



# Media Guidelines

for reporting eating disorders

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*This is an absolutely outstanding and much needed set of guidelines which will go a long way in helping the Media to achieve more balanced reporting of these devastating illnesses and to avoid the dual pitfalls of either trivialising or hyping up eating disorders.*

**Prof Ulrike Schmidt,  
Chair Eating Disorders Section,  
Institute of Psychiatry**

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# Introduction: from a media supporter

## Eating disorders

Eating disorders – anorexia, bulimia and binge eating – are frequent topics of media interest, yet this is a difficult and challenging area.

Journalists and broadcasters want to produce articles and programmes that are in the public interest, but with the responsibility not to either glamorise or trivialise the subject.

Eating disorders can be deadly – and claim many young lives, often from suicide which brings additional sensitivities to any reporting.

The media doesn't cause eating disorders, but the media can strongly influence attitudes, beliefs and actions.

Reporting eating disorders honestly, truthfully and with compassion for those affected makes a tremendous difference. It helps overcome the stigma and shame many people feel – making it easier for them to accept the treatment and support they need to beat an eating disorder.

**Beat** has more than 25 years' experience of working with people affected by eating disorders and working in partnership with the media to promote positive reporting about these challenging conditions.

The charity receives daily enquiries from journalists and broadcasters concerned about how to depict eating disorders, what images to use, and how best to interview people affected and their families.

**Beat's** guidelines aim to provide journalists and broadcasters with the information they need, the terminology to use, how to dispel myths about eating disorders and how to talk sensitively to anyone affected.

The guidelines are not exhaustive, and don't seek to impose on the freedom of the media, but they do aim to help journalists resolve reporting dilemmas, de-stigmatise eating disorders, and increase the public understanding of these complex and challenging conditions to everyone's benefit.

I hope you find them useful.

Penny Junor  
Writer and broadcaster

# Eating disorders: the facts

- Eating disorders – anorexia nervosa, bulimia nervosa and binge eating – are serious mental illnesses
- We estimate 1.25million people in the UK have an eating disorder
- The condition can affect anyone at any time, but girls and young women aged 12–20 are most at risk
- Studies suggest that up to 25% of people with eating disorders could be male
- Eating disorders are treatable and people do recover fully
- Anorexia is the rarest eating disorder at 10% of cases. Bulimia is the most prevalent
- The causes of eating disorders are complex and not yet fully understood, but include a mix of genetic, biological and cultural factors
- Anorexia has the highest mortality rate of any mental illness – with up to 20% of those seriously affected dying prematurely
- The sooner someone gets the treatment and support they need, the more likely they are to make a full recovery
- The number of people seeking help and treatment has increased over the past 20 years, but it is not known whether the illnesses themselves are becoming more common

## Incidence & Prevalence table

	Anorexia Cases/1000	Bulimia Cases/1000	All eating disorders Cases/1000
Females	4	20	24
Males	0.5	2.5	3
All cases	4.5	22.5	27

This equates to an overall figure of 1.25million people in the UK affected by an eating disorder

# Media myths

**MYTH:** Eating disorders are just a faddy diet gone too far.

**FACT:** Eating disorders are serious, mental illnesses which require prompt, appropriate treatment. Anorexia is the illness where people restrict the food they eat to a harmful extent. People with bulimia are rarely underweight.

**MYTH:** Eating disorders only affect impressionable girls from privileged backgrounds.

**FACT:** Eating disorders can affect people of any age, gender, culture, ethnicity or background. Girls and young women aged 12-20 are most at risk. Up to 25% of cases could be boys and men.

**MYTH:** Eating disorders are only a modern phenomenon.

**FACT:** Eating disorders were first observed and recorded in the 1680s and have been known throughout history. The pressures and pace of modern life and the spread of a global westernised culture play a part in any reported increase.

**MYTH:** Eating disorders are a lifestyle choice.

**FACT:** People with eating disorders do not choose to be ill, and they are not trying to seek attention. They can find it very difficult to believe that they are ill, and equally hard to acknowledge it once they do know. This is one of the most challenging aspects of how the illness affects someone's thinking and behaviour.

**MYTH:** No one ever really recovers from an eating disorder you've got it for life.

**FACT:** Eating disorders are treatable and full recovery is possible. There can be serious long term consequences to physical health if the conditions are not treated quickly. Some people do develop a long term or recurrent eating disorder, but treatment is improving all the time.

