

Reporting and Portrayal of Eating Disorders

This resource provides some practical advice for journalists, editors and other media professionals to guide best-practice reporting and portrayal of eating disorders.

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 living with or at risk of an eating disorder.

Rather than being rules per se, 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.

Upfront: brief facts about eating disorders

- Eating disorders are serious and complex mental illnesses with serious physical consequences;
- Approximately 9% of Australians will experience an eating disorder at some point in their lifetime;
- Eating disorders occur in men and women, young and old, rich and poor, and across all cultural backgrounds;
- The mortality rate for people with eating disorders is over 12 times higher than that for people without eating disorders;
- While most common in young people, eating disorders can affect people of all ages and are particularly associated with life transitions (e.g. puberty, entering high school or university) and major stress;
- Many people who have eating disorders may also experience depression, anxiety, and alcohol/substance use problems.

QUICK TIPS FOR REPORTING



- ▶ Present eating disorders as serious mental illnesses accompanied by physical consequences rather than as a lifestyle choice or part of an entertainment story;
- ▶ It is useful to focus on how the eating disorder impacts on the person and on their family;
- ▶ Detailing specific behaviours, measurements or quantities can be problematic as these may prompt others at risk to engage in these harmful behaviours;
- ▶ Avoid use of images of people with extreme body weights or shapes, as this may motivate some people at risk to strive to achieve an unrealistic shape or size;
- ▶ Language is best if it does not label the person by their illness or present eating disorders as glamorous or an option for dealing with problems (refer to media guide on use of language);
- ▶ If someone is telling their personal story it is best if they are supported by an appropriate organisation;
- ▶ Consider how celebrity stories are handled and try to avoid glamorising the illness or presenting it as entertainment;
- ▶ Eating disorders are a specialised field, so consult with recognised experts for accuracy and clarity;
- ▶ Promote help-seeking by adding information about support services.

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, 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;
- Focus on risk factors for eating disorders. In particular, focus on behavioural signs that friends and family may pick up (e.g. not eating with others, feeling uncomfortable about their body being touched, seeking reassurance about appearance constantly etc.).

Can certain information or images be problematic?

Certain information and images can be associated with greater body dissatisfaction and disordered eating behaviour in people who may be at risk. Some common issues faced, and possible recommendations to address these, are presented below.

 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.	 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, number of hours of exercise, kilojoule intake) could promote harmful competition or comparison (e.g. <i>“I only lost 43kg not 50, I only did 3 hours of exercise, not 5”</i>).	 Try to present images, information and captions which relate to health and wellbeing.
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.	 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 tricks and tips.	 Discuss sites in general terms only or where possible refrain from any reference to them.

Am I reinforcing common stereotypes?

- The term ‘eating disorders’ covers a range of distinct disorders – Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and atypical presentations of each. Be careful not to imply all eating disorders are the same or that each person’s experience will be the same;
- Show the range of eating disorders that exist, rather than focussing entirely on Anorexia Nervosa. All eating disorders can be associated with serious consequences including mortality;
- Be mindful not to reinforce the stereotype that only women develop an eating disorder. While eating disorders are more prevalent in women, they can also occur in males;
- Avoid associating eating disorders with weight or being thin, as a person with an eating disorder can be under, at or over their most healthy weight.

What language is best to use?

While decisions about language-selection will reside with the journalist, certain language can alienate members of the community, sensationalise the issue or inadvertently contribute to disordered eating being presented as glamorous or an option for dealing with problems. The context in which language is used is important. Some general issues, and suggestions of how these may be addressed, are presented below.

