

Mental health and the social media society



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Danny Bowman started suffering for Body Dysmorphic Disorder at the age of 14, he believed that he wasn't good enough to be online or in society. His condition deteriorated to the point where he became housebound for six months.

Danny then started taking more than 200 selfies a day to attempt to achieve perfection and to fit in online as well as looking in the mirror for 10 hours, doing grooming rituals for hours and eventually ended up trying to take his own life in pursuit of perfection.

After he recovered he started a campaign to raise awareness of the dangers of social media and Body Dysmorphic Disorder. Danny's campaign went global and he was dubbed as the 'world's first selfie addict'. The campaign gained significant media attention, Danny appeared on TV talking about mental health in the UK as well as globally including; the US, Asia and South America.

Danny has also had the opportunity to speak about his struggle with mental health; including in the first BDD Foundation conference, the Men Get Eating Disorders Too conference, and various speeches at universities across the UK.

Since then Danny has established The Bowman Foundation, which aims to lobby the government on all things mental health and aims to help young people who are suffering from mental illness get the support and treatment they need.

Chapter One: Body Image and Mental health

In my opinion, body image is immensely important to the majority of people in our society. The truth around much of this behaviour could be explained by exploring more closely the link between mental health, social pressures and body image.

Body image appears to have become more prominent since the development of technological advances and the emergence of social media in the modern world. The iPhone and the use of internet sites such as Facebook, Twitter and Instagram have enabled millions of people to share aspects of their lives that would otherwise have remained private to themselves and only a group of close friends. This has enabled people to take 100s of photos or “selfies” which are then shared widely amongst so called friends; as well as “friends of friends”. For many people this has led to a scrutiny of their appearance seeking the perfect “snap”; whilst for others a propensity to look more closely at perceived flaws in their appearance which were never noticed before.

Young people growing up and children today it would seem have never had so many pressures placed on them. Not only the pressure to succeed at school and achieve top grades in exams; but being constantly bombarded by magazine images and portrayals of what a successful person’s life should look like. Many people I know have admitted to only posting pictures on Facebook that they perceive themselves to look ‘good’; and exaggerating impressions of themselves in order to convey an image of being happy, healthy, socially active and self-assured individuals.

For those who may have a sensitivity around their appearance or “look” social media has the potential to reinforce as opposed to dispelling negative beliefs about ones appearance and provides a perfect medium to indulge in our insecurities around body image. Such pressures apply to both male and females alike, enhancing and exaggerating individual insecurities and increasing the likelihood that preconceived negative evaluations about one’s self, are “fact”.

Additionally there are a range of magazines aimed at young people emphasising the importance of appearance. Through their fashion and lifestyle pages often showing images of beautiful male and female models immaculately presented.

Advertising campaigns such as “be beach body ready”, showing extremely thin girls create an image and a pressure that nothing else is acceptable. Health education campaigns designed with good reason to improve the nation’s health has a constant emphasis on food and weight unwittingly makes us hyper sensitive to what we are eating and constantly makes us pay attention to our body and image.

Through the following chapter I will explain and take you through the key body image issues that can affect all ages and share some of the conversations I have had with people I have met who have experienced first-hand body image related mental illness, for example Anorexia Nervosa, and Bulimia Nervosa. I will also describe my own

experience of Body Dysmorphic Disorder, the struggles I experienced and my own recovery journey.

Eating Disorders

According to the Beat charity, an organisation that supports people with body image disorders, eating disorders are described as, "a range of conditions that can affect someone physically, psychologically and socially". It is thought that 725,000 people in the United Kingdom are affected by an eating disorder at any one time; with 11% of sufferers being male.

Anorexia Nervosa

Anorexia is an eating disorder and mental illness which is mostly characterised by low weight, with the sufferer having a fear of gaining weight, the sufferer will therefore restrict food intake to achieve their weight goals. Anorexia tends to affect girls and women but there has been a huge rise in the amount of boys and men suffering from the disease. Sufferers of anorexia tend to suffer from very low self-esteem and this can drive them towards self-destructive behaviours characterised by starving themselves in the pursuit of thinness. They tend to have a distorted body image and even when they are clearly underweight they see themselves as being normal weight; but more likely as being overweight. This illness can have a huge effect on not just the sufferer but everyone around them such as friends and family.

