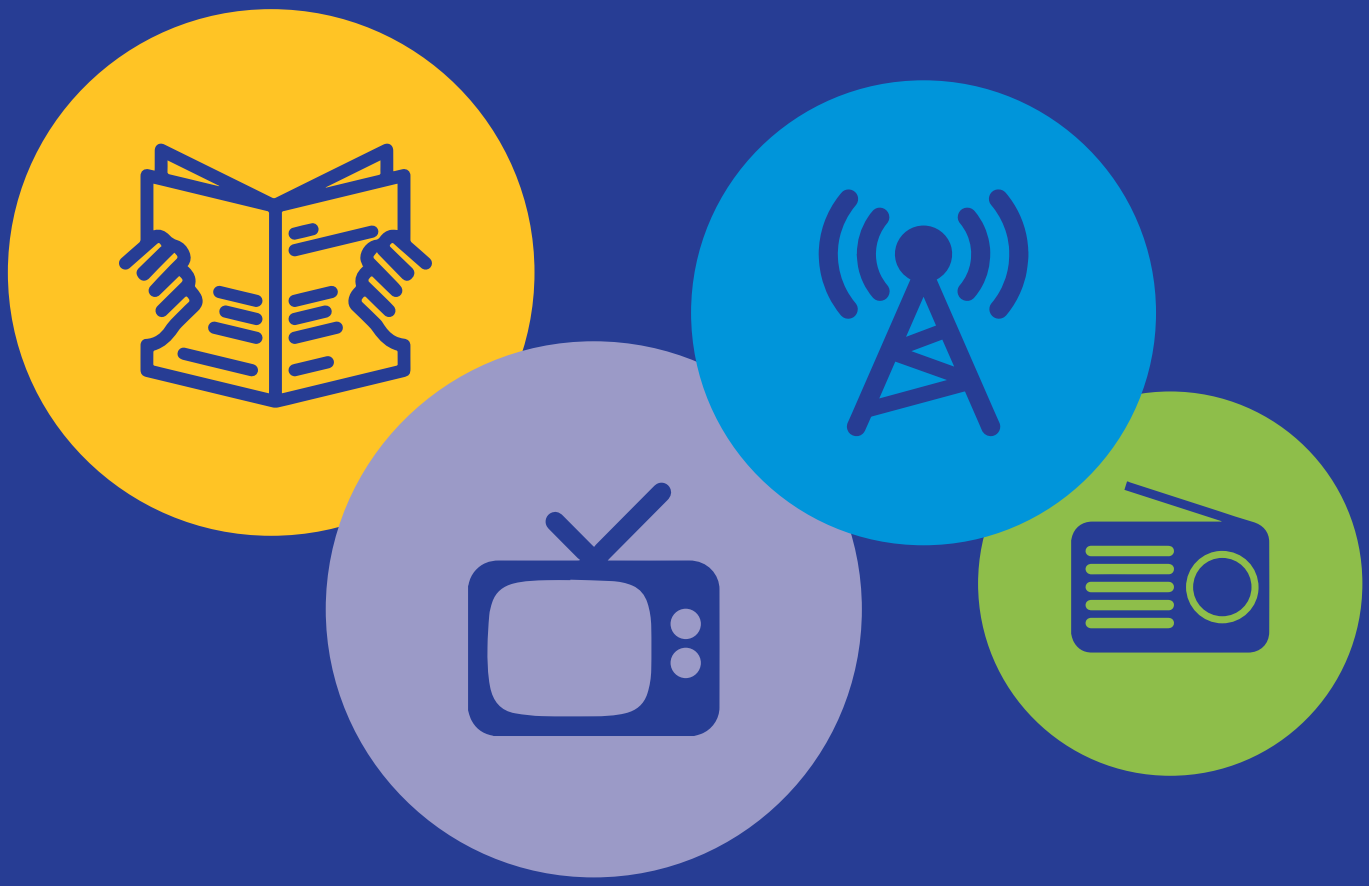
BODYWHYS
The Eating Disorders Association of Ireland



Media Guidelines

About Bodywhys

Founded in 1995, Bodywhys – The Eating Disorders Association of Ireland - is the national voluntary organisation supporting people affected by eating disorders and their families. Bodywhys provides a range of non-judgemental listening, information and support services, professional training, literature, podcasts, and webinars. Other aspects of the organisation's work include developing professional resources, collaborating with social media companies to respond to harmful online content and working with the mainstream media to create awareness about eating disorders. Bodywhys develops evidence-based programmes to promote positive body image and social media literacy in children and adolescents, as well as school talks and educational resources. Bodywhys is the support partner to the HSE's National Clinical Programme for Eating Disorders (NCP-ED), which delivers specialist public eating disorder services in the Republic of Ireland.

