BODY**WHYS**

The Eating Disorders Association of Ireland

Guidelines for the Media

“our vision is that people affected by eating disorders will have their needs met through the provision of appropriate integrated, quality service being delivered by a range of statutory, private and voluntary agencies”

Contents

Introduction

Bodywhys – the Eating Disorders Association of Ireland - welcomes the opportunity to work with the media in ensuring that the quality of reporting and portrayal of this important and sensitive issue is of the highest standard.

These guidelines are intended as a valuable reference for those in the media who have any involvement with how stories on eating disorders are reported and represented, as a challenge to cultural messages about the 'ideal' body and the glorification of thinness.

It is generally accepted that there is a reduced awareness of both the incidence of eating disorders and the seriousness of the condition. In the general population this has resulted in eating disorders being:

- considered a 'fad' diet
- dismissed as a female and/or teenage issue
- portrayed as a lifestyle choice
- the focus of discrimination of those affected

The media has a valuable role to play in challenging these 'myths' and contributing to public awareness of eating disorders.

Media stories which are sensitive and accurate, and which avoid sensationalising the issue, can contribute significantly to an increased public understanding of eating disorders, and can encourage those affected to seek support at an early stage.

The potential for, and importance of, raising awareness and increasing public understanding about the complexity surrounding eating disorders cannot be underestimated. We look forward to working in partnership with you.

Jacinta Hastings
Chief Executive Officer, Bodywhys

IF YOU REQUIRE FURTHER INFORMATION ON ANY ASPECT OF EATING DISORDERS, PLEASE CONTACT THE BODYWHYS COMMUNICATIONS OFFICER

1. Understanding Eating Disorders

a. General Information

What are eating disorders?

The term 'eating disorder' refers to a complex, potentially life-threatening condition, characterised by severe disturbances in eating behaviours .

Eating disorders can be seen as a way of coping with emotional distress, or as a symptom of underlying issues.

Eating disorders are characterised by a variety of disordered eating behaviours such as:

- Self-starvation - by fasting and/or food restriction
- Purging - by self-induced vomiting, over-exercising, or laxative abuse
- Bingeing - by consuming quantities of food beyond what the body needs to satisfy hunger

An eating disorder can be very destructive, both physically and emotionally, and people can get trapped into the destructive cycle of the eating disorder without knowing how to cope with it.

An eating disorder is not just about food and weight, but also about a person's sense of who they are.

Treatment of an eating disorder will require attention to both the physical and the psychological/emotional aspects of the person. Treatment must always include respect for and sensitivity for the overall well-being of the person.

The distress of a person experiencing an eating disorder, whether or not it is acknowledged, may have a considerable impact on family and friends.

The Main Eating Disorders

Although the term 'eating disorder' is applied to a wide range of disordered eating behaviours, there are three main classifications: Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.

Anorexia Nervosa

- A person will make determined efforts to attain and maintain a body weight lower than the normal body weight for their age, sex and height
- They will be preoccupied with thoughts of food and the need to lose weight
- They may exercise excessively and may engage in purging behaviours.

Bulimia Nervosa

- A person will make determined efforts to purge themselves of any food eaten, sometimes following a binge, and often following 'normal' food intake.
- They will engage in high-risk behaviours that can include fasting, excessive exercising, self-induced vomiting, and/or the misuse of laxatives, diuretics or other medications
- They may maintain a body weight within the normal range of their age, sex and height. As a result, bulimia is often less obvious than anorexia and can go unnoticed for longer.

Binge Eating Disorder

- A person will engage in repeated episodes of bingeing without purging
- They will likely gain considerable amounts of weight over time
- They find themselves trapped in a cycle of dieting, bingeing, self-recrimination and self-loathing.

Just because somebody doesn't fit in absolutely with one particular category doesn't mean they don't have an eating disorder. A large number of people with eating disorders don't fit strictly into one category but fluctuate between the three.