Around 1 in 200 women suffer from anorexia nervosa and 1 in every 2000 men will suffer from the disorder in the United Kingdom.

NHS England issued new policy guidance in July 2015 on standards relating to access and waiting times for those suffering from eating disorders. The guidance reports that between 2000 and 2009 there has been a significant rise in the incidence of people affected with an eating disorder. (Micali et al, 2013) This is projected to increase further by 2026. Eating disorders account for a quarter of all psychiatric child and adolescents in-patient admissions. (Tulloch et al., 2008) The guidance also reports that admissions of 13 to 19 year olds have almost doubled since 2011 increasing from 959 to 1,815 in 2014. This is a personal tragedy for sufferers but also carries a large economic and social cost within our society.

Bulimia Nervosa

Bulimia is an eating disorder and mental illness that is characterised by binge eating and then purging afterwards. It is important to note that Bulimia may not always involve purging and can include a person eating excessive amounts and then taking excessive exercise afterwards or fasting for a period of time. The sufferer rarely will eat normal meals it is either eating large quantities or nothing at all. Sufferers often feel guilty, ashamed or depressed after eating. There are many reasons why people do this but like anorexia nervosa one of the most common reasons is to lose weight and an obsessive approach to food.

Bulimia is two to three times more common than Anorexia and a report commissioned in 2015 by the charity Beat found that 90% of sufferers are female. Other reports have suggested that like other eating disorders it is becoming increasingly more common in boys and men.

Body Dysmorphic disorder

Body Dysmorphic Disorder is a disabling mental health condition centred on the sufferer obsessing over their appearance and spending an excessive amount of time worrying about their perceived flaws or imperfections. The most common parts of the body people worry about are the nose, hair and facial hair. One of the most interesting facts about BDD is It affects men and women equally unlike Anorexia and Bulimia. It is a common disorder that affects around 2.0% of the population. This devastating illness usually starts in adolescence. The most common age people develop BDD is 13 years of age according to the BDD Foundation. The cause of BDD is unknown but is sometimes linked to childhood trauma and bullying.

The saddening truth about BDD is it has a high suicide rate and according to the BDD Foundation approximately 1 in 330 people diagnosed with the illness ends up committing suicide.

It is a treatable condition which makes it all the more saddening that sufferer's feel like I did and that the only way out was to end their life, luckily I did not succeed.

Another incredible truth is that despite its seriousness, there is virtually no funded research into BDD and no specialist clinics for BDD according to the BDD Foundation.

Last year I attended the 1st International Body Dysmorphic Disorder conference in London to speak about my struggle with the disorder; this was led by leading psychologists Katherine Phillips, David Veale and Rob Wilson who are all experts in the field of Body Dysmorphic Disorder (BDD.)

This is an illness I know all too well and can completely takeover a sufferers life, I will try and reiterate this to you through my story.

Chapter Two: My Story

My story began when I was just fourteen years old. The anxiety felt by many fourteen year olds may seem obvious, trying to find yourself, trying to look trendy and most importantly trying to fit in to the most popular group you possibly can. The latter was overwhelmingly the most important factor in my life and I wanted to do anything I possibly could to fit the mould. I can definitively say this was the main cause of my fall from a happy slightly unnerved teenager, to a housebound wreck.

At the time I was starting a new school; it was a different sort of school to my last one. Coming from a comprehensive school environment which was much less formal, there

was a lot less importance placed on body image. My new school was completely different; there was a huge amount of importance put on academic excellence and generally how you presented yourself as a person. For example in my peer group everyone seemed to be academically brilliant and flawless when it came to appearance... or so I thought.

I guess in hindsight this somewhat false formative perception offers an impression of how I saw myself.

To set the scene; I was quite athletic and played flanker for my local rugby club in Morpeth as well as the school. It is a position that requires physicality and ball winning abilities and a position where you either "get stuck in" or run the risk of injury or indeed both. All I wanted at that time was to belong and be popular with friends. That was in effect a simple, uncomplicated checklist; I didn't know then that the strain to get to what should have been a reasonable obtainable goal would lead to such despair and almost take my life.