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Our Vision

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

Guidelines for the Media

Bodywhys welcomes the opportunity to work with the media to ensure that the quality of reporting and portrayal of this important and sensitive issue is of the highest standard. These guidelines are intended as a key reference point for journalists who influence how stories on eating disorders (EDs) are reported and represented. They are also a challenge to cultural messages about the 'ideal' body and the glorification of thinness, preoccupation with muscle mass, body modification, extreme exercising, and diet culture.

There is low awareness of the complexity and incidence of eating disorders and limited understanding of the seriousness of the illness. There are several myths about eating disorders, they are often:

- Thought of as a diet gone wrong or a 'fad' diet
- Dismissed as a female and/or teenage issue
- Misunderstood as a lifestyle choice
- Assumed to be all about food or weight
- A focus of stigma towards those affected. This includes families, carers and parents.

The media has an essential 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 associated with eating disorders cannot be underestimated. We look forward to working in collaboration with you.

Jacinta Hastings
Chief Executive Officer (CEO)

If you have a media request about eating disorders or body image, please contact the Bodywhys Communications Officer on: communications@bodywhys.ie

1 Understanding Eating Disorders

Current diagnosable eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant/restrictive food intake disorder (ARFID) and other specific feeding and eating disorders (OSFED). Whilst not a formal diagnosis, some people may experience a more chronic form of illness, or a longstanding eating disorder, more commonly referred to as a severe and enduring eating disorder (SEED).

Eating disorders are **serious and complex psychological disorders** that affect every aspect of a person's functioning. They are not a choice and are recognised mental illnesses [1] [2] that pose significant risks to a person's physical, emotional, and mental health, and they lead to increased risk of mortality and suicide [3] [4]. They often require medical intervention, along with psychological treatment. Treatment and interventions vary depending on the age of the person, the type and severity of eating disorder and the physical health of the person.

Eating disorders have a **behavioural aspect**, which means that when a person develops an eating disorder, their eating patterns and behaviours change and become disordered. A person may significantly restrict their food intake, they may eat quite normally and then purge themselves of the food, through self-induced vomiting or over-exercise, or they may binge eat. This is an aspect of the eating disorder that we can often see quite clearly.

Behind these disordered eating behaviours, there is a **cognitive** aspect. This means that what drives these behaviours are the person's distorted thoughts and thinking. Their thinking becomes increasingly distorted as they get caught up in an eating disorder which, in turn, leads to further disordered eating, resulting in their health deteriorating.

There is also a **physical** aspect, how a person feeds themselves affects their physical well-being. If a person does not eat enough, they will lose weight, and experience physical symptoms associated with being underweight or malnourished. If they are purging regularly there are physical effects a person can experience, and if they binge regularly, can also result in physical symptoms such as weight gain, being in the overweight or obese category of weight.

Finally, at the centre of all of this is the **emotional** aspect of the eating disorder, which is often hidden from the outside world. This means that underpinning an eating disorder, is the person's difficulty coping with their feelings, how they feel about themselves in the world and their sense of identity.

At any one time, when a person has an eating disorder, all these aspects of the eating disorder are interlinked and influencing each other.

One way of understanding an eating disorder, is to think of it as a **coping mechanism** – it is a destructive coping mechanism, but nonetheless in some way it helps the person to feel they can manage their lives on a day-to-day basis. This is why it is so difficult for them to let it go.

Another way of understanding this idea is to think of an eating disorder as a physical and behavioural manifestation of the person's difficult thoughts and feelings. This is why it is important to focus not only on what the person is doing, but to also understand how they are feeling about what they are doing, and how they are feeling about what is going on for them. Control can be part of some people's experiences, but it is not an explanation for all eating disorders.

What causes an eating disorder?

There is no clear-cut or definite answer as to why someone might develop an eating disorder. Often, it is a combination of 'internal' and 'external' risk factors that can make someone more vulnerable to developing an eating disorder. For example: genetics, a tendency towards being anxious, a perfectionist mindset, difficulties managing feelings, low self-esteem, a history of dieting, trauma, abuse, puberty, life stressors and transition points, change of school, relationship break up, moving away from home, participation in sport, food insecurity and weight-based bullying.

An eating disorder becomes like your best friend, it becomes the only thing in the world that you believe you can trust and control, in a safety and security sense. When you go to approach looking for help for an eating disorder, imagine asking someone to give up their best friend, you wouldn't want to do that, it would be heartbreaking to do that, so it is a very soft and slow approach"

Eoin Kernan, Bodywhys Media Panel

For me, it was a coping mechanism. I nearly felt, it sounds so strange, but I felt nearly invincible because I had my strategy here to cope"

Michelle Mc Carthy, Bodywhys Media Panel

2 What Eating Disorders are not

Eating disorders are not primarily about food.

An eating disorder is a physical and psychological 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.

It is vital to distinguish between mental health conditions and diets. 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 25% of all cases of eating disorders are male. Suggesting 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 to any group within society.