People experiencing an eating disorder may

- *have dieted*
- *have low self-esteem - though this may not be obvious, as people who develop eating disorders are often 'high achievers'*
- *show a marked over-concern with body shape, weight and size, and an obsession with food*
- *see thinness as a magical solution to problems, while weight gain is feared*
- *have difficulty identifying and expressing their real needs*
- *view their body as larger than it actually is (distorted body image)*
- *have problems around control*
- *find it hard to talk about their feelings and to deal with conflict*
- *be depressed and may become isolated*
- *experience mood swings*

General Information continued...

What causes an eating disorder?

There is no single cause that can explain why a person develops an eating disorder.

It is usually a combination of factors (biological, psychological, familial and socio-cultural) that come together to create conditions in which an eating disorder is more likely to develop.

The disorder often develops gradually as a response to an upset in a person's life. This could be a traumatic event, a loss or major change in a person's life, bullying, an overload of stress, and/or critical comments about weight or shape. Sometimes, it is not obvious what the trigger may have been.

A person with low self-worth or without a strong sense of identity may be more vulnerable. People who develop eating disorders tend to be overly concerned with meeting the standards and expectations of others, and are super-sensitive to other peoples' feelings.

This explains why eating disorders occur so often during adolescence when identity is an issue, the opinion of peers is so important, and parental expectations are resisted.

Understanding the emotional background of the eating disorder is crucial to developing an appropriate response and treatment approach.

b. What Eating Disorders are – and aren't

An eating disorder is a complex, life-threatening, mental health condition.
In order to respect the experience of those affected by eating disorders it is important that the nature of the conditions be reflected appropriately in media work.

An eating disorder is a coping mechanism.
For the person with an eating disorder, controlling food and the body is their way of relieving distress and achieving some degree of control over their life. Understanding that an eating disorder is a person's coping mechanism helps those around the person to realise how frightening and difficult it is for the person to let it go as they recover.

Eating disorders are not about food.
An eating disorder is a physical manifestation of complex emotional issues. The fact that the coping mechanism is centred around food behaviours does not mean that the issues themselves are in any way related.

An eating disorder is not a diet.
Eating disorders are complex life-threatening conditions, and as such it is vital to distinguish between these mental health conditions and a 'diet'.

Dieting is, however, a significant factor in the development of an eating disorder, and as such care must be taken when promoting healthy eating habits to ensure that excess emphasis is not being placed on achieving a certain level of weight loss, etc.

An eating disorder is not a choice.
Eating disorders are not a wilful form of 'attention seeking'.When the eating disorder takes hold, it is as if the person does not have a conscious choice - they feel compelled, and frightened of not engaging in the disordered eating.

Eating disorders are not "a women's issue".
An estimated 10% of all cases of anorexia and bulimia are male. Promoting the perception that eating disorders are a women's issue only serves to propagate this misconception, which in turn can further stigmatise men who are experiencing an eating disorder themselves.

Eating disorders are not exclusive.
Eating disorders are serious mental health conditions that can extend beyond the class divide, beyond age, sex, and race. Eating disorders can affect everyone.

Eating disorders are not for life.
With the appropriate treatment, people can and do recover from eating disorders. It is particularly important that this message be promoted through the media to shatter the myth that an eating disorder may be a 'life sentence'.

c. The Media and Eating Disorders

Media influence is frequently blamed for breeding a normative discontent in relation to body image and this is often seen as being a causal factor in the development of eating disorders.

The causes of eating disorders are multiple and very complex. A whole range of factors combine to contribute to the development and maintenance of an eating disorder. However, two of the major risk factors for eating disorders are low self-esteem and dieting.

A culture which promotes obsession with appearance and which markets a particular body shape (thinness in women / leanness and muscularity in men) as desirable and as a means of achieving success and/or happiness can contribute to the erosion of self-esteem in vulnerable individuals. In this context, the constant promotion of dieting also can contribute to creating an unhealthy relationship with food and body. It is in the light of this that the media can be seen as playing a part in the development of eating disorders.

