Beat
Eating disorders

MEDIA GUIDELINES

For reporting on eating disorders

WELCOME FROM VANESSA LONGLEY

Beat's Chief Executive

Eating disorders can be devastating - they ruin lives, hold people back from achieving their dreams and can have a huge impact on entire families. Unfortunately, they're on the rise: demand for our services grew 300% during the pandemic, and it still hasn't returned to pre-pandemic levels.

Over the last five years, the crisis in eating disorder services has worsened and we're also seeing a huge increase in dangerous online content. In 2022, we found that 87% of people with eating disorders feel the internet is harmful for them. Some described being 'bombarded' with triggering imagery and advertisements that could 'fuel' eating disorder thoughts and behaviours.

The positive news is that you can be part of the solution, simply by reading and implementing these guidelines into your work. We know that responsible media about eating disorders can change lives – it's not unusual for us to see an increase in calls to our Helpline after a story is published. Each of those conversations represents a person taking a step forward in their recovery journey.

Thank you for taking the time to read these guidelines. They've been designed to help you create responsible, impactful and sensitive content on eating disorders. We look forward to working with you.

WHY READ THESE GUIDELINES?

The media have the power to create a great deal of positive change for those affected by eating disorders.

Eating disorders are serious mental illnesses and sensitivity is required in media reporting to avoid causing distress to those who have or are vulnerable to an eating disorder and their loved ones. As well as outlining key facts and prevailing misconceptions about eating disorders, these guidelines contain advice on specific elements commonly found in media reports that cause direct harm to people with eating disorders, including triggering mentions of weight and triggering images.

There is also advice on speaking to case studies and on directing audiences to sources of support. The guidelines have been drawn up in direct consultation with people with lived experience of eating disorders, their families, and clinical experts, and contain links to further information and other guidance.

> ***'Living in recovery from an eating disorder is something that is difficult each and every day. It is so important eating disorders are given a platform in the media, to alert people to the devastating impact for the person suffering and their family. We need to ensure people are informed about both the mental and emotional impacts, and work together to encourage as many people to get help as possible.'***

REPORTING TIPS AT A GLANCE

The media can have a significant impact on those suffering from or vulnerable to eating disorders, both positively and negatively. Please use the following tips to make sure your reporting is as effective and responsible as possible.

Please remember to:

- Recognise that eating disorders are mental illnesses that sometimes, but do not always, have visible physical symptoms.

- Explain how the eating disorder made the person feel.

  E.g. 'I felt like I couldn't discuss it with anyone', 'I didn't want to spend time with friends and family any more', 'my eating disorder was the only way I felt like I had control'.

- Recognise that eating disorders can affect anyone of any age, gender, race, sexual orientation or background.

- Emphasise that while eating disorders are serious, it is possible to make a full recovery.

  E.g. 'Two years on, I'm so proud of the progress I've made'.

- List where readers can get help.

  E.g. If you're worried about your own or someone else's health, you can contact Beat, the UK's eating disorder charity, on 0808 801 0677 or beateatingdisorders.org.uk

REPORTING TIPS AT A GLANCE

Please avoid:

- Mentioning specific weights, BMI or measurements.
  E.g. 'I lost X pounds', 'His BMI fell to X', 'Her waist measured X cm'.

- Listing specific amounts eaten or calories consumed.
  E.g 'I only ate half an apple for dinner', 'They were surviving on X calories a day'.

- Detailed accounts of eating disorder behaviours.
  E.g 'They would turn the shower on to cover up the sound of purging', 'She would run 50 miles a week', 'He would binge and purge three times a day'.

- Using images of emaciation, empty plates, scales, measuring tapes or other measuring equipment, or any other stereotypical image representing mental illness.
  E.g. photos of people with eating disorders at their lowest weight, a crossed knife and fork on a plate, someone sitting with their head in their hands.

- Using '-orexia' as a suffix when not referring to a diagnosable eating disorder.
  E.g. 'bigorexia' when reporting on disordered eating/exercise focused on increasing muscle mass.

- Implying that eating disorders are lifestyle choices.
  E.g. 'he chose to restrict his daily calories'.

- Using diagnoses as nouns or adjectives.
  E.g. 'an 18-year-old bulimic, 'an anorexic student'.

KEY FACTS

AN ESTIMATED 1.25 MILLION PEOPLE IN THE UK SUFFER FROM EATING DISORDERS.

- Studies suggest that up to 25% of people with eating disorders are male.

- Eating disorders can affect anyone of any age, race, gender, sexuality or background.