Issue	Options
Language that labels a person by their illness can lead to a person feeling alienated or stigmatised.	<p>Preferred: 'is living with', 'has a diagnosis of', or 'is being treated for' an eating disorder, or particular disorder.</p> <p>Problematic: 'anorexic', 'bulimic', 'binger'.</p>
Language can present eating disorders as a life sentence with no possible recovery.	<p>Preferred: 'is living with' or 'is diagnosed with' an eating disorder or particular disorder.</p> <p>Problematic: 'afflicted by', 'suffering with' or 'a victim of' an eating disorder.</p>
It may increase risk in those who are vulnerable when the language used places a value judgement on appearance.	<p>Preferred: language that does not focus on size or appearance specifically.</p> <p>Problematic: 'thin', 'skinny', or 'fat'.</p>
Language can present disordered eating as glamorous or an option for dealing with problems.	<p>Preferred: simple language without value judgements.</p> <p>Problematic: 'successful pursuit', or 'unsuccessful attempts'.</p>

How should I approach personal stories?

- Interviewing a person with an eating disorder requires sensitivity and discretion. Where possible source someone 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 is to minimise the chance of the discussion retriggering problematic thoughts and behaviours;
- Check whether the person understands that their name and/or other identifying information may be used in the story and the impact of it being disclosed publicly;
- It is safest when details about behaviours or measurements as well as 'before' and 'after' images are not used;
- The use of photographs, images or footage of the person should only be used with their consent and understanding of the impact this may have;
- 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 without personal contact.

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;
- Present eating disorders as serious life threatening illnesses – not a lifestyle choice;
- Exercise caution when using language associated with eating disorders to describe a celebrity's appearance (e.g. 'looking anorexic'). This may glamorise or normalise eating disorders;
- 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 focussed on their weight can be problematic for those at risk.

How can I check my information is accurate?

- Communicating unsubstantiated, sensational or inaccurate information can be harmful to those at risk;
- Eating disorders is a specialised field, so consult with recognised organisations and experts for information, advice and comment (see below).

How can the story promote help-seeking?

- Try to emphasise the importance and value of help-seeking as the evidence shows that when treated early, people can have very good outcomes;
- Add information about available supports specifically targeted at eating disorders (see below).



Comment

National Eating Disorders Collaboration

02 9419 4499 www.nedc.com.au

Information about eating disorders, services and access to clinical experts.

The Butterfly Foundation

02 9419 4499 www.thebutterflyfoundation.org.au

National spokespeople and eating disorders speakers' bureau.

For more contacts visit the 'contacts' section on www.mindframe-media.info

For storyline advice, contact the

Mindframe project team on 02 4924 6900 or

mindframe@hnehealth.nsw.gov.au



Help Seeking

Specific eating disorder helplines

- **National**
The Butterfly Foundation support line
1800 33 4673 (1800 ED HOPE)
support@thebutterflyfoundation.org.au
- **Victoria**
Eating Disorders Victoria
1300 550 236
edv@eatingdisorders.org.au

Other crisis, counselling and online services

- Lifeline - 13 11 14 www.lifeline.org.au
- Kids Helpline - 1800 55 1800 www.kidshelpline.com.au
- SANE Australia Helpline 1800 18 SANE (7263)
www.sane.org
- headspace – www.headspace.org.au
- ReachOut – www.reachout.com

MEDIA AND EATING DISORDERS: THE EVIDENCE

- Studies indicate that women have been introduced to behaviours associated with eating disorders through media representations and others have found that media presentations of the 'thin ideal' have led to greater body dissatisfaction and disordered eating behaviour;
- Research suggests that males and females respond differently to body image messages in the media, with males negatively influenced by exposure to ideal 'athletic' male bodies;
- However, the media can also play a positive role in stimulating balanced messages about healthy eating attitudes and behaviours and by presenting eating disorders as a complex mental and physical illness rather than as a lifestyle choice.

This resource has been developed under the *Mindframe* National Media Initiative with funding from the National Suicide Prevention Program. It was developed by the Hunter Institute of Mental Health in partnership with the National Eating Disorders Collaboration and media professionals in Australia.

© Hunter Institute of Mental Health 2014. Sourced from www.mindframe-media.info