



Reflections on body image

All Party Parliamentary
Group on Body Image

YMCA
a world of good

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Foreword



A twelve-year old girl dreading going to school each day, refusing to put her hand up in class so she doesn't draw any attention to how she looks.

A teenage boy risking liver and

kidney damage abusing steroids to boost his pecs and abs. A healthy young woman embarking on a crash diet of cabbage soup for days on end. A middle-aged man feeling shocked and dismayed when his 6 year old daughter asks "Daddy, do I look fat?" These are just some of the symptoms that show body image pressure in our society has got out of hand.

Body image dissatisfaction in the UK has never been higher, particularly among young people. The pressure to conform to the impossible body "ideals" we are bombarded with in advertising, magazines and on the catwalk is overwhelming and damaging. Low self-esteem, depression and eating disorders are all increasing, along with unhealthy behaviour and thoughts: girls as young as five now worry about their size and appearance, and 38 per cent of men say they would give up a year of their life for the perfect body.

It is against this backdrop that MPs from different parties have come together to address the problem. This inquiry has investigated the causes and consequences of body image anxiety in the UK, taking evidence from hundreds of people including academics, medical professionals, teachers, advertisers, the media and members of the public. As well as assessing the problem, we are proposing what can be done about it, through a wide-ranging set of recommendations to Government, industry, voluntary organisations and individuals.

Thank you to everyone who has supported the inquiry, by submitting evidence, spreading the word and reading our findings. Our recommendations are a springboard for action. Whether you are a policymaker, company executive, or a concerned individual, I hope you will be part of the movement to make these changes happen. Join us at www.bodyimage.org.uk

JO SWINSON MP
CHAIR OF THE APPG ON BODY IMAGE

All Party Parliamentary Group (APPG) on Body Image

About the APPG

The All Party Parliamentary Group on Body Image was established in May 2011 and is a cross-party group made up of UK Parliamentarians. The APPG was set up to better understand the causes of body image dissatisfaction and to explore what measures can be taken to promote and enhance healthy body image.

The Inquiry

The Group launched an Inquiry into the causes and consequences of body image dissatisfaction in November 2011. The Inquiry ran from 24 November 2011 until 24 February 2012 and consisted of an online consultation that was open to submissions from the general public, as well as 10 oral evidence sessions in which witnesses representing organisations with an interest or association with body image were invited and agreed to give evidence at the House of Commons.

The following MPs took part in the Inquiry:

Jo Swinson MP (Lib Dem) (Chair)
Mary Glendon MP (Lab) (Secretary)
Caroline Nokes MP (Con) (Treasurer)
Stephen Williams (Lib Dem) (Vice Chair)
Caroline Dinenage MP (Con)
Sharon Hodgson MP (Lab)
Helen Goodman MP (Lab)

Other members of the APPG include:

Natasha Engel MP (Lab)
Jon Cruddas (Lab)
Kate Green MP (Lab)
Bob Russell MP (Lib Dem)
Kate Hoey MP (Lab)
Ian Liddell Grainger MP (Con)
Kelvin Hopkins MP (Lab)
Esther McVey (Con)
Don Foster MP (Lib Dem)
Karl McCartney MP (Con)
Alison Seabeck MP (Lab)
Angie Bray MP (Con)
Nadine Dorries MP (Con)
Karen Lumley MP (Con)
Claire Perry MP (Con)
Stephen Gilbert MP (Lib Dem)
Gary Streeter MP (Con)

Figure 1: List of witnesses who gave oral evidence to the APPG on Body Image Inquiry

Evidence session	Witnesses and organisation represented
28 November	Professor Nichola Rumsey, Professor of Appearance Psychology, Centre for Appearance Research, University of the West of England Dr Viren Swami, Reader in Psychology, University of Westminster
28 November	Dr Adrienne Key, Consultant Psychiatrist, Royal College of Psychiatrists Professor Glenn Waller, Clinical Psychologist, Central and North West London NHS Foundation Trust
8 December	Carol Gamble, Teacher, Maria Fidelis School Steve Byrne, Associate Director, Y Touring Lucy Ryan, Pupil, Maria Fidelis School Nicky Hutchinson, Former teacher and author Chris Calland, Former teacher and author Nick Boddington, National Subject Lead, PSHE Association
8 December	Karine Berthou, Chief Executive, Succeed Foundation Anthony Waller, Web and Marketing Executive, Succeed Foundation Susan Ringwood, Chief Executive, B-eat Helen Laws, Manager of the Healthy Dancer Programme, Dance UK Gill Slocombe, Chief Guide, Girl Guiding UK Gemma Hallett, Girl Guiding UK Stephanie Heart, Campaigner
16 January	Zoe Hellman, Head of Health Policy, WeightWatchers Dr Jacqui Lavin, Head of Nutrition and Research, Slimming World Phil Geary, Marketing Director, Holland & Barrett Professor Susie Orbach, author and psychoanalyst Dr Fiona Johnson, University College London
16 January	Professor Fazel Fatah, President, British Association of Aesthetic and Plastic Surgeons (BAAPS) Debi Sandler, Founder, Cosmetic Support Johannah Jumelet, patient Professor Susie Orbach, author and psychoanalyst
30 January	Maria Welsh, Editor, Shout Magazine Matthew Todd, Editor, Attitude Sue Thomason, Editor, Beautiful Magazine
30 January	Louise Terry, Group Communications Director, L'Oreal UK Alison Cairns, External Affairs Director, Unilever UK Kathryn Davies, Beauty and Grooming Communications Director, P&G Elizabeth Fagan, Marketing Director, Boots UK Ltd Sue Eustace, Director of Public Affairs, Advertising Association Dr Chris Flower, Director General, Cosmetic Toiletry and Perfumery Association (CTPA)
20 February	Jennie Price, Chief Executive, Sport England Tim Woodhouse, Head of Policy and External Affairs, Women's Sport and Fitness Federation David Stalker, Chief Executive, Fitness Industry Association
20 February	Louise McCabe, Head of Corporate Social Responsibility, ASOS Carrie Barkhauzien, Senior PR Manager, Debenhams Professor Frances Corner, Head of College, London College of Fashion Caroline Rush, Chief Executive, British Fashion Council

There were 601 submissions to the online consultation representing organisations as well as individuals with a wide range of experience and interests, including teachers, young people, academics and healthcare professionals. A full breakdown of all organisations who provided a response to the Inquiry is available in Appendix 1. In addition, the APPG received a number of briefings and academic papers to help inform the report which were voluntarily submitted by or requested from individuals and organisations who have done work in the field of body image.

This report provides a summary of the evidence presented to the Inquiry. The conclusions and accompanying policy recommendations are based on the evidence received by the Inquiry. This report, however, is not intended to be an exhaustive and comprehensive summary of all of the issues and viewpoints related to the subject of body image.

Acknowledgements and contact details

The All Party Parliamentary Group on Body Image is grateful to Central YMCA, a national health and education charity, for the provision of secretariat to the Group and for their support in developing this report. We would like to acknowledge the support provided by Duncan Stephenson at Central YMCA and Dr Phillippa Diedrichs at the Centre for Appearance Research, University of the West of England, in preparing this report.

For all enquiries, please contact Duncan Stephenson, secretariat to the APPG on Body Image, c/o Central YMCA on d.stephenson@centralymca.org.uk or 07557 229 774, or write to Central YMCA, 112 Great Russell Street, London, WC1B 3NQ.

Executive summary

Overview

- There is a growing amount of evidence that body image dissatisfaction is high and on the increase and is associated with a number of damaging consequences for health and wellbeing.
- The issue is seen to be one that affects all of society, regardless of age, ethnicity, gender, sexuality, disability, body size and shape. Some groups were seen to be more vulnerable to body image concerns, including children and adolescents.
- The inquiry heard that a range of interventions were available in schools, including psycho-educational and media literacy programmes and evidence-based programmes such as social skills and cognitive dissonance programmes.
- While there is a need to develop programmes to equip young people with the tools to challenge unrealistic beauty ideals and a safe environment to discuss body image issues, the Inquiry heard the need for more evidence-based approaches.

Growing up

- Body image dissatisfaction is seen to undermine self-confidence, contribute to depression, and lead to the onset of a range of physical, emotional and societal problems. Promoting positive body image is fundamental to addressing other social and public health problems facing young people.
- Around half of girls and up to one third of boys have dieted to lose weight, children and young people with body image dissatisfaction are less likely to engage in learning and participation in school, and over half of bullying experienced by young people was because of appearance.
- Parents were identified as one of the main influences on children. There was a danger that parents' own body image concerns were being mimicked by their children. By secondary school age the peer group was seen to become a more important influence, but body image dissatisfaction can impact on relationships with peers.
- Positive body image was identified as an important element of emotional wellbeing and there is a need to equip both children and young people, and important gatekeepers, such as parents and teachers with the tools to deal with the social and cultural pressures to conform to unrealistic beauty ideals.
- The appearance ideals portrayed by visual media and advertising were seen to be at odds with the general population or the majority of consumers and it was estimated that fewer than 5% of the population could ever realistically attain the body ideals presented.
- Media criticism of body weight, size or appearance together with a perceived lack of body diversity and over-reliance on image manipulation was seen to contribute to body image dissatisfaction.
- Representatives from advertising and media said there was a genuine desire to use more diverse, relatable and authentic imagery. Research suggests that consumers approve of greater diversity and authenticity because they feel closer to what is presented. It was also associated with increased purchasing intentions by the public and more positive body image.

The mis-sold ideal

- A number of advertisers have started to embrace greater body diversity and authenticity in their campaigns, including Debenhams and Boots.
- The over-reliance on idealised, digitally altered images has also stimulated consumer demand for products and services to achieve a particular look, such as cosmetic surgery and supplements.
- Cosmetic surgery rates have increased by nearly 20% since 2008 and the rise was said to be fuelled by advertising and irresponsible marketing ploys. There were calls for further regulations governing cosmetic surgery advertising.
- Individuals seeking cosmetic surgery were seen as customers rather than patients. There were calls for improved consultation and better screening of patients seeking cosmetic surgery procedures.
- The visual cues and marketing messages for protein supplements were seen to be oversimplified and could be perceived to mislead consumers about their effects. The Inquiry heard that there is little evidence that such supplements work and that the level of protein individuals acquire from their diet may be sufficient without the need for additional supplementation.
- (BMI) the measure commonly used was seen to be an inaccurate way of classifying all individuals and their health risks.
- While being overweight or obese is associated with a range of health conditions, the Inquiry received evidence which challenged the notion that weight is always a reliable proxy or causal mechanism for poor health.
- Focusing on weight as the key goal was seen as counter-intuitive because weight loss is a long term outcome and difficult to achieve, and instead the focus should be on exercise.
- People who are overweight or obese were seen to be stigmatised and this was associated with a decreased likelihood of engaging in healthy behaviours such as exercise.
- The growing obsession with weight and the quest for the thin ideal was associated with dieting and a disordered relationship with food.
- There was considerable disagreement about the effectiveness of diets. The diet industry acknowledged that the public has unrealistic expectations about weight loss, while critics argued there is no evidence that diets work in the long term.

Body image and health

- Cultivating and maintaining an appearance ideal was seen to be more important than maintaining good health. A certain aesthetic was aimed for rather than overall health and this was seen to be associated with practices in which health is sacrificed for appearance, such as steroid abuse and disordered eating.
- The Inquiry heard that the health issues attributed to excess body weight may be overstated because Body Mass Index
- The Inquiry heard evidence that dieting was associated with disordered eating and that starvation dieting was believed to be a trigger which switches on the biology and changes in the brain associated with the development of eating disorders.
- Other behaviours were ascribed to sacrificing health for appearance, such as steroid abuse, smoking to stop weight gain or becoming exercise dependent which risked side-effects such as musculoskeletal injury or fatigue.

Introduction

What is body image?

Body image is defined as how people feel about the way they look and the way their body functions.

This can include a person's thoughts and feelings about their weight, shape, skin colour, size, height and their appearance more broadly. The development of body image is complex and research demonstrates that it can be shaped by an individual's mind-set and biology, as well as the influence of peer groups, family, media, and the society and culture in which we live. Two people could look identical but have a very different body image as a result of these influences.

Why is this report necessary?

The APPG on Body Image was formed in response to a growing amount of evidence which shows that the rate of body image dissatisfaction amongst the general population is high and that it can have damaging consequences for health and wellbeing. In November 2011 the APPG on Body Image launched an Inquiry into the causes and consequences of body image dissatisfaction and what needs to be done to address this. For the purposes of this report, we focus primarily on the modifiable cultural and societal influences on body image. This report aims to document the views of the parties who provided evidence online, or in person, during the Inquiry.

What are we proposing?