To obtain popularity in my group at that time was the single biggest priority I held. My parents had moved me to a private school to improve my chances academically but it had actually made me chase another dream, a dream of perfectionism.

Let me try to explain this. My first venture out of my comfort zone was to attend a potential friend's birthday party, I remember being uncomfortably anxious the night before, trying on different outfits but nothing looked right; I concluded that I simply looked awful!

It was finally the night of the party and I remember my feeling of acute anxiety and reddening embarrassed complexion as soon as I walked into the room one of the younger girls present, pointed at me and commented on my cheeks calling the redness "Extreme Acne," everyone looked at me and laughed. This was absolute confirmation and felt demoralised in a way I had never experienced before. As I left the party I swore in my head that I would never be laughed or humiliated like that again.

The next day I collected all the possible beauty products in the house and started to use them. I decided that I was going to compile a diet; a diet that would make me as slim as all the other perfectly put together peers that had only a day before, laughed me out of the party.

I had very recently purchased a new iPhone; the camera was perfect and would enable me to check out all my obvious flaws in my appearance. I very quickly became fixated with taking snaps of myself at every conceivable angle.

As iPhone became more readily available I was aware that everyone was starting to take photos of themselves and I was no exception; except most of the photos taken would involve close ups of myself with frequent reviews on my part; with increasing rejection and despair.

When I returned to school I tried to make light of the disarming and demoralising comments of the weekend before by simply laughing it off, they didn't know that I had gathered up an arsenal of beauty products to make myself more accepting of them and myself.

I decided also to quit rugby as I knew if I was ever going to be able to be as perfect as these individuals, I would not be able to go to school on a Monday morning after having played a Sunday rugby match, with a black eye, a broken nose, bruising as had happened to me previously.

This was not perfection, it was ugly and I wanted to be the complete opposite of ugly.

My first port of call was to start taking selfies, I started by taking ten and twenty a day and putting them on Facebook, snapping my face doing duck face poses and smiling trying to show off my average teeth. I was hoping for kind and reassuring comments on how I was good looking and had nothing to worry about. This was not the case. I started receiving comments about my appearance but not the kind comments I longed for, one comment read "spotty Danny needs a dermatologist," another read "god this kid is ugly, chubby as anything," the comments didn't stop there and they kept coming thick and fast commenting on my skin, hair, weight and my teeth. Whether deliberate or just banter they were all received by me, in the same self-depreciating despairing way.

The horrible feeling of anxiety grew in my stomach as further comments continued to gather on my social media pages. I felt a horrible gut wrenching pain. My once innocent brain had now been turned into a congested barrage of inner pain and negativity.

How could people be so mean? I remember asking myself that particular question over and over again.

"Was I really that ugly?"

"Was I really so hideous that people couldn't bear to look at me?"

The continuum of questions came flooding into my adolescent brain, powering through me like a rock smashing against a wall.

One night after receiving those awful, unpleasant and unsettling comments, I made a decision that would start the ball rolling towards complete catastrophe. I walked into the half lit white bathroom and shut the wooden door behind me. I placed my head over the toilet and purged. It didn't feel good at all; the aggressive nature of forcing your body to vomit left me paralysed with dread and worry and not sure where this would lead? At the same time this also created a sense of hope that you could lose weight would improve my appearance. My strange psychology had somehow matched popularity with despair and seemed to justify the means.

It was starting to develop into a problem, the following week at school was hell, I started to flunk different classes and my grades were starting to suffer, every afternoon class I had was being spent in the toilets, I was negatively mesmerised by my flaws and in my eyes there was a lot of them. My skin was littered with spots, my hair was flat and tired, my weight was out of control, I had never felt so imperfect and it was now starting to affect my mood.

My parents, both mental health professionals themselves, started to notice my irritability at the smallest things.

I was starting to suffer from minor depression, it didn't help that my grades were now half of what they once were. By Christmas I was scoring D grades in classes that I had done well. My teachers couldn't understand what was wrong.

That Christmas was the most dispiriting and upsetting I had ever had. Nothing could cheer me up and the constant reminder from social media of my imperfections only made me feel worse. No present could make the way I was feeling about myself better.

