



Eating disorders

Best practice guidelines

Content warnings

Eating disorders, restrictive eating, body image, and weight loss are discussed.

Definitions

An **eating disorder** is a mental health condition that is characterised by an unhealthy or abnormal relationship with food. There are many different types of eating disorders with various symptoms and impacts.

Anorexia nervosa

Anorexia nervosa is an eating disorder characterised by compulsive self-**starvation**, food **restriction**, excessive **exercise**, severe weight loss, distorted body image and impaired thinking in relation to issues of weight, body and food. The illness is potentially **fatal**, and can cause severe medical complications such as bone loss (osteoporosis), heart dysfunction, and more.

Bulimia nervosa

Bulimia nervosa is an eating disorder that involves **binge eating** followed by **purging** (self-induced vomiting), often combined with other behaviours, such as fasting and excessive exercise, to prevent weight gain. It can have long term effects on one's vital internal organs due to lack of essential minerals, and can also lead to damaged teeth and throat.

Binge eating disorder

Binge eating disorder is characterised by episodes of disordered eating—typically eating more food than usual in a short period of time, accompanied by the feeling of being out of control of one's eating—but distinguishes itself from bulimia nervosa in that it does not incorporate affiliate behaviour of self-induced vomiting or excessive exercise.

Other specified feeding or eating disorder (OSFED)

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Other specified feeding or eating disorder (OSFED) is an eating disorder classification for individuals who do not meet all of the criteria for anorexia nervosa or bulimia nervosa but who display signs of **disordered eating**.

Eating Disorder Not Otherwise Specified (EDNOS) is a similar diagnosis that was included in the DSM IV, but was formally changed to OSFED in the DSM VI. Although one is now outdated, both terms are still used.

Orthorexia

Orthorexia refers to an obsession with eating food conventionally considered as 'healthy'. Orthorexia does not have formal diagnostic criteria and is often treated as a variety of anorexia nervosa or OCD. However, despite not being as widely-recognised as more typical eating disorders, it is prevalent enough that many eating disorder resources now explicitly address it, and it can harm a person if left untreated or incorrected treated.

Other conditions

There are other diagnosable eating disorders that are less common than the ones listed above, such as ARFID and pica. Each has different symptoms, so it is recommended that you conduct further research if you are seeking to represent or understand a specific eating disorder.

Triggers

A **trigger** is something that a person's body reacts to as a traumatic threat, causing them to remember, re-experience, or relive a traumatic, distressing, or painful situation from their lives. Triggers can be symptoms of mental illnesses, like PTSD and C-PTSD. Triggers are more significant than feeling uncomfortable or repulsed by a topic, although content warnings can help people with those reactions too.

In regards to eating disorders, a trigger refers to anything that leads to eating disorder behaviours or thoughts. Triggers often come in the form of seeing body shapes different to one's own, **weight gain**, **weight loss**, diet culture, discussion of **calories** or food, comments about body image or weight loss/gain, or calorie and weight counting.

It is possible that you may trigger somebody without meaning to – for example, for someone with a restrictive eating disorder, telling them they look 'healthy' can often be misinterpreted to them as meaning 'fat', something they are compulsively trying to avoid. Conversely, complimenting someone on their weight loss or telling them they look 'skinny' can make them feel as though they are doing something right, and so encourage them to continue engaging in unhealthy habits to maintain this image you see of



them. Each person has different triggers, so it is best to simply avoid comments related to weight, body image or food—both yours or someone else’s.

Be conscious of the environment you are creating. Some simple ways to avoid accidentally triggering someone include:

- Avoiding discussion of weight, body image, food or calories
- Do not comment on changes in somebody’s appearance
- Deciding not to show the calorie content on any menus, as this can be extremely triggering for someone with an eating disorder

Eating disorder recovery spaces have strict rules around the language people can use, to avoid triggering other individuals with eating disorders. For example, a person may not be able to talk about weight loss or gain, but might instead need to say ‘I was symptomatic this week and this led to me engaging in behaviours that changed my weight’.

There are arguments for and against this approach. Although it minimises the risk of accidentally triggering someone, as well as reducing competitive or emulatory behaviours, it also limits discussion significantly and may present a barrier for an individual receiving help and advice specific to their needs.

Representation in media

When representing eating disorders in media, avoid including specific numbers and specific practices, to reduce the risk of emulatory behaviours in your audience.

In the context of representation, it is also vital that you include content or trigger warnings if any eating disorder related content is included, or simply preface the game with a disclosure of what potentially sensitive content is included.

Even if there is no specific reference, be mindful of the ways that people with different life experiences may interpret your content. If you are worried about sensitive representation, it is worth consulting someone with life experience in the topic your media piece of media is broaching.

Pro-ana / pro-mia content

‘**Pro-ana**’ or ‘**pro-mia**’ refers to content, typically online, that promotes and encourages eating disorders. Such content can be found on platforms like Tumblr, Twitter, Pinterest, and TikTok, but there are also sites entirely dedicated to forming a community that support the idea of an eating disorder being a lifestyle choice.



People who post pro-ana or pro-mia content often post **'thinspiration'**, that is, photos of **unhealthy** bodies or **underweight** models, to encourage people to stop eating. Many people who post content like this are in fact struggling with an eating disorder themselves, and may not see the harm they are contributing to. Pro-ana and pro-mia content is dangerous to those who are vulnerable to developing an eating disorder, or who are already ill. It can generate competition and rivalry, and make people feel as though they are never sick enough.