- People with eating disorders can be diagnosed with:
  - Anorexia nervosa
  - ARFID (avoidant/restrictive food intake disorder)
  - Binge eating disorder
  - Bulimia nervosa
  - OSFED (other specified feeding or eating disorder)

- Orthorexia is not a clinically recognised eating disorder, meaning that a clinician would not diagnose anyone with it, though this doesn't mean that it isn't serious. Someone with the symptoms of orthorexia may be diagnosed with an eating disorder such as anorexia or OSFED, depending on their exact symptoms.

- The causes of eating disorders are complex and not yet fully understood, but include a mix of genetic, biological and cultural factors.

- It takes an average of three and a half years for someone to get treatment after their symptoms first begin. The longest delay, for both children and adults, is because they do not realise they are ill.

- Eating disorders are treatable and people can and do make full and sustained recoveries. The sooner someone gets the treatment and support they need, the more likely this is, but recovery is always possible.

- 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. The rise could also be due to increased awareness of eating disorders meaning they are more easily recognised.

> *'Someone's weight, or how much they lost or gained, is not relevant to raising awareness or understanding. Eating disorders are about so much more than weight.'*

- Eating disorders can cause weight gain, weight loss, or no noticeable change. The vast majority of people with eating disorders are within a 'normal' weight range.

> *'As someone with atypical anorexia, I still feel like failed at having an eating disorder – as if I couldn't even be poorly properly. Which sounds ridiculous but it's just part of the illness; it wakes up that voice. Constantly talking about weight only instils that stereotypical image.'*

- Social media is unlikely to be the sole and direct cause of eating disorders, though for some people certain social media content can be an exacerbating factor.

HOW THE MEDIA CAN HELP

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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 it is possible to overcome eating disorders with the right treatment and support.

In a 2020 Beat survey of people with lived experience, 83% felt that there wasn't enough coverage of eating disorders in the media. 48% also felt that their diagnosis wasn't represented accurately.

What we can help with

- General queries on eating disorders, including symptoms, support services and how to get help.
- Advice for anyone supporting someone with an eating disorder or worried about someone they know.
- Case studies – we work with people with personal experience of various diagnoses who are happy to speak to the media.
- Advising on dramatic portrayals of eating disorders, including script work. We have previously worked with programmes such as Hollyoaks, EastEnders and The Crown.
- Redirecting queries – if we can't answer a question, we can try to help find the best person to answer, e.g. a clinician.

What we can't help with

- Queries on body dysmorphic disorder (BDD). While a serious condition, it isn't the same as an eating disorder.
- Queries on body image that don't relate to eating disorders. Poor body image can be a factor in someone's eating disorder, but they are separate issues.
- Student dissertations or projects.

MYTHS WE COMMONLY SEE REPORTED

MYTH	FACT
Eating disorders are just a faddy diet gone too far.	Eating disorders are serious mental illnesses that require prompt, appropriate treatment. Neither regular restriction of food nor weight loss are present in every eating disorder.
Eating disorders only affect young women.	Eating disorders can affect people of any age, gender, culture, ethnicity or background. Girls and young women aged 12-20 are most at risk, but studies suggest up to 25% of cases are boys and men.
Eating disorders are a lifestyle choice.	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 recognise 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.
No one ever really recovers from an eating disorder – you've got it for life.	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 they can still recover and treatment is improving all the time.
You can tell just by looking at someone if they have an eating disorder.	Eating disorders are mental illnesses. They have a serious impact on someone's thinking and behaviour, but they are not guaranteed to cause noticeable changes to their appearance. Eating disorders come in all shapes and sizes and not everyone affected will 'look ill'. People may also gain, lose, or experience no obvious change to their weight as a result of the eating disorder.
People with eating disorders are just trying to look thin like celebrities or influencers.	People with eating disorders typically have very low self-esteem and self-worth. They are more likely to wish to disappear and not be noticed than want to draw attention to themselves.

THE IMPACT OF THE MEDIA

People with eating disorders frequently state that certain elements of media reports can be harmful to them by triggering their eating disorder 'voice' or behaviours.

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 often judge themselves very harshly and compare themselves negatively with others. It is common for someone with an eating disorder to feel they aren't unwell enough to deserve treatment and help, even if they are very seriously ill indeed.

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. Triggers have often been mischaracterised as people being 'oversensitive' or 'easily offended' – in fact triggering content can cause significant harm and potentially set someone back in their recovery.