I guess the one positive outcome of that Christmas was that I got more and more beauty products to perfect my horrendous disfigured appearance.

One night in the Christmas break I remember looking at myself and just breaking into tears. I for the first time admitted to my reflection that I hated myself. I felt everything about me was imperfect and incomplete. The exams I used to pass I was now failing, the spots that at one time didn't exist, were now expanding, spreading across my skin.

I bucked up the courage to ask my parents if I could go to the doctors for my skin in the new year, my parents responded, they said "there is nothing wrong with your skin," I felt tears running down my face streaming like a flowing river and I felt myself screaming at the top of my voice saying "look, I have spots all over my face," they couldn't see any of them.

Was I going mad, I knew I had spots all over my face, so why couldn't my parents see them?

Were my parents lying to me?

Did they just feel sorry for me?

Or was there something else going on, could I possibly be going mad, suffering from some unknown psychiatric disorder? As I would later find out that might just be the case.

I persuaded them to make an appointment at my local GP surgery so I could get some cream for my supposed acne,

By the start of the January term, I was housebound and refused to leave the house even for school, my parents were flustered by this quick and saddening fall from a happy teenage boy to a housebound wreck.

I eventually decided I was too ugly for society, too ugly for anyone to see me and that same day I made a life changing decision to drop out of school.

I was about to start my long painful journey through what I would later learn to be Body Dimorphic Disorder (BDD.)

The long winter days leading into the spring felt unbearably silent as I spent almost ten hours a day trying to perfect my appearance. It included purging, moisturising, cleaning my teeth repetitively and trying to starve myself.

Then there was the selfie taking, a continuum of flashes, catching all of my flaws in one clear shot, at my worst I was taking over two hundred selfies a day. This distressing trend was heading for a disastrous ending but I simply couldn't stop myself. I had also resorted to removing the large mirrors from the wall and placing them in the garden enabling closer and ever frantic scrutiny. I was also making constant demands on family members to check also. My desperate attempts to seek reassurance and confirmation at the same time; in effect a double edged sword from which there was no acceptable answer! Any reassurance would be dismissed as a lie whilst any confirmation would be disastrous.

Then one miserable day in the Northumberland countryside I lay on my bed, exhausted from my constant checking and decided the only way out of this mental trauma was to take my own life. I walked directly to the kitchen not stopping on my path, I opened the medicine cabinet and drew out a number of paracetamol tablets, I calmly got a glass of water and returned to my bedroom.

The next time I would wake up, I was in an Accident and Emergency department.

I realised how lucky I was to still be alive, I knew it was time for me to seek help and start getting better. I remember the first thing one of the mental health support staff said to me "sometimes it takes you to reach rock bottom before you can start to move up again." That one statement would stay with me all through my coming treatment.

So I started on my road to recovery, my parents called the Maudsley hospital in London and within weeks I was signed up to a research program to treat my Body Dysmorphic Disorder (BDD.)

I was now on a thirteen weeks schedule of treatment to rid me of my predicament. I finally realised that I was suffering from a mental illness and that there was a road filled with hope, compassion and recovery.

I slowly but surely started to get better, I started to have hope again and with the overwhelming compassion showed by my therapist met with her expertise, The treatment involved a combination of medication to treat the low mood and anxiety

coupled with a psychological treatment in the form of cognitive behavioural Therapy (CBT). This treatment is also recommended by the national institute of clinical Excellence (NICE). Through lots of patience and expert help I have learnt techniques to both challenge and control my destructive negative thoughts which are often intrusive in nature, and typical for those experiencing BDD and associated low mood.

After my time in therapy, I was much stronger and better able to manage this condition. I knew what I needed to do! I also had a strong urge to help others who were in this predicament and suffering the way I had just a short time ago. I knew I needed to campaign for mental health equality so that people could start living a fulfilling life and move towards a better place. Especially young people where services are all too often under resourced or teams lack the necessary skills or training to help.

I had the honour to continue my campaign on primetime television, in magazines and other media outlets. I got to meet mental health sufferers from all around Britain and the United States, hearing their stories and listening to what they felt needed to be done to improve mental health care and understanding.