In response to the evidence presented during the Inquiry, we propose a number of policy recommendations which we hope will:

- 1. Build positive and healthy body image for future generations**
- 2. Encourage industry and stakeholders to be mindful and supportive of body image issues**
- 3. Promote a body ideal that is based on health and wellbeing, not appearance.**

What is the scale of the problem?

Studies conducted in the UK have found high levels of body image dissatisfaction among adults and young people.

For example:

60% of adults report that they feel ashamed of the way they look.¹

70% of adult women and **40% of adult men** report that they have felt pressure from television and magazines to have a perfect body.²

34% of adolescent boys and **49% of girls** have been on a diet to change their body shape or to lose weight.³

It is estimated that roughly **two thirds of adults** suffer from negative body image.⁴

42% of girls and young women feel that the most negative part about being a female is the pressure to look attractive.⁵

One third of men would sacrifice a year of their life to achieve their ideal body.⁶

Who is affected?

During the Inquiry the APPG was told by Chris Calland, a former teacher that everybody has body image issues and it would be a mistake to start pinpointing small groups. While certain groups were seen as more vulnerable – body image dissatisfaction has historically been seen as a women's issue – evidence submitted to the Inquiry strongly suggested that this issue does not discriminate.

Body image dissatisfaction was reported by the majority of respondents to the consultation to affect individuals regardless of age, ethnicity, gender, sexuality, disability status, body size and shape. It was also proposed that although beauty ideals and ways of attaining such ideals can be vastly different between cultural and ethnic groups, the drive to attain culturally determined standards of appearance is present across most of society.

Some groups were identified as being particularly vulnerable to body image concerns. Children and adolescents were identified as being particularly at risk of developing body image dissatisfaction. Evidence also suggested that gay men may be more at risk for body image dissatisfaction in comparison to heterosexual men. It was also proposed that White and South Asian adolescent girls report higher levels of body image dissatisfaction than Afro-Caribbean girls. Dr Viren Swami, University of Westminster, said this may be partly explained by the tendency for different ethnic groups to subscribe to different body ideals.⁷



Growing up

1.1

Becoming aware of body image

The Inquiry found that children and young people are particularly vulnerable to social and cultural pressures to conform to unrealistic beauty ideals. A clear need to equip young people with the tools to handle these pressures and to develop some form of resilience was identified.

Evidence submitted suggested that from about the age of five, children begin to recognise that they are different from other people, and to understand that they may be judged because of this. In particular, the Inquiry heard that children of this young age are aware that certain body types are more acceptable in society than others. It was also proposed that although children's cognitive abilities, including their ability to learn and understand, have remained fairly constant over time, the beauty ideals which form the basis on which they are judging their appearance have shifted.

Evidence suggested that changes in society and culture may partly explain why children of primary school age were exhibiting signs of increased body image dissatisfaction.



There is quite a lot of evidence that body dissatisfaction has emerged by about the age of 7 or 8 in both boys and girls. ”

Professor Nichola Rumsey,
Centre for Appearance Research

1.2

Body image and young children

Research conducted in the UK and internationally, and submitted to the Inquiry, reported that:

- Over **half of girls** and a **quarter of boys** think their peers have body image problems.⁸
- Between one third and **half of young girls fear becoming fat** and engage in dieting or binge eating.⁹
- Girls as young as **five years old** are **worried about** the way they look and their **size**.¹⁰
- **One in four** 7 year old girls **have tried to lose weight** at least once.¹¹
- **One third** of young **boys** aged 8-12 are **dieting** to lose weight.¹²



1.3 School age children and body image

Former primary school teachers Nicky Hutchinson and Chris Calland said that:
“By the end of primary school, at a time when children naturally put on a bit of weight, there was a real dip in body confidence.”

The Inquiry also heard that by the beginning of secondary school body image dissatisfaction was present among a substantial proportion of young people. In response to this, witnesses urged the need for preventive approaches to the development of body image dissatisfaction during primary school, and the need for interventions at secondary school to offer ongoing protection and support.

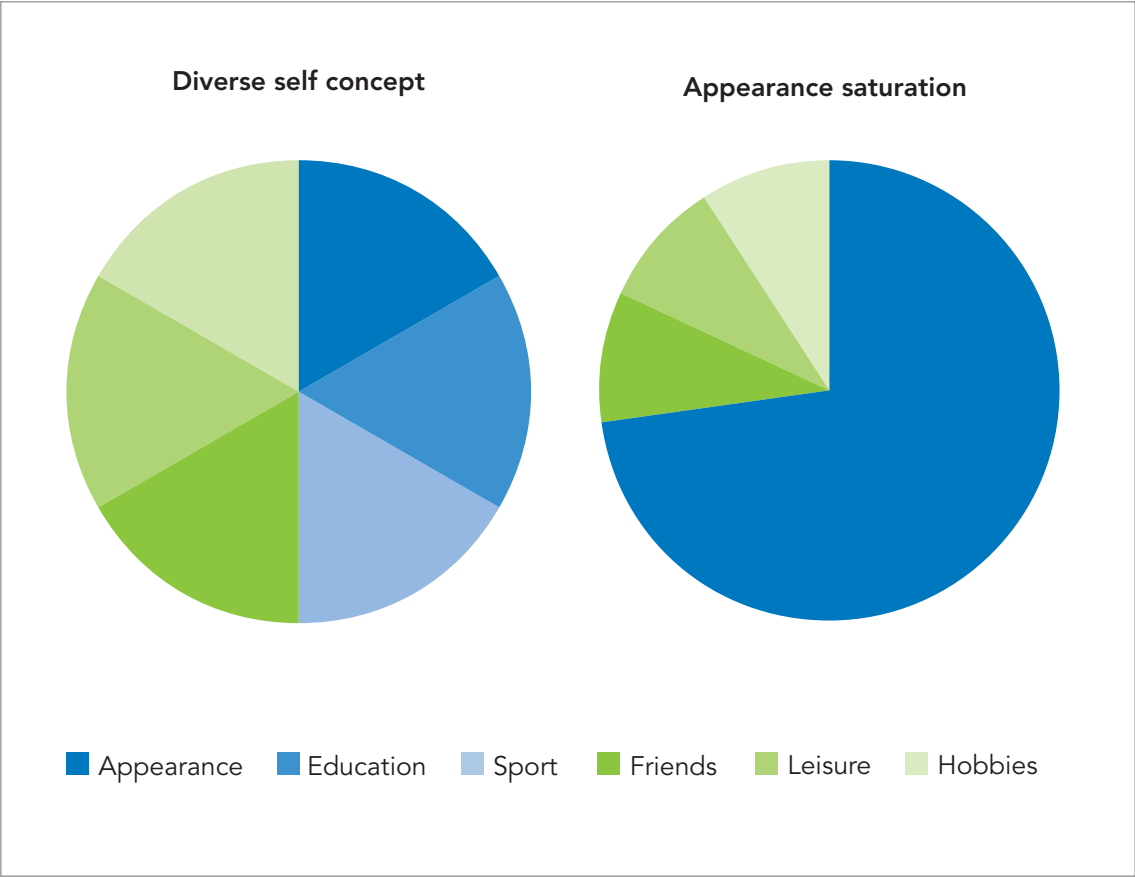
1.4 The increasing importance of appearance

Evidence submitted suggested that body image is one component of self-esteem (i.e. the opinion you have of yourself and your value as a person) and self-concept, and that these constructs cannot be considered in isolation from one another. It is important psychologically for people to have a well-rounded self-concept and to value themselves for many different reasons.

However, Professor Nichola Rumsey told the Inquiry that we are increasingly living in an appearance saturated society and that the value individuals place on their appearance is becoming greater and more disproportionate to other aspects of self-concept. By focussing too much attention on appearance, other important attributes such as intelligence, kindness and determination were seen to be becoming less important. Professor Rumsey suggested a strong need to foster “diverse self-concept” among young people, rather than one based primarily on appearance.

90% of girls and young women believe that TV and magazines focus too much on what women look like rather than what they achieve.
GirlGuiding UK

Figure 2: Diagram illustrating the point made by Professor Nichola Rumsey during the Inquiry about the difference between an individual's self-concept drawn from a number of different sources and one based largely on appearance.



1.5

Negative consequences of body image dissatisfaction

The Inquiry heard that body image dissatisfaction is associated with a number of negative consequences, including:

- **the onset of a range of physical, emotional and social problems.** Indeed, evidence presented suggested that individuals with body image dissatisfaction are less likely to value their body, or prioritise their health, and are more likely to engage in disordered or unhealthy behaviours.
- **depression and eating disorders**
- **undermining self-confidence**
- **undermining participation in health, education and social-related activities** (e.g. taking part in sport, participating in class at school and socialising with friends)
- **wider societal problems**, such as teenage pregnancy, drug and alcohol abuse and youth unemployment.

Promoting positive body image was seen by many of the respondents to the Inquiry as fundamental to addressing other public health problems facing young people.

1.6

The influence of parents and peers

Research submitted to the Inquiry¹³ found that supportive family and friends were fundamental to enhancing self-esteem in individuals. Parents were seen as the most important role models for children when growing up and therefore had a significant influence on the development of a positive body image.

Research undertaken by Sport England¹⁴ found that for young girls in particular, what mothers say, think and do is crucial.



Most of the research we have seen shows that people are affected by the people closest to them – so what their peer group says, what their parents say, what their teachers say, is going to be incredibly important. ”

Jennie Price, Sport England

The Inquiry heard that children may mirror and be aware of their parents' own body image dissatisfaction. Indeed, it was suggested that parental appearance concerns, such as throwaway comments about dieting or unhappiness with body size and appearance, could be picked up and mimicked by children. The danger is that children do not possess adult cognitive abilities and can absorb throw away comments as facts.

“

Findings are emerging around the correlation between a mother’s own disturbed body image and the disturbed body image of their infants, which could be expressed in eating behaviour and preoccupation with body image.”

Susie Orbach, author and psychoanalyst

Professor Nichola Rumsey stated that there has been an increase in appearance-related “rhetoric” from parents. Witnesses agreed that parents would be concerned if they understood what effect their behaviour may have on their children’s body image.

Evidence was submitted that there was a correlation between mothers’ disturbed body image and that of their children.¹⁵

The Inquiry heard that parents may live in fear of their children being overweight and may see their child’s waist size as an indicator of their own parental success. By monitoring what and how often their children eat, it was suggested that parents may believe they are keeping their children safe.

However, studies have shown that greater food restriction may encourage unhealthy attitudes towards food and dieting among children.¹⁶ A number of witnesses said that parents may be unsure what body image is and associate it simply with healthy eating or body weight. Therefore, it was suggested that parents need support and empowerment so that they do not transmit their own body image concerns to their children and can in turn improve their own body image.

The Inquiry heard that by the age of 11 or 12, peers become a more important influence on young people than parents and family. Body image dissatisfaction can affect confidence, participation and motivation in school which in turn can impact on relationships with peers.

“

70% of teenage girls don’t participate in certain activities, such as going to school, because of body image anxiety.”

Dove research

“

Classmates can be quite judging about how you dress and how you act... a lot of my friends have to look a certain way so they can fit in with other people.”

Lucy Ryan, pupil, Maria Fidelis School

1.7

Bullying

Young people told the Inquiry that they want to fit in and not stand out. Being visibly different makes some young people particularly susceptible to bullying. Regardless of the presence of a visible difference, over half (56%) of young people who experienced bullying reported that their appearance was the focus of the bullying behaviour.¹⁷

Beatbullying said that one of the groups most at risk for developing body image dissatisfaction is children and young people who have been bullied or teased about their appearance, weight or shape. Informal reporting of prejudice-related bullying highlights that victimisation on the basis of body size is common.¹⁸ One third of young people reported that they have changed their appearance as a result of being bullied.¹⁹ It was suggested that bullying can have a powerful negative impact on self-esteem, which can manifest itself in body image dissatisfaction.

A study submitted by national eating disorders charity Beat²⁰ also found strong links between bullying and the development of eating disorders. It was reported that two thirds of those suffering from an eating disorder admitted that being bullied may have contributed to their illness.



All bullying lowers self-esteem and low self-esteem is proven to raise the risk of eating disorders.”

Susan Ringwood, Beat

1.8

Teaching body image

Promoting young people's wellbeing is a statutory duty placed upon all schools and the new OFSTED inspection framework requires that schools provide a broad and balanced curriculum which promotes this. There was a consensus among the evidence submitted that having a positive body image is an important aspect of emotional wellbeing. The inquiry heard that children and young people with body image dissatisfaction are less likely to engage in learning and participation in school.

Over 60% of girls avoid certain activities because they feel bad about their looks. For example:

- 19% won't try out for a team or club
- 19% won't go to a social event, party or club
- 15% won't go to school
- 13% won't give an opinion²¹

It was reported that body image does not always feature on the curriculum in schools as a subject in its own right. Secondary schools may cover it as part of Personal Social Health and Economic (PSHE) education, although the subject isn't mandatory and body image is just one of many different topics which are competing to be taught as part of PSHE. The Inquiry heard repeated calls for mandatory lessons on body image to be included in both primary and secondary school curriculums: perhaps as part of PSHE. It was suggested that body image lessons may help children and young people better understand some of the technical components of body image. For example, understanding the biology of body size and the effects of image manipulation.