They extend beyond the class divide, beyond age, sex, and race. They affect historically overlooked groups including men, older adults, some people who are neurodivergent and members of the LGBTQIA+ community.

Eating disorders are not for life.

With the appropriate treatment, people can and do fully 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.'

Getting help

Treatment and recovery are individual to everyone. Someone may need a combination of professional, therapeutic and medical interventions as part of their recovery. There is no one size fits all treatment or support mechanism that works for everyone. Support from friends and family members can also play an important role in helping someone to rebuild their life. The first port of call is often to visit a general practitioner (GP) who can carry out an assessment and refer someone to mental health services or specialist services, if necessary. Specialist eating disorders teams and evidence-based treatment and services play a crucial role in helping someone to recover.

Recovery is different for everyone, there is no one definition that is applicable to every individual. A person may say they are 'recovering,' 'recovered' or 'in recovery' or they may use other language. A person's needs during recovery are about much more than weight and food, or physical changes. Core elements include a person's quality of life, personal identity, their social and psychological needs, their relationship with themselves and with food and their body. Recovery is a gradual process that will involve challenging moments, as the person learns to live in a way that is not defined by the eating disorder.

3 The Media, Body Ideals 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.

A culture which promotes an undue focus on physical appearance, perfectionism, and which celebrates a particular body shape such as thinness in women or leanness and muscularity in men as desirable and as a means of achieving success and/or happiness can contribute to the creation of unrealistic health, weight and body norms and goals. In this context, the frequent promotion of dieting can also contribute to creating an unhealthy relationship with food and body. The internalisation of these norms may play a part in the development of eating disorders in those who may be vulnerable or serve to exacerbate or maintain disordered thinking where it is already established. It is vital 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.

Reporting on eating disorders

Accessing statistics

Statistics for eating disorders and body image change on an ongoing basis. There is currently no one single database for Irish eating disorder statistics. Some are published in academic or clinical journals, whilst others are reported under freedom of information (FOI), through specialist public services, such as NCP-ED, medical associations, and the Health Research Board (HRB) who typically focus on hospitalisations.

For up-to-date information, please check https://www.bodywhys.ie/media-research/statistics/ Bodywhys annual reports also contain statistics https://www.bodywhys.ie/about-us/annual-reports/

Signposting

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 ask that readers, listeners or viewers be directed to our eating disorder support services:

Helpline: 01-2107906

Email support: alex@bodywhys.ie

Website: www.bodywhys.ie

4 Key Guidelines

To respect the experience of those affected by eating disorders it is important that the nature of the illness be reflected appropriately in media work.

Avoid detailed specifics

Providing specific details of behaviours engaged in by any one individual can serve to isolate others affected by eating disorders by unintentionally suggesting that their experience is less valid by comparison. These details may also inadvertently provide readers or viewers with new ideas as to how, for example, they might restrict their own food intake. Details of behaviours around food can mistakenly place the focus on symptoms rather than the significant complexity of 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.

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.

Celebrity stories and online influencers

If it is intended to use celebrity or high-profile stories, it is important to be aware of the dangers of sensationalising and glamorising eating disorders. Celebrity culture and aspects of the online space can be superficial and, at times, excessively focussed on appearance. For this reason, any association between eating disorders and celebrities or online influencers requires careful thought and consideration if it is to avoid oversimplifying what are in fact extremely deep rooted and complex illnesses.

Use of images depicting parts of the illness

While the intent may be otherwise, it is unhelpful to include images of a person at an extremely low weight to illustrate an article or story 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 incorrectly seen as an ideal to strive for. The images can also reinforce the stereotype of eating disorders as primarily involving weight loss – this can alienate those who may not have this experience as part of their eating disorder, making it more difficult for them to seek help. Before and after pictures of the illness can also portray the issue and recovery as being primarily about weight or weight restoration. 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 alternative and non-weight-centric images as a further means of educating readers about the reality of eating disorders.

Pro-anorexia material

Pro-anorexia internet content focuses on the promotion of specific eating disorders or behaviours, including restricting, bingeing or purging. Pro-anorexia material may include imagery, lyrics, blogs or videos. It is important that the public, and in particular parents, be aware of the dangers that exist in the online world or on social media. In discussing pro-anorexia and pro-bulimia websites and social media content and postings, we ask that media refrain from quoting passages from this material or reproducing images found there. Doing so may reinforce eating disordered thinking in a person who may be experiencing an eating disorder. These practices serve to increase the fear among 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. For this reason, it is important to refrain from sharing details of where the material was accessed.

5 Working with Personal Stories

The following key points are designed to assist journalists to prepare their approach to covering an eating disorder story.

Inform yourself first

Understand 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 person to interview.

Agree questions beforehand

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. Ask the person to let you know in advance what they are and are not comfortable discussing.

