

Guidelines on
reporting and portrayal
of eating disorders:
***A Mindframe* resource**
for communicators



Mindframe

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Reporting and portrayal of eating disorders

This resource provides advice for best-practice reporting and portrayal of eating disorders. These guidelines should be followed by all people involved in production of the story, including journalists, sub-editors, editors, online editors and graphic departments.

The media has a powerful role in increasing community understanding of the risk factors and impact of eating disorders. However, the illnesses can be difficult to accurately and sensitively portray. Certain types of reporting can potentially lead to harmful impacts on those experiencing, or at risk of, an eating disorder.

This resource aims to support media professionals to make informed choices about the language and images they use and the messages they convey. This resource should be used in conjunction with media codes of practice and editorial policies.

This resource has been developed by Everymind in partnership with the National Eating Disorders Collaboration, Butterfly Foundation and Australian media professionals.





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Quick tips for reporting eating disorders

- ✓ Present eating disorders as serious mental illnesses accompanied by physical consequences. They are not a lifestyle choice. They should not be presented as part of an entertainment story.
- ✓ It is useful to focus on how eating disorders impact on the person, their family and supports.
- ✓ Do not include details of specific behaviours, measurements or quantities, as this may prompt others at risk to engage in harmful behaviours.
- ✓ Do not use images of people with extreme body weights or shapes, as this may motivate some people at risk to engage in harmful behaviours.
- ✓ Language should not label the person by their illness or present eating disorders as glamorous or an option for dealing with problems (refer to language guide).
- ✓ If someone is telling their personal story it is best if they are recovered and supported by an appropriate organisation.
- ✓ Consider how celebrity stories are handled and avoid glamorising the illness or presenting it as entertainment.
- ✓ Consult with key organisations such as the Butterfly Foundation or National Eating Disorders Collaboration to check accuracy and clarity.
- ✓ Promote help-seeking information by adding information about support services, including those specific to eating disorders assistance.
- ✓ Do not use images where a person is depicted weighing themselves or being measured with a tape measure. This may be triggering for someone experiencing an eating disorder. Furthermore, such images indicate that an eating disorder can be solely determined by physical measurements when, in fact, they are complex mental illnesses comprising different factors.

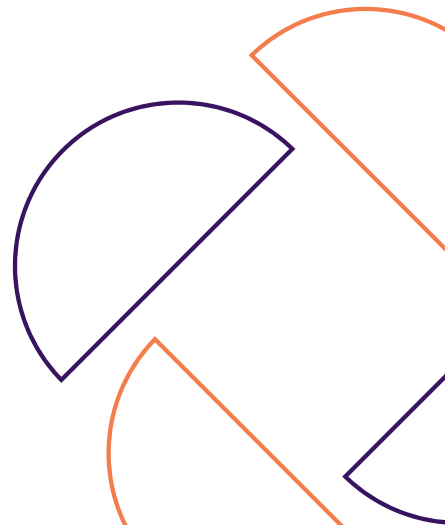
Up front: Brief facts

about eating disorders

- Eating disorders are serious, complex and potentially life-threatening mental illnesses. Eating disorders have detrimental impacts upon a person's life and result in serious medical, psychiatric and psychosocial consequences. They are not a lifestyle choice.
- Approximately one million Australians – 4% of the population – are living with an eating disorder in any given year and approximately 9% of Australians will experience an eating disorder at some point in their life.
- Eating disorders are complex. Whether or not a person has an eating disorder cannot be determined from their appearance.
- Eating disorders do not discriminate and can occur in people of any age, weight, size, shape, gender identity, sexuality, cultural background or socioeconomic group.
- The mortality rate for people with eating disorders is up to six times higher than that for people without eating disorders.
- While most common in young people, eating disorders can affect people of all ages and may be associated with life changes and transitions (e.g. adolescence, pregnancy and postpartum, menopause, change in social role) and/or major stress.
- Many people who have eating disorders may also experience other mental health concerns such as depression, anxiety, and/or alcohol and other drug issues.
- Limited research shows that people who identify as LGBTIQ+ are at greater risk of developing disordered eating, compared to people who do not identify as LGBTIQ+.
- Emerging research also indicates that Aboriginal and Torres Strait Islander peoples experience body image concerns and eating disorders at similar rates to the non-Indigenous Australian population.

Media and eating disorders: The evidence

- Long-standing research has documented the impact of viewing traditional appearance-focussed media on the development of body image concerns. The research has found that media presentations of the ‘thin ideal’ have led to greater body dissatisfaction and disordered eating behaviours — two of the key risk factors for the development of an eating disorder. Further, cisgender and transgender men and genderqueer people may be negatively influenced by exposure to ideals of ‘muscular’ or ‘athletic’ bodies.
- The media can play a positive role in stimulating balanced messages about healthful eating attitudes and behaviours by presenting eating disorders as a complex mental illness rather than a lifestyle choice.