“

Body image should be an integral part of PSHE education and made explicit in helping children and young people maintain physical, mental and emotional health. ”

Nick Boddington, PSHE Association

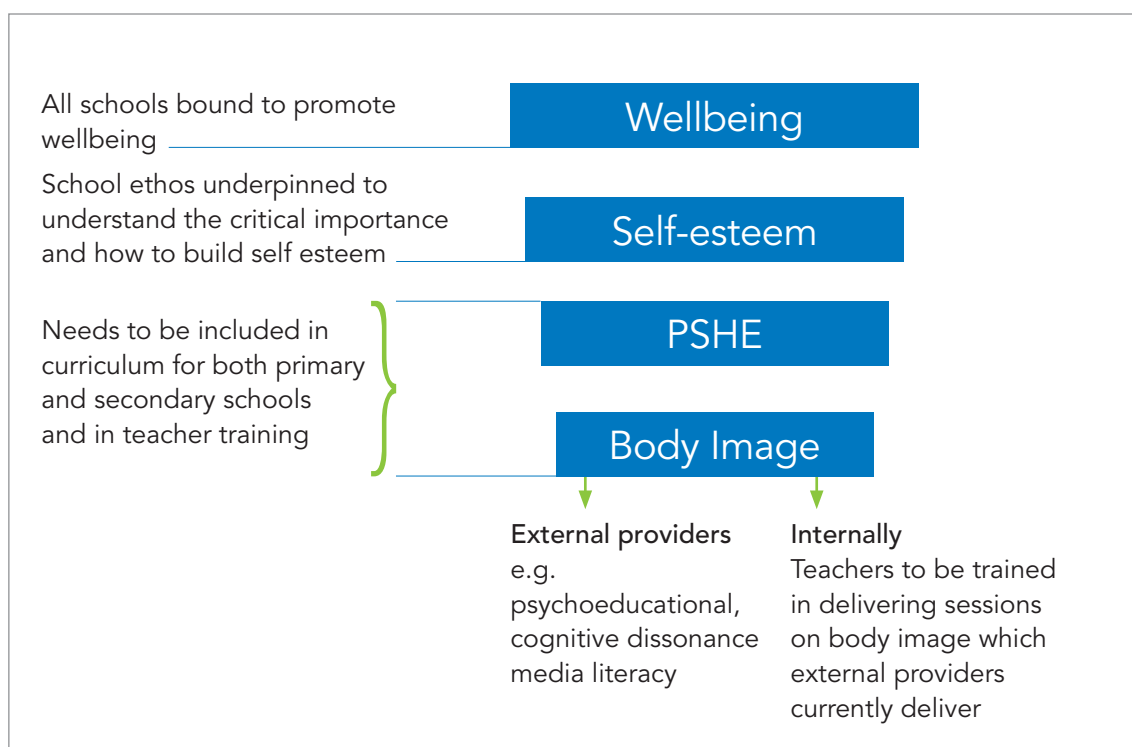
1.9 Promoting self-esteem and wellbeing in schools

Educationalists also stated that body image is only one component of self-esteem, and as a result overt lessons on body image should also be underpinned by a commitment from schools to critically understand and build self-esteem more broadly among their pupils. In particular, while all schools have a statutory duty to promote wellbeing among young people, they should also have a duty to understand and build self-esteem, the latter being central to children and young peoples' broader personal development.

1.10 Teaching options

While there is currently no mandatory obligation for schools to teach body image, the Inquiry was presented with a number of different approaches to reducing body image dissatisfaction and to promoting positive and healthy body image in the school setting. Each of the approaches submitted to the Inquiry, and outlined here, reported varying degrees of empirical and scientific evidence for their effectiveness in achieving the goal of reducing body image dissatisfaction. Some also reported a strong evidence-base for their effectiveness, while others reported limited or no evidence for their ability to reduce body image dissatisfaction.

Figure 3: Diagram outlining Nick Boddington's description of how body image lessons fit within the overall school framework to promote pupil wellbeing



Psycho-educational initiatives

The inquiry heard from a number of organisations which work in schools to raise awareness of body image, including Body Gossip, Embodying Change and Adolescence. Psycho-educational initiatives run by these organisations and others focus on facilitated discussion and interactive activities, with the aim of engaging and educating young people about body image and promoting a more positive self-view. Organisations delivering these initiatives reported that while schools are appreciative of their work they often struggle to engage with them on this issue, commonly because of time or budgetary constraints.

Although psycho-educational initiatives reported success in raising awareness about body image as an issue in schools, the Inquiry received little empirical evidence or research

to support the long-term effectiveness of this type of approach in reducing body image dissatisfaction, specifically among young people in the school setting.

It was also reported that many organisations worked in isolation and could benefit from finding out about the work of other organisations which operate in this area. The use of external providers for body image lessons was seen as beneficial, particularly when teachers report that they often do not feel comfortable or competent to lead body image lessons. Steve Byrne from Y Touring Theatre Company said that teachers could not; “fake teaching body image,” as they may have their own body image issues. Several witnesses shared the view that teachers would benefit from some sort of training on teaching body image.



Self-esteem programmes

In 2004 the Cosmetics, Toiletries and Perfumeries Association – the trade association for the beauty industry – and DEMOS commissioned a report²² which concluded that the beauty industry should support the development of self-esteem programmes in an effort to address increasing rates of body image dissatisfaction among young people. The Inquiry heard from some of the UK's biggest advertisers, which reported that they recognise that industry has a responsibility to promote a positive sense of self and they have, to varying degrees, been involved with initiatives which aim to promote self-esteem among young people. Unilever UK told the Inquiry about the Dove Self-Esteem Programme which provides educational tools for young people to address body confidence. To date these resources have reached over 800,000 children in the UK.

Other organisations reported that they support educational initiatives as part of their corporate responsibility agenda, although they often do not specifically focus on body image. For example, Boots has developed a Boots Learning Store which supports classroom based PSHE education and is aimed at teachers, children and young people. It provides modules for all stages of the curriculum from primary to post-16 and covers topics including eating disorders. Proctor & Gamble, meanwhile, supports the TeachFirst initiative which recruits and places teachers into schools in disadvantaged areas. While neither scheme directly relates to body image, or has been evaluated in terms of its ability to effectively address or reduce body image dissatisfaction in schools, both organisations reported that they are open to discussing how they could further support work in this area through these initiatives.

Media Literacy programmes

In recognition of the strong influence the media has on young people's lives, and the need to be able to critique it, media literacy programmes and workshops have been developed and disseminated in some schools. Media Smart is a not-for-profit organisation, funded by the advertising industry, which has developed a body image lesson with support from Lynne Featherstone, Minister for Equalities. It aims to enable children aged 10-11 to understand techniques that are used to digitally manipulate media images, and to look at media with a critical eye. At the time of writing, MediaSmart body image lessons had been disseminated to 1000 schools and work is underway to develop a similar guide for parents. So far there has been no independent evaluation of the lesson's ability to improve media literacy skills and reduce body image dissatisfaction among young people.

Social Skills Programmes

Changing Faces, a UK-based charity, has pioneered school-based strategies which teach specialised social skills to young people who have a disfigurement to help them cope with teasing, bullying or confrontational situations related to their appearance.²³

The Inquiry heard that approaches such as fogging – a skilfully neutral and emotionless response to negative comments about appearance – and the acceptance of imperfections are promoted as a way to empower young people to take control of social situations (Frances, 2004).²⁴

Research suggests that these skills are also highly beneficial when acquired by peers whose appearance is not affected by disfigurement.²⁵ Social skills training has been shown in several studies to be associated with a reduction in the perceived importance and power of appearance-related remarks. Secondary school students have reported that they are able to feel better about themselves after they develop better social skills to de-fuse attempts at appearance-related teasing and bullying.

Figure 4: Diagram illustrating how “fogging” an intervention advocated by Changing Faces can be deployed



Cognitive Dissonance programmes

Dissonance-based interventions (DBIs) encourage people to act in a way that is counter to their attitudes. The dissonance, or gap, between their attitudes and actions can lead to an attitudinal shift. The Succeed Foundation, a UK-based eating disorders charity, is currently disseminating a cognitive dissonance-based body image intervention to women at universities in the UK. Dissonance-based interventions encourage young women to actively speak out against unrealistic ideals of female beauty through a range of interactive activities. The aim is to reduce internalisation of beauty ideals and in turn reduce body image dissatisfaction.

The Inquiry was presented with evidence which demonstrates that dissonance-based negative body image and eating disorder prevention programmes have the strongest empirical evidence base to date. For example, in the US the approach has been shown in multiple studies to lead to significant reductions in body image dissatisfaction among adolescent and young adult women.²⁶ The Inquiry heard that the Succeed Foundation is currently evaluating the effectiveness of this programme in reducing body image dissatisfaction among girls and boys in secondary schools in the UK.

1.11

The need for evidence-based interventions

Psycho-educational, self-esteem and media literacy programmes provide young people with a space to think about, and to critique, the cultural beauty ideals presented to them. However, the Inquiry heard that there is a risk associated with promoting and disseminating body image interventions and lessons in schools if they do not have an empirical and scientific evidence base to demonstrate that they can effectively reduce body image dissatisfaction among young people.

Some witnesses feared that although many initiatives have good intentions, delivering initiatives that do not have an evidence-base may have no impact, or, in some cases, cause more harm than good. Professor Glenn Waller said that there was scant evidence to support the effectiveness of self-esteem programmes. In one recent study, girls were found to understand media literacy but; "critical understanding did not transfer to how they addressed their own bodies."²⁷

Despite the lack of a scientific evidence base for their effectiveness, the Inquiry heard that young people are affected by many of the issues covered by psycho-education, self-esteem and media literacy programmes. Dr Francombe suggested that there is an ongoing need to develop effective programmes to equip young people with tools to challenge unrealistic beauty ideals and to provide a safe environment in which to discuss and think about the topic. The Inquiry also heard that there is a need for media literacy programmes to be more culturally sensitive and responsive to the needs of different groups e.g. taking ethnicity, disability, social class and sexuality into account.

Although many programmes lack a sound scientific evidence-base, the Inquiry heard about a number of initiatives which do have a strong empirical evidence base to demonstrate their ability to effectively reduce body dissatisfaction, such as cognitive dissonance-based programmes.



Our recommendations:

Teaching body image and parental influence

We call for:

- 1 **Further research into the impact of parental attachment and influence on children's body image.**
- 2 **The development of effective strategies to support parents to build positive body image environments for their children.** This could include support provided to parents by midwives and health visitors.
- 3 **The building of body image initiatives into the OFSTED inspection framework.** We believe that building positive body image and self-esteem is fundamental to building emotional resilience among young people. OFSTED could give guidance to inspectors to include positive body image and self-esteem in building emotional resilience among young people as part of the evaluation of pupils' behaviour and safety.
- 4 **The establishment of a national network and platform to share programmes and resources that have been shown to reduce body image dissatisfaction and promote healthy body image.** A common view heard by the Inquiry was that organisations working in the area of body image in education settings often operate in a vacuum and could benefit from more connected and cohesive networks. Given industry's desire to support initiatives in this area, and the identified need for evidence-based programmes, we encourage industry to work with organisations operating in this area to develop a national network of resources to enable providers to share evidence-based resources and to encourage collaborative work.
- 5 **The development of a standardised monitoring and evaluation framework and platform for organisations delivering body image interventions.** Further research is required to better understand the extent to which current body image interventions have the capacity to effectively reduce body image dissatisfaction. The development of a standardised monitoring and evaluation framework for body image interventions, particularly in education settings, could facilitate the development of a stronger evidence base for these programmes and highlight current best practice.
- 6 **The introduction of mandatory lessons on body image in primary and secondary schools.** Both primary and secondary schools should teach body image as a subject in its own right. In primary schools this could be embedded within the core curriculum and in secondary schools this should be part of PSHE education. Lessons should be age-appropriate, evidence-based and driven by an approach that builds positive body image and high self-esteem among young people.

7 The provision of more opportunities for teacher training in body image. Teachers are a crucial gatekeeper for children and young people, although they may not feel comfortable and adequately prepared to address body image issues with pupils. Teacher training colleges should be encouraged to include body image and broader self-esteem initiatives as part of their training. Schools should also include this as part of the Newly Qualified Teaching Year (NQTY). More opportunities for staff development in relation to delivering body image lessons in the classroom should be offered to current teaching staff.