Agree on photos or lack thereof beforehand - do not 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 able to provide images of this nature.

Do not pressure for details they do not 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 is not pressured at any point to provide details and information that they have not willingly and knowingly volunteered.

Do ask about how they felt, their road to recovery and what it means to them

Those who make themselves available to be interviewed will often do so 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. A person may refer to themselves as recovered, recovering or in recovery, it is important check if a person has a preference around recovery language.

Do not press for specific details of behaviours

As detailed in Section 4(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.

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, or potential readers and viewers.

For these reasons, members of the Bodywhys Media Panel are at a stage in their recovery at which they wish to share their story in a safe and supported way.

- 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 eating disorders seek appropriate support for themselves.

Anonymity

For a variety of reasons, some people may wish to share their story anonymously. Others may welcome the use of their name. It is important to clarify this with the individual in advance, to ensure they feel comfortable and safe to share their story within their own boundaries.

Working with families

Eating disorders often have a profound impact on families or the family unit, from parents to sibling relationships. This includes the emotional and mental well-being of family members.

Feeling judged by others can also be part of what families experience.

Parents sometimes move into a caring role because the illness leads to significant changes in their son or daughter. It can be particularly challenging for family members to go on the record because it can identify their son/daughter or they may feel blamed, unfairly, for their child, including adult children, being unwell.

As a parent, you want the best for your child, watch them grow and develop. When your child stops eating because of ARFID, it's devastating for the child and family. What makes an extremely difficult situation worse, are the judgements and misconceptions that others have about your child and you."

Parent of a person with ARFID

6 Language Guidelines

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

- 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 implies that Mary is defined by her anorexia nervosa, the other aspects of her personality being ignored. The preferred use would be 'Mary has anorexia nervosa,' 'Peter has bulimia nervosa,' 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
- 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)
- 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
- 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
- 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 with serious physical and psychological implications that are very intricately intertwined. Both physical and mental aspects should be acknowledged
- 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
- It is 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 is contagious, or you can 'catch'
- People with eating disorders are sometimes described as 'attention seeking' – a term with extremely 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

- 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
- Other negative labels include 'manipulative', 'devious', 'lying' etc. It must be understood that these behaviours are used to protect the person's key way of coping and they are a product of the illness. Refer to 'avoidance' or 'defensive' behaviour instead
- Eating disorders can affect people from all aspects of society, across age, ethnicity, gender and socio-economic status. References to 'typical' profiles can create feelings of exclusion
- When referring to self-harm, either the term 'self-injury' or 'self-harm' is acceptable but the term 'self-mutilation', which is also in common usage, is considered to reinforce and increase stigma
- Language such as 'they were wasting away' as a part of someone's experience is unhelpful
- Language that could imply parental blame or fault must be avoided and/or challenged.

Portrayals in popular culture

Eating disorders have been portrayed in a range of media formats from books to plays, television series and films. Some of these have been informed by voices of lived experience.

During the writing, development and production stage, we ask that those involved be mindful of stereotypes, myths and simplistic explanations of the illness. It can be more helpful to highlight the mindset and range of effects of an eating disorder, than putting an undue emphasis on specific risky behaviours or over-fixating on the physical aspect of the illness.

One of the most amazing and fundamental discoveries of my own recovery journey was realising that one single act of courage and defiance against the eating disorder would correspondingly lead to another.'

'Recovery makes a lot of noise, internally. When one starts to push against the illness and attempt to make positive changes to fight back, the eating disorder voice goes from being a soft and formerly contented whisper to a screaming, writhing monster that is hard to silence and impossible to ignore."

Emmy Snelgrove, Bodywhys Media Panel

6 References

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(3) Academy for Eating Disorders (2021) AED Report, Eating Disorders: A Guide Medical Care, 4th Edition.

(4) Chesney, E., Goodwin, G.M. & Fazel, S. (2014) Risks of all-cause and suicide mortality in mental disorders: A meta-review. *World Psychiatry, 13* (2), 153-160.

* **Trigger**

The term 'trigger' has been used in the mental health field for a long period of time. Another way of thinking of trigger is 'activate', so when a person is triggered or talks about triggers they are describing things and circumstances that can make them stressed, anxious, worried or feeling unable to cope. Their negative feelings are linked to, or sparked by, triggers.

Mission Statement

> Our mission is to ensure support, awareness and understanding of eating disorders amongst the wider community as well as advocating for the rights and healthcare needs of people affected by eating disorders

BODY**WHYS**

The Eating Disorders Association of Ireland

PEOPLE CAN AND DO **RECOVER**

Postal Address: P.O. Box 105, Blackrock, Co. Dublin
Office: 01-2834963
Helpline: 01-2107906
Office email: info@bodywhys.ie
Email support: alex@bodywhys.ie
Website: www.bodywhys.ie

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