The effect of the media is to further undermine those individuals who are already vulnerable to developing an eating disorder; and to exacerbate and maintain eating disordered thinking where it is already established. This is why it is so important that the media take responsibility for what they report and recognise the potential impact of messages that have the capacity to undermine healthy self-image and self-esteem which are the cornerstones of mental well-being.

Guidelines
a. General Guidelines

1. Avoid specifics

Providing specific details of behaviours engaged in by any one individual can serve to isolate others affected by eating disorders by suggesting that their experience is less valid. These details may also inadvertently provide readers with new ideas as to how, for example, they might restrict their own food intake.

Details of behaviours around food in particular can mistakenly place the focus for discussion of eating disorders on the area of food as opposed to dealing with the more significant issue of the complex emotional issues that lie at the root of the eating disorder.

The use of numbers, be it in terms of weight lost or gained, or in terms of calories consumed, can be particularly triggering either for a person affected by an eating disorder or for someone who may be at risk of developing an eating disorder.

2. Avoid sensationalising

While we appreciate the need to draw readers to a story, the use of scare tactics and sensational headlines in the discussion of eating disorders is unhelpful, as it creates an atmosphere of fear around the long term health implications, while at the same time trivialising the experiences of those affected by eating disorders.

3. "Celebrity" stories

Eating disorders are real life issues that affect real people. Stories relating to celebrities can be associated with a sense of unreality and seldom help to establish a real connection with the average person's experience of an eating disorder.

If it is intended to use celebrity stories, it is important to put these into perspective. It is also important to be aware of the dangers of sensationalising and glamorising eating disorders through the use of such stories.

Furthermore, celebrity culture is of its nature superficial and excessively focussed on appearance. For this reason any association between eating disorders and celebrities needs very careful thought and consideration if it is to avoid oversimplifying what are in fact extremely deep rooted and complex disorders.

4. Use of images

While the intent may be otherwise, it is unhelpful to include images of a person at a very low weight to illustrate an article about eating disorders.

This can be triggering for those affected by an eating disorder, and for those at risk of developing an eating disorder, as it may be seen as an ideal to strive for.

The images can also reinforce the stereotype of eating disorders as necessarily involving weight loss – this can alienate those affected by bulimia nervosa and binge eating disorder, making it more difficult for them to seek help.

As an alternative to these images, there are a variety of images available online illustrating the mindset of a person affected by an eating disorder, and the disparity between a person's sense of themselves and the reality. We would encourage the use of these images as a further means of educating readers about the reality of eating disorders.

5. Pro-anorexia websites

We welcome the increased attention being given to the growth of pro-anorexia websites in recent years. It is important that the public, and in particular parents, be aware of the dangers that exist in the online world.

In discussing pro-anorexia and pro-bulimia websites, we would ask that media refrain from quoting passages from these sites or reproducing images found there. Reproducing messages found on these sites may reinforce eating disordered thinking in a person who may be experiencing an eating disorder.

These practices serve to increase the fear of those who may be concerned about a loved one accessing these websites, and at the same time broadcasts the negative messages of these sites to an audience who may not otherwise have accessed them.

Where appropriate, it is best practice to publish details of relevant support services when dealing with sensitive issues which may have an impact on your audience. Bodywhys would ask that readers be directed to our Eating Disorders Helpline (LoCall 1890 200 444) and our website, www.bodywhys.ie

b. Working with Personal Stories

1. Inform yourself first - have an understanding of who you are interviewing.

To ensure that the experience is as beneficial as possible for all concerned, it is important that you inform yourself about the nature of eating disorders and the complexity of the issues around eating disorders before approaching a recovered person to interview.

2. Agree questions beforehand.

In order to ensure a positive experience for all involved, specific questions and/or the general direction of the interview should be agreed in advance with the interviewee.

3. Agree on photos or lack thereof beforehand - don't put pressure on the interviewee to be photographed.

If your publication intends to request a photograph of the interviewee, please agree this beforehand to ensure that the interviewee is fully comfortable with this. In line with our guidelines on the use of low-weight images, members of the Bodywhys media panel will not be in a position to provide images of this nature.