If you encounter pro-ana or pro-mia content online you should report it. Many sites are taking steps to prohibit and remove such content, but unfortunately it still appears. When creating any content yourself, you should also be aware of your target audience and the potential the content may have to be used in pro-ana spaces to the detriment of others. As such, it is important that any presentations of eating disorders you create do not glamorise in any way.

Offering support

Eating disorders are more than simply unhealthy dietary **restriction**, and at their core are often attempts to deal with emotional issues, and involve distorted, self-critical attitudes towards body image, weight and food.

Fundamentally, when supporting someone with an eating disorder you should ensure you are informed about eating disorders, be willing to listen without judgement, and be mindful of triggers (discussed above).

Getting trapped in negative thought patterns is a big factor in the perpetuation of an eating disorder. Restricting is often used to feel in control; overeating temporarily soothes sadness; purging is often used to combat feelings of guilt and helplessness. Long-term eating disorders affect an individual's ability to see themselves objectively and obsession with food and weight becomes compulsive, and hard to let go of. Recovery often begins when someone is able to identify the behaviours that are holding them back, and begin to seek out healthier coping mechanisms.

Be aware of the warning signs of an eating disorder. These include, but are not limited to:

Restriction	<ul style="list-style-type: none">● Avoiding social situations with food● Drastic weight loss● Eating exclusively 'low calorie' food● Cutting up food without eating it● Excessive calorie or nutrient counting
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	<ul style="list-style-type: none">● Excessive exercise● Cutting out food categories● Taking diet pills● Adopting restrictive, rigid or unusual food rituals● Associated with depression, anxiety, self-harm, suicidal ideation● Slow heart rate, low blood pressure, constipation● Treating food as a privilege or hindrance rather than a necessity
Bingeing	<ul style="list-style-type: none">● Unexplained disappearance of large amounts of food● Empty food packages, perhaps hidden at the bottom of rubbish bins● Hoarding stashes of high-calorie food● Eating in private
Purging	<ul style="list-style-type: none">● Disappearing after a meal, or making frequent bathroom trips● Running water after eating to hide sound of purging● Discoloured teeth● Excessive use of mouthwash, breath mints, gum, perfume to disguise smell of vomit● Use of laxatives● Periods of fasting or intense exercising● Sore throats, upset stomach, diarrhoea, constipation
General distorted body image	<ul style="list-style-type: none">● Frequent comments on own appearance● Preoccupation with body or weight● Desire to hide one's body from others● Low self esteem● Fear of weight gain● Weight loss

If you feel concerned about someone who you think may have an eating disorder, it is important to speak up. If you approach a person you suspect may have an eating disorder, you must use compassion and be prepared that the person may not be ready to recognise or address the problem yet.

Eating disorders will only get worse without treatment, and can have lasting impacts if they are not dealt with quickly enough. Recovery cannot be immediately forced, but a supportive relationship with someone struggling is invaluable.



Remember that you may suspect that an individual has an eating disorder, but that does not guarantee you are correct. Be observant, compassionate, and receptive to what the individual has to say.

Treatment

If somebody is experiencing an eating disorder, there are many treatment methods, all of which require the intervention of a trained professional. Treatment for eating disorders can include:

- Medical treatment: in extreme cases, hospitalisation or residential treatment may be necessary to restore weight
- Nutritional counselling: a professional can help someone struggling with an eating disorder to come up with balanced meal plans and dietary goals to reach and maintain a healthy weight
- Therapy: therapy is crucial as it helps an individual to identify and overcome negative thought patterns, assisting them in dealing with difficult emotions in a more productive way

Fat, overweight, or plus-sized individuals are often treated very differently in social and medical spheres than those who are visibly underweight. Some individuals have experienced situations where therapists will not send them to inpatient units despite demonstrating severe signs of an eating disorder because they are still considered overweight. Eating disorders are not always taken seriously for those who are fat, and can even be celebrated by members in their social circle as 'finally becoming healthier'.

Actions to avoid

It is recommended that you avoid:

- Creating or sharing content that may find itself on pro-ana websites
- Assuming everyone who has an eating disorder is severely underweight or hospitalised
- Commenting on someone's weight or appearance
- Providing 'simple solutions' (if it was that easy, they wouldn't be struggling)
- Shaming or blaming the person struggling, or pitying yourself for what they're 'putting [you] through'
- Suggesting diets they should try instead (this could make things much worse)

Resources

FEAST: Eating Disorders Glossary

<http://glossary.feast-ed.org/>

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A comprehensive online guide to over 400 eating disorder related terms.

Beat

<https://www.beateatingdisorders.org.uk>

Beat is the UK's leading charity supporting those affected by eating disorders and campaigning on their behalf. Their website contains a wealth of resources that you may find helpful.

They also have a specific document produced in association with the Employers' Network for Equality and Inclusion, providing a guide for employers about Eating Disorders in the Workplace:

<https://www.beateatingdisorders.org.uk/uploads/documents/2018/7/workplace.pdf>

An additional document is available to support friends and family:

<https://www.beateatingdisorders.org.uk/uploads/documents/2017/10/carers-booklet.pdf>

The National Eating Disorders Association (NEDA)

<https://www.nationaleatingdisorders.org/>

The National Eating Disorders Association is a leading non-profit in the field of eating disorders.

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