8 A commitment from schools to involve young people in the design of physical activity provision. Exercise can improve body image, although the Inquiry heard that, in terms of the delivery of physical education lessons in schools; instances of good practice are outnumbered by schools that aren't necessarily delivering sport or physical activity in the right way. Schools should do more to consult with young people in the design of PE and after school programmes and there should be an extension in the range of activities available in schools to increase participation. For example, less team-based and more individual activities that develop individual mastery such as dance, yoga, rock-climbing, aerobics, and martial arts.²⁸

SECTION 2:

The mis-sold ideal?

2.1

The role of media and advertising

An analysis of responses to the online consultation showed that the main perceived social influences on body image were the media (43.5%), advertising (16.8%) and celebrity culture (12.5%). Peers, parents and specific sectors such as the fashion industry were also identified. The Inquiry heard that the gap between the average consumer and the 'unrealistic, unattainable and perfect' appearance ideals presented in the media and advertising may contribute to body image dissatisfaction, as the discrepancy between reality and idealised beauty was so vast.

“

The media is constantly bombarding kids with unrealistic images...pretty people look like this, ugly people look like this.”

Lucy Ryan,
pupil from **Maria Fidelis School**
(who gave evidence to Inquiry)

The gender ideals

Evidence suggests that the mainstream appearance ideal for women tends to be associated with thinness, large breasts and a small waist. For men, it was seen as more complicated with a greater range of ideals. For example, while there is an ideal of enhanced muscularity and low body fat, there is also a thin ideal. It was reported that there is also a narrow focus on promoting youth and Caucasian features for both women and men in media and advertising imagery.

The appearance ideals presented in the media were seen to be at odds with the wider UK population in which one in four women wear clothes in size 18 and above;²⁹ one in six is from an ethnic minority background;³⁰ and around half a million people in the UK have a visible disfigurement.³¹

Throughout the course of the Inquiry it was suggested that idealised media images do not adequately reflect the majority of consumers or the reality of the general population.

Figure 5: Examples of the male and female body ideals



2.2

Advertising ideals

The Inquiry heard from industry experts that appearance ideals presented in advertising are used to trigger aspirational desires among consumers. However, other witnesses stated that this is a misleading strategy when it is estimated that fewer than 5% of the population could ever realistically attain the current body ideals being portrayed.³²

It was suggested that body shape and weight is often genetically determined. For example, our genetic blueprint largely determines whether we are stocky or slender, as well as our level of body fatness. Physiques can be categorised as ectomorphic (not predisposed to store fat or build muscle), mesomorphic (predisposed to build muscle, but not build fat) or endomorphic (predisposed to storing fat).

While it was reported that we can change levels of body fat to some degree – although for most individuals not to the extent that is required to meet current beauty ideals – body shape is not malleable. It is also impossible to change age, ethnicity or the presence of a disability, despite the fact that advertising – which often features products that ‘guarantee’ to reduce the appearance of ageing and the availability of skin whitening treatments – infers otherwise.

2.3

Visual and social media

The APPG was told that the use of ‘perfect’ and ‘flawless’ models was everywhere. Advertising, consumer magazines and the fashion industry were seen to be too dependent on models that were not reflective of the general public and not a realistic body weight. It was suggested that; “when people compare themselves to these unrealistic images they feel dissatisfied with their own bodies, which can lower their self-esteem.”³³

Television was also seen to be over reliant on attractive, young and slim presenters. This was seen as particularly evident amongst female presenters on television, as well as in reality television programmes such as the X-Factor and The Only Way is Essex, and in soap operas such as Hollyoaks, which were singled out as focussing too much on the way people look.

Research submitted to the Inquiry from Girl Scouts of the USA showed that girls who regularly view reality TV are more focussed on the value of physical appearance than girls who are not regularly exposed to this genre.

The growth in the number of different visual media, including social networking sites which are heavily consumed by young people was also seen to be exacerbating the importance of appearance.

The Inquiry heard that appearance-related cyber-bullying and criticism was reported as being highly prevalent on social networking sites. Almost one third of young people had experienced some form of cyber-bullying³⁴ and the research submitted to the Inquiry by the Girl Scouts of the USA revealed that almost two thirds of girls in the US have had a negative experience on social networking sites. Debenhams, meanwhile, highlighted that their use of a larger model for their SlimSuit campaign in 2011 was greeted with several offensive comments on Facebook.

2.4

Digital manipulation

As well as a lack of perceived diversity in the appearance of models and presenters in advertising and on television, the digital manipulation of images was believed to exacerbate the reality gap. The Inquiry heard that airbrushing and digital retouching is perceived by advertising regulators as a legitimate practice, so long as it does not mislead the average consumer about the performance of a product or is deemed to be irresponsible by the advertising regulator. Evidence suggests that most consumers are aware that retouching takes place in advertising, with 84% of young women saying they recognise what retouching is.³⁵

Although this awareness exists, Dr Adrienne Key from the Royal College of Physicians said that digital manipulation was damaging and that; “retouching is part of the unrealistic nature of images, which has become a malignant process.”

2.5

The effects of media ideals

Despite the awareness of airbrushing and the unrealistic nature of idealised media and advertising imagery, research suggests that over one third of young women want to look like the models they see in adverts,³⁶ while a similar proportion of men want to look like the models they see in magazines.³⁷

The Inquiry heard that the disconnect between 'real' people and the 'ideals' portrayed is such that the public may find themselves wanting or feeling inadequate. The over-reliance on unrealistic, ultra-thin or ultra-muscular imagery was seen to be a major contributor to body image dissatisfaction, and was seen to be related to exacerbating and perpetuating disordered eating among women and to a drive for high levels of muscularity among men.³⁸

It was reported that the frequent failure of celebrities and consumers to measure up to appearance ideals was often seized upon by the media, particularly magazines and newspapers. Examples were given of articles in which celebrities are routinely criticised for their body weight, whether through

statements such as; "ballooning to a size 16"³⁹ through reporting on the fact that; "Celebs go from thin to fat"⁴⁰, or through highlighting so-called 'flaws' in appearance, such as having cellulite or not wearing make-up.

Articles were said to be frequently accompanied by sensationalist language and a disapproving reporting tone that reinforced inaccurate stereotypes, such as all fat people being lazy, and of those who measure up to the thin ideal of beauty as being successful and happy.

Gossip magazine Heat appeared before the Leveson Inquiry⁴¹ and said that articles about celebrities' 'wobbly bits' were meant to be empowering and to; "send out a positive message to their readers." However, evidence submitted to the Body Image Inquiry suggested that this kind of appearance criticism was damaging and unnecessary. Offensive and critical appearance-related comments in the press were seen to normalise appearance-related bullying as a socially acceptable phenomenon.

16%

of women identified the media as a source of pressure to conform to appearance ideals and 86% of women said the media portrayal of women could be better.

Dove Research

“

The media keep you that bit dissatisfied. If it gave you the perfect lifestyle then they wouldn't sell. It is a moving target – it will always change, you will never win. ”

Professor Glenn Waller,
Central and North West London NHS Foundation Trust



2.6

Media regulation

The Inquiry heard that media in the UK is subject to self-regulation. Magazines and newspapers must abide by the Editors' Code, which is administered by the Press Complaints Commission while OFCOM and the BBC Trust regulate broadcast content. However, there is currently nothing in either code which relates to body image and it was suggested that this needs to be reviewed.

2.7

Clothing implications

Respondents to the Inquiry also suggested that not measuring up to appearance ideals portrayed in the media and advertising also affected shopping experiences. Consumers expressed confusion about clothing sizes and examples were given where shoppers bought clothes based on an 'ideal' size rather than comfort or fit.

There were also reports of many consumers failing to find clothes in fashionable, size inclusive ranges, and struggling to find clothing for children that matched the age range they were marketed for. Dean Frances Corner from the London College of Fashion said that there is a growing need for fashion students to be educated to construct clothing ranges for all shapes and sizes.

2.8

The desire for authenticity

Evidence suggested that the need for images to more accurately reflect the public and consumers, broadly stems from a concern that, in their current form, they may contribute to body image dissatisfaction. While media literacy programmes may help to educate young people about the images presented to them, there are vulnerable groups who still need protection. Therefore there was a consensus among the Inquiry respondents that the images need to change. Additionally, research suggests that appearance comparisons to idealised media imagery are an automatic process in the mind, and that due to the widespread depiction of these images, it is almost impossible for the brain to deconstruct and critique every image presented.

In the DEMOS report 'The Self-Esteem Society' the conclusion was that both "business and the media should offer more balanced and varied images of success as part of corporate social responsibility." In addition, the Inquiry heard that there appears to be a mounting consumer backlash against images which do not appear authentic and realistic. The Inquiry heard, therefore, that there are commercial incentives for making changes and adopting more realistic and diverse imagery in the media and advertisements.

2.9

Advertising standards



The UK has a gold standard regulatory system – adverts should be legal, decent, honest and truthful and have social responsibility. ”

Sue Eustace, Advertising Association

The Advertising Standards Authority (ASA) monitors advertising in the UK to ensure that it does not mislead or cause harm. The Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) are the bodies that write and maintain the rules that the ASA administer, and both CAP and BCAP need to see robust evidence before they can agree to change or amend the Advertising Codes. The Advertising Association also works to promote best practice within the industry. The ASA operates predominantly on a complaints-based system but will assess any complaint it receives from the public about an advert. The ASA also undertakes proactive monitoring work to check compliance with advertising rules and identify potential problems. This is usually targeted towards sensitive areas and recent work has covered food, alcohol and gambling advertising. If the ASA Council judges that an advert has the potential to mislead the average consumer about the capabilities and nature of a product, it will require the advert to be amended or removed.

There have been several examples in which adverts for beauty products have been banned because airbrushing was seen to potentially mislead consumers as to the capabilities of the product being advertised. However, there has been little success in removing advertisements that feature ultra-thin and/or muscular models, despite a wealth of scientific evidence which demonstrates that exposure to these images is associated with increased body image dissatisfaction and disordered eating behaviours among young people and adults.⁴² Therefore, it is currently unclear as to what constitutes evidence in the eyes of the regulatory bodies. The Inquiry also heard that the ASA does not require advertisers to consider body diversity within advertising and does not believe it would be practicable or appropriate for a mandatory requirement to exist within the Advertising Codes. Therefore progress in this area is currently a matter for industry to determine.



Understanding the visual world and how it operates is the key skill in the 21st Century, we need to get more sophisticated at it, and to be more resilient to the more toxic aspects of it. ”

Susan Ringwood, BEAT



2.10

Changing attitudes in media and advertising

The Inquiry heard that there was a genuine desire on the part of advertisers and editorial teams to use more diverse and relatable imagery. Matthew Todd, Editor of *Attitude*, a magazine aimed at gay men, said that while he recognised there was an over-reliance on appearance ideals, he had taken steps to ensure his magazine included more diverse images. However, he also said that there was a constant pressure to use images that sell, and those magazines that included youthful and muscular images on their front covers were more likely to sell. He gave an example in which editions of *Attitude* Magazine with the singer Adele and comedian Stephen Fry on their front covers had lower sales than editions fronted by celebrities revealing toned, half-naked torsos.

Members of the APPG also questioned the use of imagery by health and fitness magazines which included an over-reliance on appearance ideals and suggested that these images could put some people off sport and physical activity.

Research received by the Inquiry showed that consumers approve of diversity because they feel closer to what is presented; can identify with the image and are just as likely to buy the product when they view an advertisement featuring an average-size model in comparison to a thin or muscular model.⁴³

In one study, when young girls were asked which image they would like to select to appear in an advert for women and young girls, the majority chose the more average-sized image, as they considered it to be beautiful and more authentic than thinner alternatives.⁴⁴ Young women also reported that they prefer more natural and less retouched images to airbrushed alternatives and that brands are more trusted if they “do not use airbrushing techniques extensively.”⁴⁵

2.11

The use of models

It was suggested that casting larger size models may be more difficult than casting slimmer models. For example, Carie Barkhuizen from Debenhams said: "We really struggled with casting for models.... it was nearly impossible to cast for a size 10 model." However, Ben Barry, who runs a plus-size model agency, offered a counter opinion, saying that London leads the world in plus-size modelling. Nevertheless, it was suggested that there needs to be better showcasing of the range of high fashion models with different body shapes and sizes, particularly given the consumer appetite for greater body diversity.

The inquiry also heard that there is a growing body of research which suggests that the use of models that have body sizes and shapes that are more realistic and reflective of people in the general community provide healthy and effective alternatives to the use of ultra-thin female and ultra-muscular male models in media and advertising.

Global studies in this area

Over 28 published empirical studies, with over 4000 women and men from the UK, Europe, North America and Australia, have been conducted which demonstrate that women and men report more positive body image and less body image dissatisfaction after viewing media images of average-size female models (UK size 14-18) and average-size male models, than after viewing images of thin female models (UK size 6-10) and muscular male models. Some of these studies have also compared consumers' perceptions of the effectiveness of advertisements with ultra-thin, ultra-muscular and average-size models. These studies have found that average-size models are perceived by consumers to be just as effective in advertisements as ultra-muscular and ultra-thin models.

