific scenarios (e.g., eating a snack or visiting a restaurant) before the person transitions to engaging with family or independently.

2

Explore Current Relationships

Assess the person’s existing network (e.g., family, friends, peers, online groups) and discuss the impact these relationships have on recovery. These discussions should be collaborative, open, and honest. Focus on identifying and maintaining recovery-supportive connections. Where appropriate, gently challenge perceptions of relationships that may undermine progress.

3 Involve Families in Treatment

Family involvement, including in adult treatment where appropriate, provides vital support for the person in recovery. The degree of involvement should be tailored to individual circumstances. Strong family identification can reduce loneliness and serve as a recovery resource, but eating disorders also significantly affect families⁷, who need their own emotional and practical support beyond their role as recovery partners.

4 Facilitate Access to Peer Support

Peer support can offer empathy and understanding grounded in lived experience. Peer Support Groups should maintain a recovery-focused ethos and have strategies for managing distress during sessions^{4, 10}. Discuss the purpose and duration of involvement with such groups with the person themselves, acknowledging that short-term participation may be appropriate for some. Where available, Peer Support Workers can provide practical, non-illness-affirming support and help individuals rediscover a sense of self beyond the eating disorder. Their inclusion in care pathways should be supported where possible.

5 Reflect on Friendships Formed in Inpatient Settings

Friendships developed during inpatient care can have mixed effects. While they can foster unhealthy dynamics, they also provide meaningful support, especially when one person is further along in recovery. Explore these relationships collaboratively, considering potential benefits and risks, safety concerns, and whether maintaining contact post-discharge aligns with recovery goals.

6 Address Online Communities and Social Media Use

Online spaces can offer support but also expose individuals to harmful content, in subtle ways. Discuss the impact of online interactions, encourage reflection on supportive use, and follow existing safeguarding policies for safe engagement.

7 Encourage Broader Social Engagement

Belonging to diverse communities (groups that differ in purpose, membership, and identity) is linked to lower loneliness and greater well-being¹¹. When the person feels ready, support engagement with their local community and other non-eating disorder/recovery related groups. These may include creative groups (e.g., arts), interest-based groups (e.g., gaming), or identity-based networks (e.g., LGBTQ+, faith communities). Decisions should be collaborative and paced according to the person's comfort. Explore local options through community organisations or Social Prescribing services where available. Discuss disclosure preferences, acknowledging that focusing on identities beyond the eating disorder can be empowering.

These strategies provide practical ways to address the social dimensions of recovery within treatment. While not exhaustive, they offer a foundation for supporting individuals to rebuild meaningful connections, reduce isolation, and strengthen identity beyond the eating disorder. For professionals seeking additional guidance, the next section lists research evidence and trusted resources from eating disorder support organisations to aid continued learning and implementation.

Resources for Further Support

Support Resources

Each of the organisations below have a range of resources and support services available to those at any stage of their eating disorder recovery journey:

Beat

<https://www.beateatingdisorders.org.uk>

Bodywhys The Eating Disorders Association of Ireland

<https://www.bodywhys.ie>

First Steps ED <https://firststepsed.co.uk>

Regional Eating Disorders Charities Network & Alliance

<https://www.redcan.org.uk/>

Understanding 'Recovery'

<https://www.bodywhys.ie/recovery-support-treatment/what-is-recovery/>

<https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/recovery/>

The Role of Social Support in Recovery: <https://www.bodywhys.ie/recovery-support-treatment/recovery-social-support/>

<https://www.bodywhys.ie/recovery-support-treatment/recovery-social-support/>

A Guide to Using Social Media: <https://freedfromed.co.uk/guides/4/social-media-and-apps>

Research Evidence

(open access links provided where available)

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FEEDBACK

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Beat
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BODYWHYS
The Eating Disorders Association of Ireland