4. Don't pressure for details they don't volunteer.

It is of the utmost importance that the sensitive nature of the issues being discussed is acknowledged by the interviewer. As such it is of huge importance that the interviewee not be pressured at any point to provide details and information that they have not willingly and knowingly volunteered.

5. Do ask about how they felt, their road to recovery etc.

Those who make themselves available to be interviewed will often do so in order to share their story of recovery. As such this should be the primary focus of any interview, as it allows the individual to share their own unique experience. This allows the message of recovery to be communicated to a wider audience, and provides vital hope, both for those who are not yet in recovery and for family members and carers of those who are currently affected by eating disorders.

6. Don't press for specific details of behaviours.

As detailed in Section 2(a), the publication of details of specific behaviours can have a triggering effect on readers. For similar reasons, those sharing their personal experience of an eating disorder must not be pressured to provide details they may not be comfortable disclosing.

7. Interviewing those who are not in recovery.

While it may seem useful to speak with someone who is currently experiencing an eating disorder, in fact this is likely to be a triggering experience for the individual, as well as providing a potentially negative information source for others who may be experiencing, or at risk of developing, an eating disorder.

For these reasons, members of the Bodywhys media panel are people who have reached recovery and are in a position to share their story without fear of relapse.

In asking any person to share their personal experience of such a sensitive issue, it is vital to be mindful of the possibility that the experience could be distressing for that individual.

If this is the case, we would ask that you take steps to ensure that the person feels adequately supported both during and after the interview process.

Where appropriate, individuals should be referred to the Bodywhys support services.

The experience may also be distressing for the interviewer, and as such we would ask that members of the media working in the area of eating disorders seek appropriate support for themselves.

c. Language Guidelines

Mindful use of language helps us to convey an understanding of the real needs of people affected by eating disorders and of the many challenges they face. Mindful use of language can also be a powerful tool in reducing stigmatisation thereby encouraging people towards seeking help.

1. The words 'anorexic' and 'bulimic' are adjectives and not nouns and therefore should not be used to describe a person e.g. "Mary is an anorexic". That use also implies that Mary is defined by her anorexia, the other aspects of her personality being ignored. The preferred use would be 'Mary has anorexia','Peter has bulimia' etc.

   The use of language that labels or boxes people into distinct categories or reduces a person to the eating disorder itself should be avoided.

   Where appropriate refer to 'a person with an eating disorder' rather than 'people with eating disorders' to validate individual experience and to avoid stereotyping.

2. The phrase 'people affected by eating disorders' includes anyone who has an eating disorder and all those on whom the eating disorder has an impact (families, friends, carers, professionals).

3. The word 'sufferer' implies victim in the minds of many people and should therefore be avoided.

   However, if a person refers to themselves as a 'sufferer', their own choice of words should be respected. Mirroring their language creates acceptance and validates their experience and perception of themselves. We may say someone is "suffering" from an eating disorder.

4. Eating disorders are sometimes referred to as 'Eating Distress'. 'Eating disorder' is a less emotive term and is the term currently in common use by health care professionals.

5. Eating disorders are a recognised mental illness. When referring to mental illness, there is a great need to be mindful of issues around stigmatisation. Many of those who may need to access our services may not be ready to consider their eating behaviour in terms of mental illness. An eating disorder is an illness/condition with serious physical and psychological implications that are very intricately intertwined. Both physical and mental aspects should be acknowledged.

6. The behaviours engaged in by a person with an eating disorder are maladaptive and destructive. It is helpful to convey an understanding that despite their overtly destructive nature, the behaviours are experienced as life preserving by the person with the eating disorder. This makes resistance to change/ treatment easier to understand.

7. It is generally agreed that the term 'disease' is best avoided in favour of 'illness' or 'condition'. An eating disorder develops over time as a means of coping with distress; it is not something that you can 'catch'.