Recent research has also found that the effectiveness of models used in advertising depends on whether the model shares the consumers' traits. Key findings show that: women increase their purchasing intentions by over 200% if they see a woman who reflects their size; women over size six increase their purchasing intention by 300% when they see curvier models, and there were similar positive correlations between purchasing intentions and the age and ethnicity of models which reflected the consumer.⁴⁶

Women explained that they could better picture themselves in outfits when they were advertised by models of a similar body size to them. They also reported feeling beautiful and more confident when they saw models that reflected their traits, subsequently feeling more motivated to buy the outfit. In contrast, some of the women in the study were turned off buying a product when they saw it worn by an idealised model.

This research suggests that increasing the diversity of body sizes and shapes in the media has the capacity to promote positive body image among consumers, and to avoid the detrimental health effects associated with viewing thin and muscular models. It also suggests that to unleash economic potential brands should cast models who mirror the diversity of their target market.



2.12

Good practice case studies

The Inquiry heard that a number of advertisers have embraced greater body diversity and authenticity in the images they use as it more accurately reflects their consumers. For example, Debenhams said that 40% of their sales are for women of size 16 and above, and more than 80% of sales were for sizes 12 and above, while 33% of sales are for men classed as XL size and above. Debenhams piloted an advertising campaign that used size 16 mannequins in store as well as larger, older and disabled models in their advertising for the Principles by Ben de Lisi range. Debenhams reported that customer reaction for both initiatives was extremely positive and Principles is one of its best-selling brands.

Figure 6:

Below: The Debenhams Principles by Ben de Lisi advertising campaign

Right: Size 16 mannequins piloted by Debenhams





Figure 7: The Boots No.7 Ta-dah campaign



The advertisement features a woman's face in a car's rearview mirror, looking back at her reflection. The background is dark with a red, textured surface. The text 'N°7' is in the top left, and '3 FOR 2 on N°7' is in the top right. The phrase 'YOU LIKE WHAT YOU DON'T SEE' is on the left. The large text 'Ta Dah!' is in the center. Below this, a tube of 'N°7 Airbrush Away Primer' is shown next to the text 'NEW AIRBRUSH AWAY MAKES SKIN LOOK YOUNGER, INSTANTLY.' A smaller image of the woman's face is in the bottom right. The Boots logo and website are in the bottom left, and a disclaimer is in the bottom right.

N°7

3 FOR 2
on N°7

YOU LIKE WHAT
YOU DON'T
SEE

Ta
Dah!

NEW AIRBRUSH AWAY
MAKES SKIN LOOK
YOUNGER, INSTANTLY.

N°7
Airbrush
Away
Primer

Only at Boots
& boots.com

*Cheapest item free. Available in most Boots stores and Boots.com from 4/1/13 until 3/31/14. Subject to availability. Excludes holly. See in-store for details.

In response to customer feedback, in 2011 Boots launched the Ta Dah campaign for Boots No.7 beauty products which did not use airbrushing in the advertisements. A review of the campaign found that 77% of respondents agreed that the advertising was attractive to look at, 69% agreed that the advertising “felt right” and 50% said it made them feel more positive towards the No.7 brand (Boots). Indeed, Boots has said it feels there is no need for airbrushing techniques in beauty advertising, as it believes the products should speak for themselves and that this reflects what customers want. Boots reported that there was a sales success with this campaign, stating that: “a sales increase above and beyond which could be potentially attributed to Ta Dah.”

The research and case examples of retailer success presented to the Inquiry illustrate the steps advertisers can take to develop more authentic positive campaigns, which are more reflective of their customer base and are still commercially successful.

2.13

Commodity Body

Whether intentional or not, the Inquiry heard that the over-reliance on idealised, digitally altered images of beauty has stimulated consumer demand for a range of products and services to achieve a particular look. There has been a steady increase in industries which market themselves as providing a 'quick fix' solution to achieving this ideal or which may help people feel better about their appearance. The Inquiry received evidence from some of these sectors.

“

Avalanches of money are wasted on products used to alleviate or 'cure' problems that have been created by those wishing to make money.”

**Member of the public,
respondent to online consultation**

“

The images seen in magazines and other media made me want to change my appearance.”

Respondent to Inquiry, 2009

“

There is an industry making money out of making people feel inadequate.”

**Fazel Fatah, President,
British Association of Aesthetic
and Plastic Surgeons**

2.14

The rise in cosmetic surgery

Between 2008-10 the cosmetic surgery market in the UK grew by approximately 17%, reaching an estimated value of £2.3 billion.⁴⁷ In 2011 there were over 40,000 cosmetic procedures, an increase of almost 6% on the previous year.⁴⁸

The Inquiry heard that cosmetic surgery has become normalised and a significant number of patients electively undergo invasive surgical procedures for aesthetic, rather than for treatment or medicinal reasons.

The cosmetic surgery market

- Grew by 17% between 2008-10
- Worth £2.3 billion a year
- 40,000 cosmetic procedures in 2011

Fazal Fatah, President of the British Association of Aesthetic and Plastic Surgeons told the Inquiry that cosmetic surgery had been turned into a commodity, backed by advertising and irresponsible marketing ploys. Research suggests that the growing visibility of cosmetic surgery in advertising, media and consumer culture, and people's beliefs about their ability to change their appearance, has driven interest in seeking cosmetic surgery.⁴⁹

Professor Fatah said that one particular way the industry has been marketed internationally has been through reality television cosmetic surgery 'make-over' programmes. Such programmes were seen to normalise surgery as a way of achieving appearance ideals. It was also suggested that these programmes fail to give viewers accurate facts and information, and rely too much on extreme cases, such as botched cosmetic surgery.

“

Images have changed what is and isn't acceptable in plastic surgery. ”

Debi Sandler, cosmetic support

2.15

Cosmetic surgery and advertising

The Inquiry heard that advertising of cosmetic surgery is legal, although the ASA has upheld several complaints about cosmetic surgery adverts on the grounds that they downplayed the risks associated with, or trivialised, cosmetic surgery. These rulings were possible because the ASA can ban adverts if they are deemed to cause harm and offence, mislead or be socially irresponsible. Nevertheless the Inquiry heard a number of examples which could be deemed to have potentially breached these rules and had not been removed or amended.

Evidence submitted suggested that marketing strategies for cosmetic surgery companies often include cross-selling, in which customers may be offered a deal if they undergo additional surgery or book by a certain time. For example, at the time of writing this report in May 2012, The Birkdale Clinic offered £5,000 of cosmetic surgery for £2,500 if potential customers booked before the end of the month. Cosmetic surgery was also reported as being offered as a prize by some organisations,⁵⁰ and has also been the subject of what may be regarded as inappropriate promotion.

Post-divorce makeovers have also been publicised and, in 2010, Transform Cosmetic Surgery admitted that recent divorcees make up more than 25% of their business.⁵¹ High interest loan companies have also marketed their services specifically for people wanting to take out cosmetic surgery. Indeed the Inquiry heard evidence that the availability of finance packages for cosmetic surgery meant it was one of the main reasons why consumers were getting into debt after taking out a mortgage or buying a car.

The ASA stated that it can address many of the issues raised in relation to problematic cosmetic surgery advertising within existing advertising codes. The ASA added that it would urge anyone who has seen cosmetic surgery advertising they deem to be irresponsible, misleading or harmful to submit a complaint. However, the Inquiry subsequently heard from witnesses who felt that further action was required. The Inquiry received calls for an outright ban on cosmetic surgery advertising and marketing, or at least further clarification and a tightening of the regulations. This call was seen as particularly important in relation to advertising images and strategies that may imply that cosmetic surgery will enhance confidence or attractiveness.

Figure 8: A mock up of cosmetic surgery advertising linking the procedure with building confidence



Rediscover your natural beauty and
get your confidence back on track

Enhance your beauty

Get the body you've always wanted

We offer:

- Guaranteed minimal scarring
- Revolutionary recovery time
- Surgeons that you can trust

Get **50% off** all
enhancement surgeries
if booked before the
end of June

 Chrysalis Cosmetics



2.16

The patients' perspective

The Inquiry heard that some patients may undergo cosmetic surgery purely for aesthetic reasons and can have unrealistic expectations of the outcomes. Some individuals may suffer from a sufficient level of self-consciousness from attributes which may impact on their quality of life, for example protruding ears, or gynaecomastia (development of male breast tissues). However, the Inquiry heard that people seeking cosmetic surgery tended to be treated as customers rather than patients. Witnesses said that patients were not receiving adequate consultation, screening and support prior to cosmetic surgery. It was suggested that potential patients need to be properly advised of the risks and complications associated with cosmetic surgery, and that this was currently not common practice.

Fazel Fatah, from BAAPS said that; "well informed patients should be left to make their own decisions about whether to go ahead with surgery without any pressure." Witnesses called for the pre-operative consultation to be based on the interests of the patient and not about selling a cosmetic procedure. For example between 3-18% of patients in clinics may suffer from Body Dysmorphic Disorder (BDD).⁵² BDD is a condition in which a person has severe body dissatisfaction and

can be preoccupied with perceived defects in their appearance which are not noticeable to others. A high proportion (up to 80%) of patients with BDD can be dissatisfied with the results following surgery. Dr David Veale, Consultant Psychiatrist at the South London and Maudesley NHS Trust said that clinics should screen patients for Body Dysmorphic Disorder and that NICE (National Institute for Health and Clinical Excellence) guidance on treatment of BDD should be followed, namely that "people with suspected BDD should be assessed by a mental health professional."

More generally the Inquiry heard that there is little research which shows whether cosmetic surgery leads to improvements in self-esteem. In one study researchers noted that their sample of cosmetic surgery recipients "ran a higher likelihood of having low self-esteem compared to non-recipient women".⁵³ There was broad agreement of the need to better understand this and there were several calls for further research into patient satisfaction following surgery and for a non-profit body to provide accurate information, help and support to patients.

2.17

Body changing supplements

Supplementation is another area in which consumers may purchase and consume products in an effort to achieve an idealised appearance, such as that often featured in advertisements to sell supplementation products. Evidence submitted suggested that protein supplements are marketed as an effective way to gain lean muscle mass and that one in five young men admitted to using protein supplements in a quest to be more muscular.⁵⁴

Submitted evidence suggested that the marketing messages and visual cues used in advertising for certain supplements may oversimplify the benefits and side effects associated with their use. The Inquiry also heard that consumers may be misled into thinking that they could achieve similar results to the models used in adverts to sell such products, or the extent to which the models used have achieved the results due solely to the consumption of the product they are selling. However, the ASA reported it has not received complaints on this basis, and therefore it lacks precedence and evidence to determine whether such adverts are misleading in this way.

The Inquiry heard that manufacturer claims about the benefits of supplement consumption are governed by the EU Nutrition and Health Claims Directive. However, research to back up these claims, when publicised, tends to have been carried out under stringent laboratory conditions and it was suggested that there is little evidence that these benefits translate in real world settings. Evidence suggested that individuals may also get sufficient protein from their usual diet without supplementation.