**MYTH:** You can tell just by looking at someone if they have an eating disorder.

**FACT:** Eating disorders are mental illnesses – so it is someone's thoughts, feelings and emotions that are involved. Eating disorders come in all shapes and sizes and not everyone affected will be very underweight or even ill-looking.

**MYTH:** Eating disorders are caused by bad parents.

**FACT:** Parents don't cause eating disorders. The causes are complex and many factors are involved. Parents and families can play a vital part in helping their loved ones beat an eating disorder, and the more they learn to understand the condition, the more they can help.

**MYTH:** People with eating disorders are just trying to look thin like their celebrity idols.

**FACT:** People with eating disorders typically have very low self esteem and feel worthless. They are more likely to wish to disappear and not be noticed than want to draw attention to themselves.

# Media influences

The media doesn't directly cause eating disorders – they are complex conditions – but the media is a powerful influence in everyday life and its reach is increasingly global.

The likelihood that any one individual will develop an eating disorder is down to the interplay of genetics, brain structure and chemistry, personality traits, cultural environment and reaction to life events such as trauma or bereavement.

No single cause is sufficient to lead directly to the illness, but each combines to raise the risk to the individual.

Research is being conducted into all these aspects, with genetics and neuroscience being the most recent lines of enquiry. Studies are showing how more of the illness is 'hard wired' than was ever previously thought to be the case, but also how our brains and even our genes can be influenced and moulded by the social and cultural environment in which we live.

Media reflects and amplifies that social and cultural environment – and it is one in which body image, perfectionism and control over appetite are highly prized. The growth of a celebrity culture where (mostly) young women are either idolised for their perfect bodies or else criticised for their physical failings creates a powerful influence that is unhealthy for many and toxic for a vulnerable few.

The specific influence of these cultural ideals on people at risk of eating disorders is that they maintain and perpetuate the illness, rather than cause it.

Being surrounded by images of hyper-perfect bodies when one's own body image is distorted by a mental illness just reinforces the view that your body is disgusting, shameful and must be punished and controlled. Often body image distortion and an intense fear of fatness are core features of eating disorders.

Researchers have investigated the specific role of the media in relation to eating disorders. The most influential study was undertaken by Prof Anne Becker in the 1990s with additional data published in 2010.

Prof Becker studied the culture in Fiji where the body ideal was of a large size with fatness valued and prized. There were no cases of eating disorders. She found that within five years of Fiji beginning to receive mainstream American popular TV channels, cases of eating disorders were diagnosed. This led many people to jump to the conclusion that the media causes eating disorders, whereas Prof Becker's scientific conclusions were more nuanced. She revisited Fiji in 2008/09 and conducted further research. Her latest findings are that it is not the amount of TV young girls see that correlates to risk for eating disorders, but rather the number of people in their personal social network who watch and are influenced by TV. The conclusion is that it is the role and extent that popular western culture plays in a young person's life that counts for more than just the hours spent watching TV.

# Media influences (cont.)

Beat is particularly concerned about the typical use of images of severely emaciated bodies to routinely portray eating disorders in print and broadcast media. People interviewed for their life stories also frequently feel under pressure to supply pictures of themselves at their lowest weight in order to show how ill they were.

Our view is that such pictures do not help build a positive understanding of eating disorders in the general public – not least because they perpetuate the mistaken view that eating disorders are only about extreme thinness. More importantly, such images are potentially very harmful to people struggling to overcome anorexia in particular.

A study published in Oct 2010 by Dr Aric Sigman in *The Biologist* highlighted the risks involved and how new research shows there is a much stronger link between visual media and eating disorders. Repeated exposure to images of thin women alters brain function and increases the propensity to develop eating disorders.

Our final point about the media's influence is that coverage of eating disorders that either glamorises or else trivialises the illness makes it harder to build the kind of compassionate understanding that is so vital to Beat an eating disorder.

People with eating disorders are mostly so ashamed and disgusted with themselves, their lives are ruled by intense fear and dread and their self esteem is so low that they often do not feel they deserve to live, much less get treatment to recover.

It is their need to be understood, taken seriously and not judged harshly by others that can sometimes drive them to seek refuge and support in the desperately dangerous pro-anorexia and pro-bulimia websites that prey on their insecurities and further trap them in the illness.

# How the media can help

We are very grateful to the media for their coverage of eating disorders in news items, personal interest stories and programmes. We know that eating disorders can still be misunderstood by the general public and that the stereotypical views that prevail can be harmful.