8. People with eating disorders are sometimes described as 'attention seeking' – a term with very negative connotations. It would be more accurate to suggest that their behaviour is a means of communicating that something is wrong and that they need help. If a person with an eating disorder was able to use any other means of communicating their distress, they would.

9. A person does not make a conscious decision to develop an eating disorder. It is not a matter of conscious choice. The perception that an eating disorder is 'self-inflicted' or that a person can easily stop their behaviour should be challenged.

10. Other negative labels include 'manipulative, 'devious','lying' etc. It must be understood that these behaviours are used to protect the person's only way of coping and they are a product of the illness. Refer to 'avoidance' or 'defensive' behaviour.

11. Eating disorders can affect both sexes, all ages and all social classes. References to typical profiles can create feelings of exclusion.

12. When referring to self harm, either the term 'self injury' (US) or 'self harm' (UK) are acceptable but the term 'self-mutilation', which is also in common usage, is considered to reinforce and increase stigma.

13. Language that could imply parental blame or fault must be avoided and/or challenged.

3. Statistics

The statistics available on the prevalence of eating disorders are limited, and in many ways unreliable because of the very nature of eating disorders. The majority of these statistics are based on small-scale studies and inpatient records. Basing statistics on inpatient records can be particularly problematic, because of the limitation that the statistics refer only to those who have sought out treatment, and been admitted with a specific diagnosis. Those working in the area of eating disorders will acknowledge that the process of diagnosis is more often than not a lot less clear-cut than may be reflected in a statistic.

Eating Disorders in Ireland

Statistics specifically relevant to Ireland are limited.

The Department of Health estimates that up to 200,000 people in Ireland may be affected by eating disorders. An estimated 400 new cases emerge each year, representing 80 deaths annually[i].

According to a 2007 study of Irish children and adolescents, 1.2% of Irish girls may be at risk of developing anorexia nervosa, with 2% at risk of developing bulimia nervosa[ii].

Based on the KIDSCREEN study of children in thirteen countries, Irish children aged 12-18 ranked twelfth out of the thirteen countries in terms of self-perception score[iii].

HRB data shows that in the case of child and adolescent psychiatric admissions in Ireland in 2007, eating disorders represented the second highest level of diagnosis at 15%[iv].

International Studies

Eating disorders are most prevalent in females in the 15-40 age group, where up to 0.5% may develop anorexia and up to 2% may develop bulimia[v].

Binge eating disorder affects up to 4% of the adult population . Of those defined as medically obese, up to 30.1% have been found to be affected by binge eating disorder[vii].

The aggregate annual mortality associated with anorexia are more than 12 times higher than the annual death rate due to all causes for females 15-24 years old, and more than 200 times higher than the suicide rate of females in the general population[viii].

Men and Eating Disorders

It is estimated that 10% of cases of anorexia and bulimia are male, though more recent studies suggest this figure could be as high as 25%[ix].

Cases of binge eating disorder are much more equally divided, with up to 50% of cases occurring in men[x].

There has been a 67% increase in the number of men treated for eating disorders in the UK in the last five years[xi].

Eating Disorders in Under 18s

In a study of secondary school pupils in Scotland, 26% of girls and 22% of boys said they had engaged in either bulimic or anorexic behaviour[xii].

There has been an 80% increase in admission of under -16 girls to hospitals in England for the treatment of anorexia in the last 10 years[xiii].

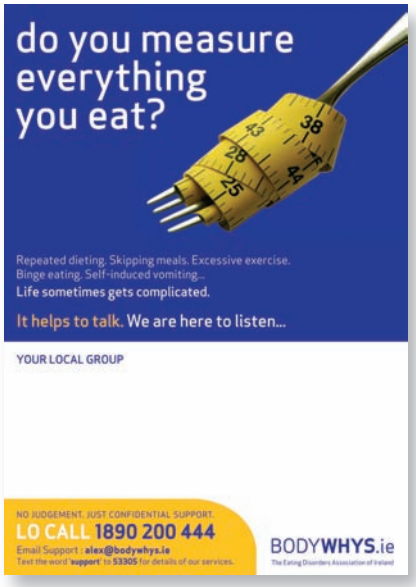
Eating Disorders and the Media

71.4% of Irish adolescents feel adversely affected by media portrayal of body weight and shape, with more than a quarter (25.6%) believing it to be far too thin[xiv].