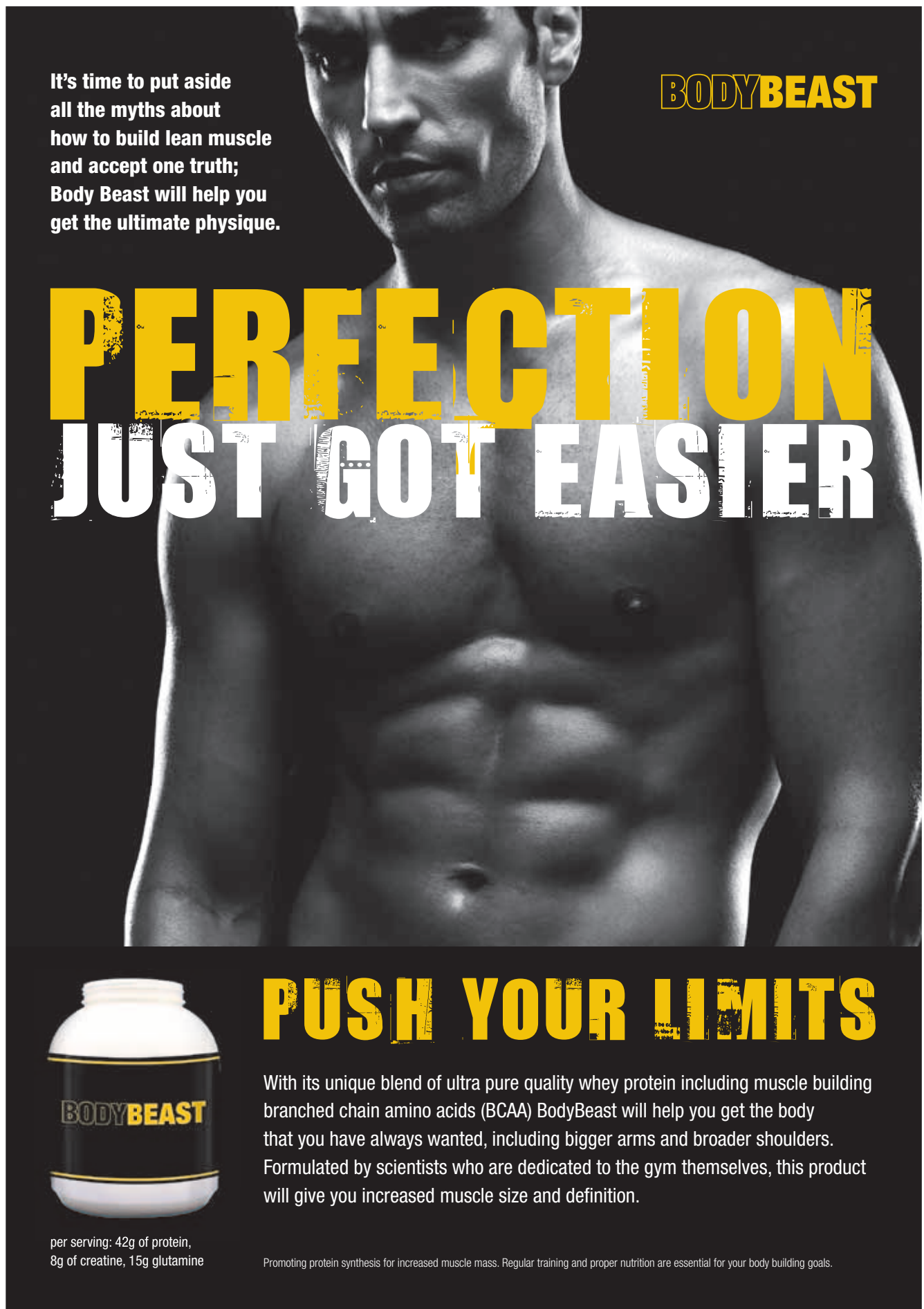
Professor Melinda Manore, from Oregon State University told the Inquiry that 1.5g protein per kilo of body weight would be sufficient for an individual who undertakes strenuous exercise. However, according to the National Diet and Nutrition survey (2003) highly active individuals consumed this level through their daily diet without the need to use supplements.



The effectiveness of such products for whole body outcomes remains to be seen in real world settings. Marketing and advertising claims can easily mislead consumers by communicating non-specific outcomes without due consideration of context. ”

Dr James Betts, University of Bath

Figure 9: A mock up of protein supplement advertising linking the use of a supplement with the male body ideal



It's time to put aside
all the myths about
how to build lean muscle
and accept one truth;
Body Beast will help you
get the ultimate physique.

BODYBEAST

PERFECTION JUST GOT EASIER



PUSH YOUR LIMITS

With its unique blend of ultra pure quality whey protein including muscle building branched chain amino acids (BCAA) BodyBeast will help you get the body that you have always wanted, including bigger arms and broader shoulders. Formulated by scientists who are dedicated to the gym themselves, this product will give you increased muscle size and definition.

per serving: 42g of protein,
8g of creatine, 15g glutamine

Promoting protein synthesis for increased muscle mass. Regular training and proper nutrition are essential for your body building goals.

2.18

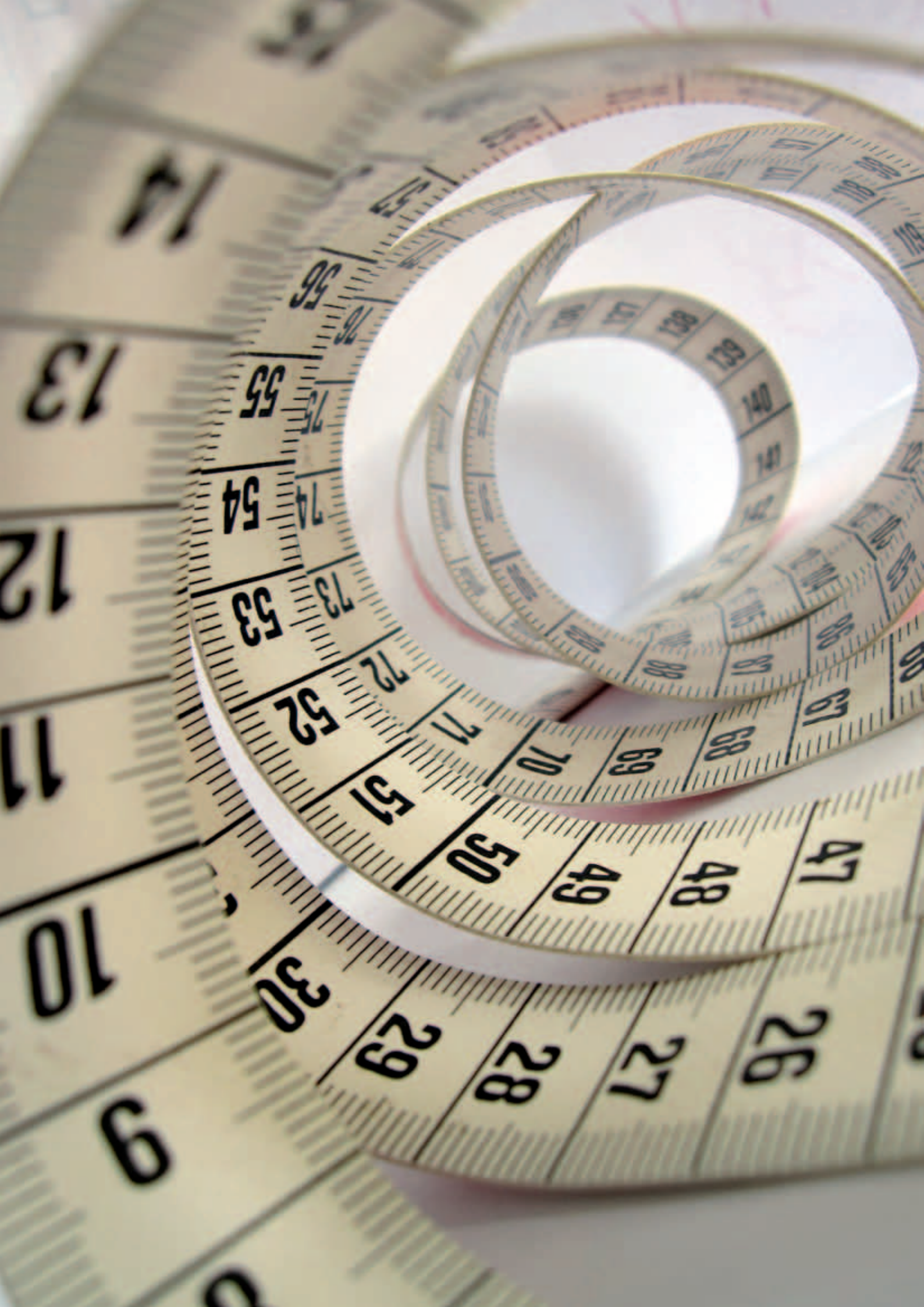
Our recommendations:

Body image and advertising

We call for:

- 1 Commitment from industry to develop advertising campaigns that include images that reflect greater diversity in appearance and are more reflective of consumers.** We call on advertisers, retailers and the fashion industry to work together to develop guidelines to inform campaigns which are more reflective of their consumer market, display diversity of appearance and are less reliant on practices such as retouching, all of which can enhance the credibility and authenticity of their brands and contribute to the development of more positive body image among the public. An annual audit of advertising campaigns to record progress on areas such as body diversity, as well as support for the Body Confidence Awards were suggestions of how the advertising industry could demonstrate their commitment to this agenda.
- 2 Clearer guidance from CAP/BCAP on what constitutes a robust evidence base to inform decisions about the harmful and/or misleading nature of some advertisements.** It is still unclear what determines robust evidence that an advert can mislead or cause harm. Therefore, the current complaints process is not sufficiently transparent and is insufficient in its capacity to appropriately respond to concerns expressed by the public. We call on CAP and BCAP to issue clearer guidance in this area.
- 3 A review of broadcast and editorial codes and reporting of body image-related issues.** We call for OFCOM, the BBC Trust, Press Complaints Commission, Professional Publishers Association and Newspaper Society to work together to develop best practice guidance to ensure that media reporting has balanced content, is sensitive when addressing weight and appearance issues, avoids advocating untested and potentially harmful dietary advice and stops inflammatory and discriminatory remarks based on appearance.
- 4 The establishment of an industry forum to promote body diversity within fashion retailing.** We call for an industry forum to be established to encourage fashion houses and retailers to adopt strategies to encourage greater body diversity and to consider issues such as sizing, use of mannequins and models.

- 5 The tightening of regulations for cosmetic surgery advertising.** We believe that the CAP should consider a separate code governing cosmetic surgery advertising. The advertising of cosmetic surgery in its current form was seen by witnesses and respondents to the Inquiry to normalise and treat what is a serious and invasive undertaking as an everyday commodity and imagery used may suggest that having cosmetic surgery can enhance confidence. Some of the issues we have identified with cosmetic surgery advertising may be addressed by a separate Advertising Code for cosmetic surgery, similar to the code which governs alcohol advertising – which states that alcohol advertising should not; “claim or imply that the product can enhance confidence or popularity; enhance attractiveness; and that marketing communication must not imply, condone or encourage excessive consumption of alcohol.”
- 6 The mandatory screening of patients undergoing cosmetic surgery.** There is an urgent need to develop a psychological screening tool and follow up measure to gather data on the psychological characteristics and suitability of prospective patients who want to have cosmetic surgery and to develop appropriate referral routes for those who require a more detailed assessment or an intervention other than surgery.
- 7 Further research to assess the long term impact of cosmetic surgery on patients.** We believe more research is required to better understand the impact of cosmetic surgery on patient body image and psychological wellbeing in the short and long term.
- 8 The establishment of a patient group to provide support on cosmetic and body enhancements.** We believe that either a group should be established, or an existing group should be recognised, as a voice for cosmetic surgery patients. The group could also provide support and impartial information and advice on other body enhancement procedures or products which are available, including; non-invasive cosmetic procedures, cosmetic dentistry and skin-whitening products; the effectiveness of supplementation and the risks associated with steroid abuse.



Body image and health

3.1

Body type versus health

The Inquiry heard that cultivating and maintaining an 'ideal' appearance has become more important than maintaining good health in our culture. Evidence suggested that a certain body aesthetic has now become associated with health and wellbeing, and it is this appearance and body type that is aimed for, rather than overall health.

Distilling health down to a specific body type or appearance was seen to be misleading by many witnesses as it neglects other important components of health such as psychological wellbeing and other physiological measures of health and fitness. With approximately two thirds of people living in the UK classed as either overweight or obese,⁵⁵ there is also a huge gap between the healthy ideal and the average person.

The APPG received evidence that tackling body image dissatisfaction is key to addressing some of the major public health problems and health behaviours that have been associated with the obesity epidemic. These include encouraging people to remain physically active and to eat sensibly, irrespective of body size.

The pursuit of narrowly defined health and appearance ideals was also seen to be associated with practices in which health is sacrificed for appearance, such as abuse of anabolic steroids, disordered eating or undergoing unnecessary cosmetic surgery, all of which can have significant detrimental consequences for physical health.

3.2

The link with obesity

Evidence submitted to the Inquiry suggested that the health issues often directly attributed to excess weight may be overstated because Body Mass Index (BMI), the measure commonly used to classify people into normal, overweight and obese categories can be an inaccurate way of classifying all individuals and their health risks.

Advocates of BMI insist it is a useful measure in epidemiological studies at a population level. However, at an individual level it is seen as too blunt to accurately indicate a person's level of health and fitness. Specifically, BMI is not an indicator of body composition as the tissue composition of a person's weight cannot be differentiated into lean mass, such as muscle and bone, and fat mass. Because of this, fit and healthy individuals with a higher than average muscle mass, such as triathletes, can have a BMI that classifies them as overweight or obese. Equally, individuals who have lower muscle mass but elevated fat mass, can be classified as having a healthy weight.

Furthermore, BMI does not take into account the distribution of body fat. For example, visceral (internal) storage of fat is regarded as more dangerous than subcutaneous (under the skin) storage, and fat distribution above the waist can be more dangerous than fat carried below it. BMI does not account for this. Due to the problems associated with BMI, using weight as a proxy for health was seen as potentially misleading and a contributor to weight-based discrimination.

The Foresight Report; Tackling Obesity: Future Choices (2007) acknowledged that; "BMI needs careful interpretation on an individual basis," and that other measures such as waist circumference and waist to hip ratio; "may be more accurate predictors of disease in some groups."