Issues to consider

What are helpful ways to present information?

- Always present eating disorders as serious mental illnesses.
- Focus on both the physical and psychological impacts that eating disorders can have on a person (e.g. feeling taken over by thoughts about weight and/or shape, shrinking of the brain and damage to teeth and bones).
- Explore the impact that eating disorders can have on family and friends of the person (e.g. caregiver stress, disruption to family relationships, feelings of disempowerment).
- Focus on risk factors and warning signs for eating disorders. In particular, focus on behavioural signs that friends and family may pick up (e.g. dieting, change in food preferences, increase in exercise, isolation from family and friends, not eating with others, seeking constant reassurance about appearance, body checking etc).

Can certain information or images be problematic?

- Research demonstrates that certain information and images can contribute to greater body dissatisfaction and an exacerbation of disordered eating and eating disorder behaviours. Some common issues faced, and possible recommendations to address these, are on the following page:

Issue

Options

Detailed and specific information of how a person engaged in behaviours associated with an eating disorder may prompt others at risk to engage in harmful 'copycat' behaviours. Imagery associated with behaviours should be avoided, such as diet pills, toilets, mirrors, food, measuring tools or empty plates.

- ✓ Discuss behaviours in general terms (e.g. purging) without reference to the steps taken, frequency of the behaviour or any implements used.

The inclusion of measurements or other quantifiable details in text or visual captions (e.g. weight, BMI, kilojoule intake) could promote harmful competition or comparison. Do not use imagery of scales or tape measures.

- ✓ Try to present information and captions which relate to recovery (e.g. general steps taken to recovery, such as reaching out to family and supports, a health professional or organisation).

Images of people with extreme body weights or shapes can have adverse effects by motivating some people to try to achieve an unrealistic body shape or size. Avoid images of people who are underweight. Do not include 'headless' images of people in larger bodies, which can be stigmatising.

- ✓ Include a diversity of images, including people who have a variety of sizes and shapes.

Specific references to or visuals of pro-eating disorder websites can promote places where people at risk can be introduced or exposed to unhelpful information.

- ✓ Discuss sites in general terms only, or where possible, refrain from any reference to them. This includes avoiding screenshots, harmful images or comments from social media platforms or websites as well as avoiding reference to unhelpful online groups, search terms or hashtags.

Am I reinforcing common stereotypes?

- The term 'eating disorders' covers a range of distinct disorders – anorexia nervosa, bulimia nervosa, binge eating disorder, atypical presentations of each, avoidant/restrictive food intake disorder (ARFID) and other disorders. Be careful not to imply all eating disorders are the same or that each person's experience will be the same, or that recovery will follow a straightforward or linear path.
- Show the range of eating disorders that exist. Anorexia nervosa diagnoses comprise only a small percentage of eating disorders in Australia. Of people with an eating disorder in Australia, it is estimated that 3% have anorexia nervosa, 12% bulimia nervosa, 47% binge eating disorder and 38% other eating disorders.
- Be mindful not to reinforce the stereotype that only people who identify as female and are in a younger age demographic develop an eating disorder.
- While eating disorders are more prevalent in cisgender women, they also occur in all gender identities.
- Avoid associating eating disorders with a particular weight or shape, as people with any body weight or shape can have an eating disorder with equally problematic medical and psychiatric consequences. All eating disorders, across all body shapes and sizes, can be associated with serious consequences including mortality.

What language is best to use?

- Certain language can alienate members of the community, increase or decrease stigma, trivialise or sensationalise the issue, or inadvertently contribute to disordered eating or eating disorders. Some general issues, and suggestions of how these may be addressed, are presented on the following page:

Issue

Options

Language that labels a person by their illness can lead to a person feeling alienated or stigmatised.

- ✓ **Preferred:** 'has a lived experience', 'is experiencing', 'is living with', 'has a diagnosis of', 'is being treated for' an eating disorder, or particular disorder.
- ✗ **Problematic:** 'anorexic', 'bulimic', 'binger'.

Language can present eating disorders as a life sentence with no possible recovery.

- ✓ **Preferred:** 'has a lived experience', 'is experiencing', 'is living with' or 'is diagnosed with' an eating disorder.
- ✗ **Problematic:** 'afflicted by', 'suffering with' or 'victim of' an eating disorder.

It may increase risk in those who are vulnerable when the language used places a value judgement on appearance.

- ✓ **Preferred:** Language that does not focus on appearance, size, weight and shape.
- ✗ **Problematic:** 'thin', 'skinny', 'fat', 'healthy' and 'obese'.

Language can present disordered eating or eating disorders as glamorous or an option for dealing with problems.

- ✓ **Preferred:** Simple language without value judgements.
- ✗ **Problematic:** 'successful pursuit' or 'unsuccessful attempts'.