A three year study of adolescent girls in Fiji found that purging behaviours had increased from 0% to 11% within the first three years of television being introduced to the Nadroga province[xv].

The odds of using extreme weight-control behaviours (such as vomiting or using laxatives) are 3 times higher in the highest frequency readers of magazine articles about dieting and weight-loss compared with those who did not read such magazines[xvi].

4. Bodywhys...
Who we are and what we do



Bodywhys – Eating Disorders Association of Ireland – was founded in 1995, to support people affected by eating disorders.

Our Services

Bodywhys provides a **network of support groups** for those affected by eating disorders, and also for friends and family members who may be in need of support. The groups are facilitated by trained volunteers and are there is no cost associated with attending the groups.

The Bodywhys **LoCall Helpline (1890 200 444)** runs seven days per week, and is staffed by trained volunteers who provide support and information to people affected by eating disorders and to their friends and family members.

In recent years, the **online support group** has emerged as a very popular outlet, particularly for those seeking assistance while wishing to maintain anonymity. The service runs 4-5 nights per month and is based on our website at **www.bodywhys.ie**.

We also provide an email support service, **alex@bodywhys.ie**, which again allows for increased anonymity and flexibility while providing the optimal level of support.

5. Further Information

Further resources, including a booklist and list of relevant websites is available from our website at www.bodywhys.ie

Websites

Bodywhys – The Eating Disorders Association of Ireland
www.bodywhys.ie

b-eat – UK Eating Disorders Association
www.b-eat.co.uk

American Eating Disorder Resource Website
www.something-fishy.org

The National Eating Disorders Association of America
www.nationaleatingdisorders.org

Eating Disorders Books and Resources
www.gurze.net

Notes

[i] Department of Health and Children, A Vision for Change (2006), available from www.dohc.ie.

[ii] Eating Problems in Children and Adolescents, Professor Fiona McNicolas (Lucena Clinic, Rathgar).

[iii] State of the Nations Children 2006 – Office of Minister for Children.

[iv] Activities of Irish Psychiatric Units and Hospitals 2007.

[v] Eating disorders--how should treatment be organized?, JH Rosenvinge & KG Götestam, Tidsskr Nor Laegeforen 122(3), January 2002.

[vi] Prevalence of eating disorders among students, C. Thiels & R. Garthe, Nervenarzt 71(7), July 2000.

[vii] Binge eating disorder: A multisite field trial of the diagnostic criteria, R Spitzer, International Journal of Eating Disorders 11(3), April 1992.

[viii] Mortality in anorexia nervosa, PF Sullivan, American Journal of Psychiatry 152 (7), July 1995

[ix] The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication, Biological Psychiatry 61(3), February 2007.

[x] Prevalence of binge eating disorder, obesity, and depression in a biracial cohort of young adults, Annals of Behavioural Medicine 20(3), September 1998.

[xi] Department of Health (UK) survey reported in Daily Mail, 2nd August 2008.

[xii] YMCA Scotland / Search Institute of Minnesota: Survey of 5,000 secondary school pupils, 30th September 2008.

[xiii] Answer to parliamentary question by Care Services Minister Phil Hope, 17th February 2009.

[xiv] Eating concerns and media influences in an Irish adolescent context, F McNicholas, European Eating Disorders Review 17(3), May 2009.

[xv] Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls, A. Becker, The British Journal of Psychiatry 180.

[xvi] Is Dieting Advice From Magazines Helpful or Harmful? Five-Year Associations With Weight-Control Behaviors and Psychological Outcomes in Adolescents, Pediatrics 119(1), January 2007 .

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