The Obesity Guidance issued by NICE also advises that BMI should be interpreted with caution because it is not a direct measure of how much fat a person has (adiposity). Despite these misgivings, the Inquiry heard that the National Health Service (NHS), schools and many diet programmes (e.g. Weight Watchers and Slimming World) continue to use BMI.

Case Study: The National Child Measurement Programme

The National Child Measurement Programme (NCMP) was established in 2006 in response to concern about the growing numbers of children reported as overweight and obese. The programme involves weighing and measuring children in reception class and Year Six to determine whether they have a healthy weight.

The scheme has been criticised by parents for classifying their children as obese or overweight, even though they may have an active lifestyle and a healthy diet. Research from the University of Worcester (2011) has identified that children have been incorrectly classified as being overweight by the NCMP.

There were also errors in identifying kids with high body fat. For example, one in six who were classified as having a normal range BMI actually had an unhealthy level of fat distribution.⁵⁶

Several witnesses told the Inquiry that children growing up in a weight occupied society may develop body image dissatisfaction and its associated negative consequences at a very young age. There was concern that an overemphasis and analysis of size and weight may lead to neuroses about size, weight and physical appearance.



3.3

Weight as a proxy for health

Guidance from NICE, the Department of Health and the World Health Organisation all state that being overweight or obese is associated with a range of health conditions including coronary heart disease, type II diabetes, osteoarthritis and certain cancers. However, the Inquiry received evidence which challenges the notion that weight is always a reliable proxy or causal mechanism for poor health.

This included research submitted to the Inquiry which suggests that many overweight people live longer and healthier lives than people classed as a 'normal' weight;⁵⁷ that around one third of obese people are metabolically healthy⁵⁸ and, with the exception of osteoarthritis and certain cancers, causal links between body fat (adiposity) and disease remain hypothetical.⁵⁹



There is absolutely no evidence that talking about weight encourages people to sustain a healthy diet or exercise. ”

**Peter Muenning, Associate Professor,
Columbia University**



The vast majority of people labelled as overweight or obese according to current definitions do not face any meaningful increased risk for early death. ”

**Paul Campos et al,
International Journal of Epidemiology**

3.4

Obesity and health

Although there is evidence to suggest that there is a correlation between increased health risk and obesity, the Inquiry received evidence that many of these risks can be reduced by exercising and maintaining cardiovascular fitness – factors that are independent of weight loss.

The Inquiry received research which suggested that obese individuals who are fit have lower mortality rates than normal weight people who are not fit,⁶⁰ and that it was healthier to be fat and fit than slender and sedentary.

The Inquiry also heard that instead of focusing on weight, regular exercise is more likely to yield improvements in physiological function

and metabolic flexibility, and therefore health. For example, a reduction in blood pressure and improving insulin sensitivity.⁶¹

Focussing on weight as the key goal was seen by some to be counter-intuitive because weight loss is a long term outcome and difficult for many to achieve. Dr Jo Bowtell, Associate Professor at Exeter University said: “Individuals may lose heart and fall off the wagon before any significant weight loss has occurred, while missing the fact that their physical and mental health has significantly improved.” By focussing public health messages on the more achievable, albeit externally invisible benefits, it was argued that the chances of improving the health of the nation would be significantly improved.





Case Study: Health At Every Size

The Health at Every Size (HAES) movement encourages people of all sizes to adopt a healthy lifestyle, to focus on engaging in health-related behaviours rather than weight loss, and to be more accepting of body size diversity.

At the heart of HAES's approach is a drive to foster health and body acceptance for all people regardless of body size and shape, through taking care of one's body, eating healthily and engaging in appropriate amounts of physical activity.

Research comparing a HAES programme to a traditional diet weight-loss programme found that the HAES approach was associated with lower drop-out rates, higher levels of self-esteem and maintained improvements in health outcomes – such as healthy decreases in systolic blood pressure and total cholesterol – and a stable weight two years later. In contrast, dieters did not lower their total cholesterol and were not able to maintain healthy decreases in systolic blood pressure and small amounts of weight loss two years later.⁶²

3.5

Weight stigmatisation

The Inquiry heard that weight stigma is common. In other words, people who are overweight or obese often face stigma and discrimination due to their size and weight. This can include being labelled as lazy, unsuccessful or lacking in self-discipline, and receiving sub-optimal treatment in society.

It was reported that one in five people in the UK has been victimised due to their weight,⁶³ and that almost three quarters of overweight women have received derogatory remarks regarding their weight.⁶⁴ Clear and consistent stigmatisation and discrimination was identified by Puhl and Brownell⁶⁵ in employment, education and healthcare. This research included findings that showed one quarter of nurses reported being repulsed by obese persons and that parents provided less college support for their overweight kids. Research also suggests that healthcare professionals spend less time with overweight patients⁶⁶ or attribute negative characteristics to obese patients.⁶⁷

Studies in schools have also found that children attribute negative characteristics to overweight people and in turn have anxiety about their own shape,⁶⁸ while almost one third of teachers said that becoming obese is the worst thing that can happen to a person.⁶⁹

In employment, meanwhile, a study of HR professionals suggested that more than 90% would chose a 'normal weight' candidate over an obese applicant, with over 10% thinking that employers can dismiss people because they are obese.⁷⁰

Submitted evidence also suggests that experiencing weight stigma is associated with a decreased likelihood of engaging in healthy behaviours. For example, despite the proven benefits of exercise in terms of self-esteem, body image and physical health and wellbeing, individuals who experience weight stigma often do not feel confident enough to engage in sport and exercise.⁷¹ Indeed, appearance and weight-focused exercise environments, as well as appearance-related teasing, can increase resistance from larger individuals to engage in exercise and physical activity.

“

No-one wants to be the biggest one in the gym. That would be me. And even at 55 it still takes courage. ”

**Member of the public,
respondent to online consultation**

“

The fatter you are the more you need to move around and move your body, but the opposite starts to happen... you feel self-conscious so you sit at home and eat. ”

**Member of the public,
respondent to online consultation**

3.6

Weight stigma and the individual

The Inquiry heard that weight stigma is associated with the belief that being overweight or obese is a preventable cause of illness,⁷² a problem akin to smoking and a condition in which the individual is personally responsible.

This portrayal of being overweight or obese is often reflected in the media. Television programmes such as *The Biggest Loser*, *Supersize v Superskinny* and *Celebrity Fit Club* reinforce the message that body weight is within personal control and is malleable. However, Dr Fiona Johnson told the Inquiry that; “the ready availability of cheap calorie dense foods and lack of opportunities for exercise also make the situation more complicated.”

Body weight is not simply within individual control and cannot always be altered through behaviour change. Specifically, while some people are successful in managing their weight through behavioural control, the Inquiry heard that weight is far more complex. In addition to behaviour, weight is also determined by genetics, biology, body build and shape, and other broader societal factors. Indeed, it was suggested that experiencing weight stigma causes elevated stress levels, which may in part explain some of the health issues often ascribed to being overweight and/or obese.⁷³

3.7

Weight stigma and exercise

The Inquiry heard that in relation to media and advertising imagery associated with physical activity, many people cannot identify with the; “models of perfection used to promote exercise,” and that “real life role models would be more effective.”⁷⁴

Advertisements featuring narrowly defined health and appearance ideals can leave people who do not conform to these ideals with a feeling that sport and exercise is not for ‘people like us.’ Evidence submitted suggested that the models and people used in health and fitness magazines were also seen to disengage people from exercise. Tim Woodhouse from the Women’s Sport and Fitness Federation said that the lack of more realistic role models, meanwhile, was a major barrier for sport and exercise participation for some individuals. For example, research has found that two thirds of people said they’d be more likely to use a gym if the instructors looked like them.⁷⁵

The Inquiry also heard that exercise driven by weight and appearance-related goals can also lead to ‘exercise cycling’ whereby people start but do not maintain exercise plans and routines. Witnesses suggested that there is a need to encourage people to exercise for reasons unrelated to weight and appearance – such as having fun, feeling a sense of personal accomplishment or motivation to improve overall health and wellbeing.

3.8

Disordered relationships with food

The Inquiry heard that a growing obsession with weight and the quest for the thin ideal was damaging our relationship with food. Around a quarter of the population is estimated to be on a diet at any one time in the UK and this is one of the most commonly adopted methods used in attempts to lose weight and achieve the thin ideal of beauty and health.



Almost one quarter of children aged 7-18 considered themselves overweight, 26% had skipped a meal to lose weight, 40% of under 10s worried about their weight. ”

YouGov poll

Submitted evidence demonstrates that there are a range of products and programmes which market themselves as a way of supporting people to achieve effective weight loss. However, over the counter weight loss products, such as appetite suppressants and metabolic stimulants, have a number of negative side effects including stomach pains, heart palpitations, and nausea.⁷⁶ In most cases, the Inquiry heard that there is little robust evidence that one specific supplement will produce significant weight loss, especially in the long term.⁷⁷



Excessive pre-occupation with self-image is regarded as a contributing factor to the proliferation of food disorders. ”

(Joan Costa-I-Font and Mireia Jofre-Bonet, Vox)

For example, Alli medication, marketed as a weight loss solution is manufactured by GSK and sold in chemists in the UK without prescription. It is suggested that Alli works by blocking absorption of fat. Research shows that between 30-50% of users achieved a 5% reduction in weight.⁷⁸ However, the Inquiry heard that the medication was associated with a number of unpleasant side-effects including diarrhoea and bloating. Alli is only meant to be sold to people with a BMI greater than 28 (at the high end of the 'overweight' BMI category), however, the Inquiry received evidence that some pharmacies sell Alli to customers without checking their BMI.⁷⁹

25% of young people who were bullied ate less,
12% and just over a tenth, ate more.
Beatbullying

3.9

Weight loss programmes

Commercial weight loss programmes, such as WeightWatchers and Slimming World, are another form of heavily marketed weight-loss solution. NICE has issued best practice standards on commercial, community and self-help weight management programmes and recommends them only if they are based on a balanced, healthy diet; encourage physical activity and result in no more than 0.5-1kg of weight loss per week.

Zoe Hellman from WeightWatchers told the Inquiry that it would be; “irresponsible and dangerous,” to lump all diet programmes together and added that over 70% of diet and health claims were unsubstantiated.⁸⁰ This includes faddy diets and dieting techniques featured in magazines and newspapers with little information on long term effectiveness or the potential dangers.

There was an acknowledgement from the diet industry that the public has unrealistic expectations of weight loss. WeightWatchers told the Inquiry that it advocates a reduction of 5-10% of body weight in their customers, which they suggested could lead to medical benefits such as reduced risk of type II diabetes and heart disease. The Inquiry heard that while there is some evidence that such modest weight loss (of up to 10% of body weight) can lead to health improvements, it is unlikely to result in significant alterations in appearance. There is also evidence to suggest that people who lose a small amount of weight, can get as much health benefit as those who lose larger amounts.⁸¹

3.10

The effectiveness of diets

Amongst the evidence submitted to the Inquiry, there was considerable disagreement about the effectiveness of diets. Psychotherapist and eating disorder specialist, Professor Susie Orbach, told the Inquiry that dieting tends to be seen as a solution to health and body image dissatisfaction concerns, but is in fact actually part of the problem.

Professor Orbach also said that dieting fails to address the emotional issues associated with problematic eating, such as disconnection with internal hunger cues and preoccupation with food.

Although evidence submitted suggests that certain dietary programmes can produce a 10% reduction in weight at one or two years,⁸² there is no evidence that diets based on calorie or food restriction work in the long term. Indeed, Professor Orbach told the Inquiry that more than 95% of dieters regain the weight lost, and many can gain additional weight within five years of initiating a diet regime or programme.

The Inquiry also heard that very low calorie dieting, which employs calorie counting, food deprivation and restriction, can tip the body into starvation mode and is unsustainable. Professor Orbach said that failure to adhere to calorie controlled or fad diets can spiral into a 'strait-jacket' of disordered eating patterns and weight cycling.

Evidence suggests that yo-yo dieting and resultant weight cycling can account for many of the health issues often attributed to obesity, such as gall bladder problems, high blood pressure, cardiovascular disease and a higher mortality rate. Weight cycling is acknowledged by some to be more dangerous to health than maintaining a high but stable weight.⁸³

There was also debate during the Inquiry about the extent to which successive bouts of dieting resets the body's metabolism at a much lower level, so that it gets harder to lose weight with every episode of weight loss and re-gain. WeightWatchers did not agree that 'responsible dieting' could lead to disordered eating and presented evidence that participants following its programme achieved significant improvements in indicators such as psychological vitality. Slimming World, meanwhile, said that it was founded to address appetite regulation and satiety and that its values were about supporting a healthy lifestyle, accompanied by physical activity.