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 by following our reporting guidelines it is safe to assume that the majority of people will not find your work triggering. For very sensitive topics, e.g. bereavement, it can be helpful to add content warnings to further protect against triggers.

> ***'I tentatively read articles in publications that I know to have a good track record. I'll almost always ignore them if they are written by writers who I know to be ignorant and insensitive.'***

WHAT COULD HAPPEN IF I DON'T FOLLOW THESE GUIDELINES?

We're really pleased to see that the majority of journalists we work with follow our guidelines, and our media volunteers normally leave interviews feeling empowered and positive. However, when this doesn't happen it can have far-reaching consequences.

An irresponsible article could also have the power to trigger unwell readers into carrying out eating disorder behaviours that could seriously harm them. In addition, a negative interview experience could impact on the mental health of our media volunteers.

In the past, there have been instances where volunteers have refused to work with certain outlets entirely due to sensationalist reporting. The wellbeing of our volunteers is paramount and if this were to ever happen, we would fully support them in their decision.

> ***'The impact of triggering content shouldn't be underestimated. A single tactless article or image can cost someone with an eating disorder months of work they've put into recovery.'***

THE IMPORTANCE OF IMAGES

Images can be a very powerful way to convey the impact of eating disorders, but too often images rely on stereotypes. Using images such as empty plates, measuring tapes, or scales can reinforce this and in some cases trivialise the illness.

It can also be very damaging to include images of people while unwell, particularly if they are also of low weight. While such images are often used with the intention of shocking audiences, for those currently suffering they can serve as “inspiration” and those recovered often report keeping a store of such images when unwell.

Furthermore, such images reinforce expectations that people with eating disorders will always have clearly visible physical symptoms, when in fact this is not the case for many people with eating disorders.

> ***‘When I see photographs of somebody at a low weight, I instantly compare myself to them and my mind tells me I'm worthless and useless because I don't look like that.’***

Instead of turning to the same stock photos, consider using non-triggering alternatives. For example, images that represent emotions can be an effective and original way of getting your message across.

THE IMPORTANCE OF IMAGES

We'd also encourage you to include images representing recovery where possible. Eating disorders thrive in isolation, and images showing positive experiences and togetherness can offer hope and inspiration to people currently unwell.

> *'It would be so helpful to just have images of people's faces, not their bodies. Images of people talking to others about their experiences, e.g. a stock image of someone in a therapy session. Images of people being around friends. Images of people actually doing something, perhaps doing an activity at work while they are feeling better, rather than just a picture of them standing there, which is usually just for people to look at and get a sense of whether they are healthy or not according to how their body looks.'*

HOW CAN I BEST WORK WITH PEOPLE WITH EATING DISORDERS AND THEIR FAMILIES?

General tips

- Explain to someone when you interview them how you intend to use their story and any personal information they give you.
- Where possible, send over questions in advance so they can prepare.
- For longer features or interviews, offer readbacks where possible. A common fear when talking to the media is being misrepresented, so this can go a long way to alleviate anxiety.
- People affected by eating disorders tell us that being asked for pictures of themselves at a low weight or when they were 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.
- The causes of eating disorders are multiple and complex, and they vary from person to person, so do not try to oversimplify them.
- Be mindful of language, e.g. unsympathetic portrayals of people affected by binge eating disorder or bulimia, such as using phrases like ‘gorging’, ‘overindulging’ or ‘piling on the pounds’, can reinforce stigma and dissuade people from coming forward.

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 specific information about their weight or BMI, their eating or exercise 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.

During the interview

- 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?' While intended as a neutral question that anyone could answer, it could cause extreme anxiety in someone with an eating disorder. 'What time did you wake up?' or 'How did you travel here?' are much better alternatives.

How can I make sure my work is as effective and responsible as possible?

- Follow Beat's guidelines! If you're unsure and wish to run anything past us, we'd be happy to hear from you.
- Consider focusing on lesser-known eating disorders, such as binge eating disorder or OSFED. Anorexia is by far the most reported on eating disorder, but actually only accounts for around 8% of cases.
- Similarly, try and include as many diverse voices in your work as possible. There's an unhelpful stereotype that eating disorders only affect certain demographics, which can discourage people from other backgrounds from getting help.
- Wherever possible, direct people to sources of support such as Beat. Your work may be the first time someone recognises their symptoms, or those of someone they know, as an eating disorder and something that needs medical help.
- Focus on recovery. Developing an eating disorder can be a very lonely and isolating experience, but it can be very encouraging to read about those who have gone on to live full and successful lives.

Beat
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