The positive effects of reporting on eating disorders in sensitive and compassionate ways include:

- Raising awareness of the complexity of the issues, causes and risks, and challenging the stigma associated with mental health issues
- Bringing discussion of eating disorders into the public arena to challenge the idea that it is a trivial subject
- Calling for better treatment and more research into eating disorders
- Disseminating contact information to enable people to seek help at the earliest stage
- Offering advice for people directly affected, their families and others at risk
- Promoting the message of hope that eating disorders can be Beaten with the right treatment and support



# Reporting tips

Words and pictures matter and there are some terms, phrases and images that can inadvertently make things much worse for someone affected by an eating disorder.

Although you can't 'catch' an eating disorder or develop one just by copying what another person does – if you already have an eating disorder; being influenced by the disordered behaviour of others can be particularly dangerous.

Competitiveness, perfectionism, control and low self esteem form some of the key personality traits that raise the risk for eating disorders. People with eating disorders judge themselves very harshly and are constantly comparing themselves negatively with others. They typically feel they are not ill enough to deserve treatment and help – even when they are very seriously ill indeed. Their dangerously distorted body image can convince them they are grossly overweight when in reality they are emaciated. This distortion only affects their perception of their own body – they are able to accurately judge when others are underweight or ill.

People with eating disorders speak about being 'triggered' – how their eating disorder behaviour and negative mental state can be stimulated, encouraged or reinforced by certain words, images or situations.

Treatment and therapy can help people to identify, recognise and manage these triggers, but they remain a high risk to the individual.

Everyone is different, but there are some common features of the media reporting of eating disorders that a majority of people affected would find triggering.

## Specific weights

Any mention of the lowest weight a person was at is unhelpful. The competitive nature of eating disordered thinking would mean such a number would become a target to aim for. The self critical aspect would make someone judge themselves harshly if they didn't get that 'low' – they can't have been really ill, or not a 'proper' anorexic if their own weight was higher than that reported in the media.

## Amounts eaten

Similarly, mention of specifically small amounts eaten e.g. 'lived on half an apple a day' would act as an encouragement to restrict or purge.

# Reporting tips (cont.)

## Images

Images, especially photographs of certain emaciated body parts are triggering – ribcages, concave stomachs, collar bones, sternums and spines. Tops of arms that are shown as the same circumference as wrists, or thighs the size of knees are also unhelpful.

Parents have frequently told us of their distress at finding a cache or hoard of press or magazine articles about eating disorders that their child was using for inspiration or encouragement.

## General points to consider

More general points to consider avoiding are inaccuracies such as referring to an eating disorder as the 'slimmer's disease' as a phase, fad, or some celebrity copycat. Calling someone an anorexia or bulimia victim is not helpful, neither is adding 'orexia' as a suffix to create a trivial association.

Examples are 'brideorexia' for women dieting to fit a particular wedding dress or 'tanorexia' for someone constantly using sunbeds because they believe they look thinner with a tanned skin.

Referring to someone as 'flirting with an eating disorder' or having a 'touch of anorexia' is unhelpful as it can trivialise the condition.

# Dramatic portrayal of eating disorders

Characters with eating disorders are not often portrayed in dramas, but there have been some notable exceptions which have done a great deal to raise awareness and increase understanding.

Two recent examples are:-

Jason Roscoe in Hollyoaks

Teresa in Sky Drama 'Delicious'

Beat is always willing to offer advice, information and support to dramatic productions.

## The character

Girls and young women aged 12-20 are most at risk of eating disorders, although anyone at any age can be affected. People with bulimia tend to be slightly older when they first become ill compared with anorexia. Bulimia is rarely seen in children. Binge eating disorder is usually seen to develop later in life, in someone's 30s and 40s.

People with eating disorders are often described as manipulative, deceitful and self absorbed. A more compassionate understanding of the way an eating disorder affects thinking and behaviour would reveal that it is extreme anxiety, fear and shame which produces the effects that are seen in such negative terms.

Ambivalence about the illness and recovery is a core feature of an eating disorder, which can lead to unsympathetic portrayal – that someone is their own worst enemy – or not helping themselves by their actions.

Portraying eating disorders as caused by bad parenting or as the direct influence of celebrity idols is not accurate or helpful.

## The situation

Eating disorders develop slowly and recovery can equally take a long time – even with specialist help. To show a character making a very rapid decline or fast recovery is not helpful and can contribute to trivialising the condition, or else raising false hopes that the illness can be very easily overcome.