3.11

Dieting and eating disorders

It is estimated that 1.6 million people in the UK are living with an eating disorder.⁸⁴ Eating disorders have the highest mortality rate of any mental illness.⁸⁵ The Inquiry heard that not everyone is vulnerable to developing an eating disorder and there are certain personality traits, such as perfectionism, which are more common in people with eating disorders. However, dieting and starvation were believed to be a trigger which switches on the biology and changes in the brain associated with the development of eating disorders.



Being sold the message of dieting can produce drastic dieting which can lead to eating disorders. Getting rid of dieting could wipe out at least 70% of eating disorders. Get rid of dieting. ”

Dr Adrienne Key, Royal College of Psychiatrists

Evidence was received that dieting is associated with eating disorders. For example, girls who diet are 12 times more likely to binge eat, which can instigate an eating problem.⁸⁶ Attempts at weight loss can also increase the likelihood of clinical/sub-clinical eating disorders by up to 18%.⁸⁷

3.12

Sacrificing health for appearance

In addition to disordered relationships with food and exercise, the Inquiry received evidence that some individuals may pursue activities that damage their health for the sake of their appearance.

The Inquiry heard that a proportion of young girls who take up smoking do so to suppress their appetite⁸⁸ and a significant proportion avoid giving up for fear of putting on weight. The Inquiry heard that a minority of people may engage in obsessive exercising or become exercise-dependent due to body image dissatisfaction.⁸⁹ This can have a number of side-effects including musculo-skeletal injury, reduction in immunity or fatigue. It was also suggested that some people with eating disorders may over-exercise in order to manage their weight.

Professor Nichola Rumsey said that appearance concerns may interfere with patients taking medications because of concerns about appearance altering side-effects, such as hair loss or facial growths. She added that there may be an issue in which healthcare professionals can sometimes focus on the treatment of medical conditions with respect to functionality or pain, but not discuss the impact on appearance. The Inquiry heard that this could include arthritis where the consultant will talk about pain and function, but not about appearance, or managing diabetes in which patients may have concerns about weight gain. Breast Cancer Care, for example, reported that breast cancer treatments can impact on patients' body image, which can in turn affect their return to work and use of communal changing facilities, and can contribute to social isolation.

3.13

The use of anabolic steroids

The Inquiry heard that while dieting and calorie restriction may be employed particularly by women as a way of achieving the thin ideal, the drive for, and idealisation of muscularity in men was seen to be behind the increasing use of anabolic steroids.⁹⁰

Anabolic steroid use is associated with a number of harmful effects including cardiovascular, liver and psychological health problems.⁹¹ The Advisory Council on Misuse of Drugs (ACMD) submitted evidence in which it concluded the; “misuse and rising prevalence of anabolic steroids is a worrying development.” Indeed, recent research suggests that 714,000 adults had admitted to using anabolic steroids,⁹² although there are limitations in gathering data because of the underground nature of taking anabolic steroids. The Government recently accepted the ACMD recommendation that there is a need for widespread, credible information and advice for steroid users to counteract the flood of misinformation provided by websites that promote steroid use.

The Inquiry included a discussion about the sale of legal supplements with brand names which may be seen to glamourise steroid use. Phil Geary, Marketing Director, Holland & Barratt, was asked whether the sale of Anabol Testo, a legal supplement, might be seen to normalise steroid use. Mr Geary accepted that the brand name does sound similar to anabolic steroids, but stated that; “there was no way in God’s green earth you would be sold the product on the basis it would mimic anything that an anabolic steroid would do.”

The Inquiry also received evidence from the ACMD that some legal supplements may be contaminated or adulterated with anabolic steroids and other substances not listed on the label. In one study this amounted to as many as one in five supplements.⁹³



3.14

Our recommendations:

Body image and health

We call for:

- 1 A review into the scale of the problem of appearance-based discrimination and how this could be best tackled.** This may include exploring whether an amendment to the Equalities Act would be the most appropriate way of tackling such discrimination.
- 2 A review into the use of BMI as an indicator for health.** It is clear from the evidence submitted to the Inquiry that there are a number of fundamental flaws with BMI as an indicator of health which make it a blunt and unreliable measurement; it does not take into account age, gender, ethnicity or body composition. We would also urge consideration of other measurements instead of, or in addition to, BMI which may be a more accurate reflection of overall health, such as cardiovascular fitness, waist circumference and body fat composition.
- 3 A reframing of health messages from a focus on weight-loss to health enhancing behaviors and the adoption of weight-neutral language.** Public health advice should move away from talking about weight loss and instead promote broader health and lifestyle messages for all people, regardless of body size and weight. The Inquiry heard that the focus on weight is unlikely to help people lead healthier, active lives. Current messages talk of an obesity epidemic which is associated with a range of diseases and state that we need to lose weight by exercising and eating a balanced diet. We believe these messages should be reframed and weight should be removed from the equation. Messages should emphasise the benefits to health and happiness, of eating a balanced diet and taking regular exercise, regardless of body size.
- 4 A review of the evidence-base to support the long term efficacy and safety of diets.** NICE is currently reviewing the cost-effectiveness of lifestyle weight management services. While it may not be in the scope of this review, we believe that it is essential that there is clarification on what constitutes long term weight loss, together with what evidence exists for long term maintenance of weight loss and the health benefits associated with diet programmes. Research should be undertaken to compare the efficacy of weight-neutral versus weight management programmes on health outcomes and body image.
- 5 The establishment of guidance on over-exercising and consideration of developing maximum recommended levels of physical activity.** While the Department of Health recognises the dangers associated with exercise addiction or dependence and the link with body dissatisfaction, there are no maximum guidelines for exercise outlined in the Physical Activity guidelines 'At Least Five A Week' (July 2011). We believe that while the numbers estimated to over-exercise are low, it would be helpful to have clear guidance on what constitutes exercise dependency and what the signs and symptoms of over-exercise may be.

6 The adoption of more inclusive marketing strategies for sports, fitness and healthy lifestyles. Different approaches to the marketing of sports and physical activity should be considered by sports, health and fitness providers and clubs. The Inquiry was told that the word 'sport' was off-putting for many, and initiatives such as Race for Life – which use women with diverse appearances and talk about the wider benefits of feeling active and having a good time – have been extremely successful. Sports and fitness groups should consider adopting similar marketing strategies to appeal to those who may otherwise be deterred from taking part, perhaps because of body image concerns.

7 The introduction of new initiatives to diversify the role models working in the sports, health and fitness sectors. There was also a need to broaden the range of role models who work in, or represent, sport and fitness, to more accurately reflect the diversity of the wider population, who in turn can encourage greater numbers to be active. Further research should also be undertaken to identify if there is a lack of diversity and under-representation of certain body types working in the sector.

Summary of recommendations

Section	Recommendation	Who
1 Growing up	Further research into the impact of parental attachment and influence on children's body image	Academic
	The development of effective strategies to support parents to build positive body image environments for their children	Department of Health, Royal College of Midwives, Health Visitors
	The building of body image initiatives into the OFSTED inspection framework	Department of Education, OFSTED, devolved bodies
	The establishment of a national network and platform to share programmes and resources that have been developed to reduce body image dissatisfaction and to promote a healthy body image	Industry, local deliverers, voluntary sector, academics
	The development of a standardised Monitoring and Evaluation (M&E) framework for organisations delivering body image interventions	Academic, local deliverers, voluntary sector
	The introduction of mandatory lessons on body image in primary and secondary schools	Primary and secondary schools
	The provision of more opportunities for teacher training in body image	Teacher training colleges, primary and secondary schools
	The ensuring of a commitment from schools to involve young people in the design of physical activity provision	Schools
2 The mis-sold ideal	Commitment from industry to develop advertising campaigns that reflect diversity in appearance and are more reflective of their customers	Industry
	Clearer guidance from CAP/BCAP on what constitutes a robust evidence base to inform decisions about the harmful and/or misleading nature of some advertisements	CAP/BCAP
	A review of broadcast and editorial codes and reporting of body image-related issues	PCC, OFCOM, PPA, NS, BBC Trust
	Establish an industry forum to take forward body diversity within fashion retailing	Retailers
	Proposed tightening of regulations for cosmetic surgery and supplements advertising	CAP/BCAP, academic

Chapter	Recommendation	Who
2 The mis-sold ideal	Mandatory screening of patients undergoing cosmetic surgery	Academic, Department of Health, BAAPS, cosmetic surgery industry
	Research to assess the long term impact of cosmetic surgery on patients	Academic
	Establish a patient group to provide support on cosmetic and body enhancements	Voluntary sector, cosmetic surgery industry, BAAPS
3 Body image and health	A review into the scale of the problem of appearance-based discrimination and how this could be best tackled.	Equalities and Human Right Commission, Government Equalities Office, voluntary sector, academics
	Review into the use of BMI as an indicator for health	Department of Health
	Reframe health messages from a focus on weight-loss to health-enhancing behaviours and adopt weight-neutral language	Public Health England, Local Authorities (public health bodies), sports, health and fitness sector
	A review of the evidence-base to support the long term efficacy and safety of diets	National Institute for Health and Clinical Excellence, Scottish Intercollegiate Guidelines Network (SIGN)
	The establishment of guidance on over-exercising and consideration of developing maximum recommended levels of physical activity	Department of Health, devolved bodies
	Adopt more inclusive marketing strategies for sports, fitness and healthy lifestyles	Sports, health and fitness sector
	Undertake further research and introduce new initiatives to diversify the role models working in sports, health and fitness	Sports, health and fitness sector, academics

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APPENDIX 1:

List of organisations that gave evidence or made a submission to the Inquiry

ACT Alliance	GirlGuiding UK	Snowsfields wellness
Adolescence	Girl Scouts of the USA	SOAS
Advertising Association	Happy Body Blog	South London and Maudsley
Advertising Standards Authority	Harvard University	NHS Foundation Trust
Advisory Council on Misuse of Drugs	Healthy Eating and lifestyle ltd	Spirited Bodies
All Bodies Dane	Hop, Skip and Jump	Sport England
AnyBody/Endangered Bodies	IBI	SRSB
ASOS	Institute of Psychiatry & South London and Maudsley NHS Trust	St.Helens Council
Attitude Magazine	King's College London	Stone Liberal Democrats
B-eat	Latrobe University	Strathclyde University
B-eat Cymru	LCET	Swansea University
B-eat young Ambassadors	Leeds Metropolitan University	Tewkesbury school
Beatbullying	Liberal Youth Scotland	The Centre for Gender Psychology
Beautiful Magazine	London College of Fashion	The Dress Doctor
Ben Barry	Looking Ahead	The Edge Picture Company
Beyond Chocolate	L'Oreal	The Heath Solutions
Body Confident Personal Training	Lynne Featherstone, Minister for Equalities, Home Office	The Minster Centre
Body Gossip	Mapis Project CIC	The Succeed Foundation
Boots	Moving Minds Training	Them Wifies
Breast Cancer Care	Nardello&Co	Therapy Studio
Bristol Education Authority	Natural Beauty;Keeping it Real.	Toynbee Hall
Bristol L.A. and Not Just Behaviour	Body Confidence campaign	UBU
British Association of Aesthetic and Plastic Surgeons	NCC	UCL
British Fashion Council	Newcastle University	UK Feminista
Centre for Appearance Research, University of the West of England	Newland School for Girls	Unilever UK
Centre for Research into Families and Relationships	NHS	UNISON
Chain Bear	NIWE Eating Distress Service	University of Exeter
Changing Faces	North & Central London Counselling	Universitat Autònoma de Barcelona
City College	North Wales Adult Eating Disorders Service	University College London
CMHT	North West Centre for Eating Disorders	University of Bath
Cornwallis Academy	Obelisk Training	University of Brighton
Cosmetic Support	One Body Personal Training	University of Bristol
Cosmetics Toiletries and Perfumeries Association	Overstone park golf and leisure	University of Exeter
Dance UK	Peer Productions	University of Glamorgan
DC Thomson	Platform 51	University of Limerick
Debenhams	Proctor and Gamble	University of Oxford
Diabetes With Eating Disorders	PSHE Association	University of Sheffield
EARTH University	PSS	University of Warwick
EDAN; NHS	Royal Academy of Dance	University of Westminster
Embodying Change	RCGP Wales	University of the West of England
Endangered Bodies	Reading University	University of York
Endangered Bodies UK/AnyBody	ResponseAbility	utalangle.com
Essence Photography	Riversmead Housing Association	Weightwatchers
European Commission	Robert Clarke life coach	Well Founded Ltd.
F*ck the Diets	Royal College of General Practitioners Wales	White Ribbon Campaign
F.E.A.S.T. UK	Royal College of Psychiatrists	Women Against Non-essential Grooming
Federation of Zionist Youth	RubyGirl UK	Women's Sport and Fitness Federation
Find My Style	School Chair of Governors	Wymondham College
Fitness Industry Association	SEED Eating Disorders	Y Touring
Garvald	Shout Magazine	YMCA
	Slimming World	YMCA Norfolk
		Young Minds

www.bodyimage.org.uk

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