Eventually with the help of Fixers UK I helped in putting together a policy paper to be delivered to parliament on young people and adolescent mental health services with the slogan "Its time you got it," this was handed over to Steve Brine MP and Alistair Burt MP.

My life is in a much better place now, I never thought I would be someone who would suffer from a mental health difficulty, a body image nightmare and still come through the other side, stronger and full of compassion and hope to continue to help others.

Chapter Three: Experiences of Anorexia and Bulimia

The two most common eating disorders are Anorexia Nervosa and Bulimia Nervosa; I am going to describe the impact of these two debilitating illnesses through the personal stories of people I have met during my work with fixers and who have been willing to contribute their experiences.

This year I had the pleasure of meeting Jo Thompson at The Feel Happy Fix run by Fixers UK, she approached me with warmth and kindness and came across with an

intelligent, considerate manner. Jo had suffered from an eating disorder, I asked about what it was like at the start of her eating disorder, she went on to explain:

“When I first started suffering with my eating disorder it was terrifying. Before my illness I was confident, outgoing, always the life and soul of the party and suddenly I didn't want to go out, I didn't want to see friends, my whole life consisted of what I had eaten, how much I had exercised and what I looked like in the mirror. Whilst all this was happening I was losing every part of the “well me, anorexia was taking over“.

I then went on to ask Jo what the hardest point of her terrifying journey had been, she responded: “The hardest point was when I was sectioned in hospital, dangerously ill with a feeding tube down my nose, being force fed four times a day with no choice about anything. My anorexic thoughts were at their worst but I was unable to comply with them and that was terrifying. I cried almost all day every day.” One thing I was truly struck by was Jo's courage to tell me about this demoralising and difficult time in her life.

I asked her what life was like after her eating disorder, she smiled and said “Life after my eating disorder is better than I ever thought was possible. I still have anorexic thoughts, I am still rigid about what I eat and I still struggle with the way I look but I am now in control of it rather than it controlling me. It will always be a part of me I'm sure but it won't become all I am again. I have a partner, two beautiful children and I am training to be a midwife. I won't let anorexia ever beat me again. Jo's story shows the emotional strain that eating disorders can place on people, their family and friends, but Jo is a great example of how courage and hope can help you through the horror of a mental illness and into a better place.

Whilst filming a documentary last year with Channel 4 “On Edge and Online” I met a number of young people with different mental health conditions. One girl I met had been struggling with Anorexia for some time, she was one of my cast mates and from the first conversation we had we hit it off and became good friends. I wanted to know more about her experience with Anorexia nervosa.

I asked what it was like for her to appear on the show. “It was an absolute privilege to work on the documentary 'On the Edge and Online'. I met some incredibly brave young people with an array of mental illnesses, who spurred me on and helped me to achieve things that I never thought possible. We talked with each other online by video and it was amazing.” I asked her why she did the documentary, she answered “Recovery is possible from mental illness and I wanted other sufferers to know that, that was my main aim in taking part in the documentary, to document my struggle to help others.” I found her story and her desire to help others inspiring and during the show we talked on this issue of helping others.

Anorexia doesn't just affect women; in July 2015 I attended the 1st ever “Men Get Eating Disorders Too (MGEDT)”, Conference in Brighton to talk about my experience with body image. I was invited by Sam Thomas the founder of this brilliant charity. Sam is an inspirational person and he explained how the day was to run. I asked him about

the charity and how many boys or men on average contact MGEDT, he told me "In the past six months we have had contact from approx 6-8 people a day seeking support for themselves or for a loved one. This equates to nearly 3,000 contacts in a year." Even to myself as a person who had suffered from body image issues I found myself shocked at the rise of men seeking help for eating disorders. He went on to say "Ongoing awareness and campaigning efforts means we are hearing from more men than ever before with a distinct rise during 2015." I went onto ask if he thought there to be any significant factors in both the increasing incidence and cause of eating disorders? He smiled and said "Eating disorders are a result of a combination and culmination of factors built up over time. In men (and women) we know that body image; self-esteem, peer pressure, relationships and identity are just a few of the key factors. It's possible more men are recognizing the signs and symptoms in themselves hence for the increase in numbers affected."