## Help & support

People with eating disorders very rarely make a full, spontaneous recovery without treatment and support. Including accessing treatment as part of any dramatic portrayal will be very helpful. Please also consider including an appropriate announcement about the help available from Beat at [beateatingdisorders.org.uk](http://beateatingdisorders.org.uk) – or better still incorporating it into the storyline.

# Working with individuals and families affected by eating disorders

## General tips

- Explain to someone when you interview them how you intend to use their story and any personal information they give you
- The causes of eating disorders are multiple and complex, so do not try to oversimplify them
- People affected by eating disorders tell us that being asked for pictures of themselves at their lowest weight or most ill is very upsetting for them
- Understand that people with an eating disorder can feel very ashamed of their behaviour and that families can feel blamed for somehow causing the eating disorder in their children

## During the interview

- Try not to suggest that you understand the person's situation because you have known someone else with an eating disorder – or even have personal experience of the illness – everyone is different
- It is unhelpful to ask someone for very specific information about their lowest or highest weight, their eating habits or methods they used to control their weight. Try to explore their thoughts and feelings and not just the food
- If you are speaking to a bereaved family, bear in mind that while it can be helpful to talk about grief – people may need to take their time, or to collect themselves if they become very upset
- Offer to stop the interview if a person does become very visibly upset, but accept that they may wish to continue despite their distress
- For interviews being recorded for broadcasting, try to use an alternative to the typical sound level checking question of "What did you have for breakfast?" Intended as a bland, neutral question that anyone could answer is one that would cause extreme anxiety in someone with an eating disorder. "What time did you wake up?" is a much better alternative.

# Working with individuals and families affected by eating disorders (cont.)

## After the interview

Consider whether it would be appropriate to check the material you intend to use with the person. Sometimes the characteristics of perfectionism and control that are associated with an eating disorder can make someone very anxious about getting everything exactly right, or being over-attentive to tiny details at the expense of the whole picture.

Be mindful of the affect on someone's already low self esteem if their contribution is dropped for whatever reason, and try to keep them informed.

## Reality shows

People with eating disorders are sometimes considered as potential participants for 'reality' shows of various kinds – typically where dieting, food, weight, fashion, modelling or other related topics are covered.

**Beat** is frequently consulted by programme researchers and production companies planning such programmes and asked to help source either participants or else healthcare professionals to act as therapists or medical advisors.

**Beat's** position is that while we would support any individual who chose to participate in such programmes, we do not actively encourage them to do so. The opportunity to increase understanding in the general public is often very limited, and typically overwhelmed by the need to provide entertainment value.

Programme makers who have recruited a participant with a known or subsequently disclosed eating disorder are recommended to seek the appropriate level of professional advice and medical support for that participant.

The likelihood that the experience of participating in the programme could lead to the eating disorder being triggered in someone who had considered themselves recovered should always be borne in mind; as should the effect on someone's already low self esteem if they are dropped from a programme or show.

# How Beat can help

Beat's Press Officer is available for consultation on any media enquiry or sources of support  
Call 0300 123 7061 • Out of hours 07804 589404 • Email [media@beateatingdisorders.org.uk](mailto:media@beateatingdisorders.org.uk)

Beat has a database of people prepared to talk about their personal experience of eating disorders to the media and is usually able to provide a relevant case study or an interviewee. We also have a listing of medical professionals who will comment on eating disorder topics and issues. Beat provides a comprehensive range of information and support for people affected by eating disorders and their families including:-

- Website at [beateatingdisorders.org.uk](http://beateatingdisorders.org.uk)
- Message boards, online support groups and one to one support
- Helplines – confidential and anonymous information and support via phone and email
- A web-based directory of treatment providers, both NHS and independent

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*While covering the story I had one of the toughest interviews of my nine-year BBC career with the parents of a girl who died from anorexia aged 18. As a journalist, I have previously met people who have lost family and friends in earthquakes, shootings and road accidents. No matter how horrible their stories are to listen to, it is vital to maintain composure and objectivity during these interviews. However my camerawoman and I found it especially difficult on this occasion. The relatives we met were wonderful people and had clearly done everything within their power to help their daughter to recover from anorexia. This provided us with yet another stark example of the potential severity of eating disorders.*

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*Thank you for all your help with this. You really have made my article possible, in terms of finding good case studies. I wonder if you could pass onto your members how grateful I am for everyone's huge generosity in talking so frankly about something that is obviously so hard for them. I really have been impressed. I hope the article does them - and this issue - justice.*

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[beateatingdisorders.org.uk](https://beateatingdisorders.org.uk)

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