How should I approach personal stories?

- Interviewing a person with an eating disorder requires sensitivity and discretion. Where possible, source someone from a lived experience organisation who has recovered and is trained to speak to the media.
- It is best if an organisation is involved to support the individual being interviewed. This will help to ensure the person is in a safe state to participate in the interview and that they have appropriate support after the interview. It will also minimise the chance of the discussion instigating problematic thoughts and behaviours.
- Be cautious about sharing the story of someone who describes themselves as having recovered from an eating disorder but who appears to have a focus on ‘healthy’ eating, weight loss or intensive exercise or fitness regimes. This may indicate that someone is not fully recovered. Even if this person is fully recovered, their story may be harmful to others.
- If someone describes their recovery only in terms of nutrition, such as following a meal plan, this information should not be included in the story. This information may send the message that eating disorders are only about weight, and that the solution is to ‘eat more’ or ‘eat less’, which will then result in recovery. The emphasis needs to be on the steps taken towards recovery which involve mental health, such as speaking with a trained health professional or peer worker.
- Check whether the person understands that their name and/or other identifying information may be used in the story.
- Some people with lived experience of body image concerns or eating disorders find it challenging to be in front of a camera/see themselves on camera. Please ensure everything is done to make them feel comfortable in the situation.
- The use of photographs, images or footage of the person should only be used with their consent, however not all people will be aware of the potential harm this may have on other people not at the same stage of recovery. Consideration should be given to the potential harm and/or consequences of sharing personal images.

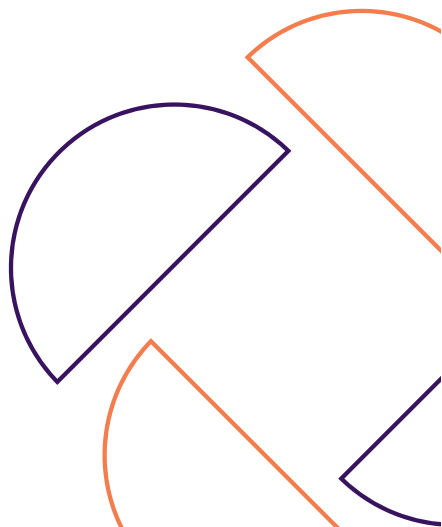
- Do not ask for or include 'before' and 'after' images, information about measurements (such as weight or BMI), or specific behaviours. If this information is shared during the interview, do not include this information in the story.
- It can be difficult to tell if a person is well, even with personal contact, so it is beneficial to source someone from a lived experience organisation such as the Butterfly Foundation. Be cautious about engaging with potential sources through social media. It is difficult to tell a person's age or whether someone is currently well or at risk.





What about celebrities?

- Eating disorders are not entertainment. Placing stories about eating disorders in ‘entertainment’, ‘social’ or ‘gossip’ sections trivialises the seriousness of eating disorders. Avoid comedic language or puns in text or headlines.
- Present eating disorders as serious, potentially life-threatening illnesses – not a lifestyle choice.
- Do not use language associated with eating disorders to describe a celebrity’s appearance (e.g. ‘looking anorexic’). This may glamorise or normalise eating disorders. Do not discuss or focus on celebrities’ fluctuations in weight (increases or decreases).
- Before reporting on celebrities with an eating disorder, consider the reliability of the source and consider the language and images you use.
- Using ‘before’ and ‘after’ images of celebrities or other images focused on their weight can be problematic for those at risk.
- In the case of a celebrity death due to an eating disorder, ensure that it isn’t glamorised and that help-seeking service details are included. Even if a celebrity has died, it is still inappropriate to publish a photo of them with an extreme body weight.



How can I check my information is accurate?

- Communicating unsubstantiated, sensational or inaccurate information can be harmful to those at risk. Consult with recognised organisations and experts for information, advice and comment (see the Support services page).

How can the story promote help-seeking?

- Try to emphasise the importance and value of help-seeking. Evidence shows that when treated early, people can have very good outcomes, and full recovery is possible. Full recovery is also possible even when someone has experienced an eating disorder for a long period of time.
- Add information about available supports specifically targeted at eating disorders, disordered eating and body image such as those on the Support services page.

Support services

Butterfly Foundation national helpline: 1800 334 673

Chat online: butterfly.org.au/get-support/chat-online

Email: support@butterfly.org.au (8am-12am, 7 days)

24/7 support services

Lifeline: 13 11 13 | Lifeline.org.au

KidsHelpline: 1800 551 800 | Kidshelpline.com.au

ReachOut: ReachOut.com

Other Resources

National Eating Disorders Collaboration: nedc.com.au

InsideOut: insideoutinstitute.org.au

Head to Health: headtohealth.gov.au

Life in Mind: lifeinmind.org.au

QLife: 1800 184 527 | qlife.org.au (3pm-12am, 7 days)



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