At the event I also met up and coming comedian Dave Chawner who had also suffered from Anorexia when he was younger. He explained to me that eating disorders are no longer a women's issue, he went onto to add that in his opinion there has been a huge rise in the amount of men suffering from an eating disorder seeking help and coming forward in the last couple of years. He told his story to me below:

"In 2007, when I was 17, I had to appear topless in a school play. I decided to lose some weight. I had exams, deadlines, university applications and all the other insecurities any teenager might have. Weight loss, restriction, exercise, calorie counting, purging, gave me something else to focus on, something that was aside from real life. I began to associate weight loss with success. That was how it began.

It's hard to tell when a social drinker becomes an alcoholic; it's the same with eating disorders. It was a gradual slip. It carried on for 9 years. It became my normality, my comfort, always playing in the background. It took over every aspect of my life.

It's been 9 years now and I am eventually breaking free of that addiction. I have started to realise how I wasted nearly a decade of my life to something that I thought was helping. Eating disorders aren't a choice, they aren't minor and they aren't insignificant."

He then went onto point out that Eating Disorders have the highest mortality rate out of all mental illness and that on average eating disorders cost the government £15 billion a year.

It is clear that the level of impact an eating disorder can have on one's life varies but is never without suffering. In extreme cases it completely demoralizes the sufferer so much that the eating disorder becomes the most important thing in their life.

The level of impact an eating disorder can have on one's life varies. In extreme cases it completely demoralizes the sufferer so much that the eating disorder becomes the most important thing in their life.

Conclusions and recommendations

To conclude it is clear from my own experience and having had the privilege to meet and talk with other sufferers that eating disorders can have a catastrophic effect on both individual lives and on those close to them.

What's more significant is the fact that there is an increasing prevalence of eating disorders in children and adults; including a sharp increase in the number of young men diagnosed with this range of conditions. Clearly the cause of this increase is multi-factorial with no single explanation. Despite this, certain themes consistently emerge with many sufferers' stories pointing to the increasing demands, expectations and the pressures in the modern world as well as the emergence of new technologies, and instant social media. With such demands come the perceived expectations of one's self and of others.

As stated, it is clear that many mental health problems originate in childhood when we are often at our most vulnerable and sensitive. Many such problems continue into adult life with increasing chronicity and cost to the individual and society.

The cause of eating disorders and factors which contribute to their development are important to understand in order to help others. I believe that service users putting themselves forward and talking about their experience has contributed greatly to this aim.

Most important for those who experience such problems is the need to ensure that the correct and early diagnosis and treatment is made available at an early stage. It is unacceptable in this era of "parity of esteem" where physical and mental health are deemed as equals; that someone in torment and pain would have to wait many months to be assessed. This may then be followed by a further period of many months to commence treatment assuming the most effective treatment is available. NICE guidance already sets out what people should expect in terms of evidence based "gold standard" treatments for a range of eating disorders. It is time therefore to ensure that a treatment strategy is fully implemented with special emphasis on younger people; perhaps similar to the way that the IAPT programme was developed for those over the age of 16 years. This offered ring fenced monies for evidence based training and service development. The idea of having a NICE guidance "blueprint" only to be thwarted in its implementation by a lack of real ambition and commitment seems somewhat pointless.

So on that note; it is essential that the government makes adequate funding available to ensure that the correct treatments are available and that they can be accessed quickly, with an importance placed on Early Intervention.

Recommendation one: Social media outlets have a responsibility to combat cyber-bullying online and we recommend there is taskforce set up to police this vast space. This could include help channels, dedicated staff to provide counselling and support for those who feel abused or distressed whilst using social media platforms

Recommendation two: There should be mandatory online support for mental health on all social media outlets. It should become mandatory for mental health support services to be part of the DNA of sites like Twitter, Facebook and Instagram.

Recommendation three: The government should create a Minister for Mental Health. For too long this role has been ignored, underfunded and overlooked. Any government which is serious about tackling this terrible challenge should appoint a Member of Parliament who is dedicated to improving the services and care available to those who suffer from mental health problems