



Women and Equalities Committee

Oral evidence: [Changing the perfect picture: an inquiry into body image](#), HC 274

Wednesday 23 September 2020

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Members present: Caroline Nokes (Chair); Sara Britcliffe; Elliot Colburn; Angela Crawley; Alex Davies-Jones; Peter Gibson; Kim Johnson; Kate Osborne; Bell Ribeiro-Addy; Nicola Richards.

Questions 1–46

Witnesses

I: Professor Clare Chambers, Council Member, Nuffield Council on Bioethics; Dr Amy Slater, Associate Professor, Centre for Appearance Research; Dr Francesca Solmi, Senior Research Fellow, University College London.

Written evidence from witnesses:

- [Nuffield Council on Bioethics](#)
- [Centre for Appearance Research](#)
- [University College London](#)



Examination of Witnesses

Witnesses: Professor Clare Chambers, Dr Amy Slater and Dr Francesca Solmi.

Chair: Welcome to this afternoon's session of the Women and Equalities Select Committee, with our first evidence session in our inquiry on body image—changing the perfect picture. I would like to welcome our witnesses and thank them for taking part and coming forward this afternoon to give us evidence. We have Professor Clare Chambers, Dr Amy Slater and Dr Francesca Solmi.

Q1 **Peter Gibson:** Thank you to the witnesses for attending. My first question is directed to Amy. Could you identify for me which groups are at highest risk of suffering from poor body image? Could you go on to describe for us the difficulties and risks to those groups, some of which may have multiple characteristics?

Dr Slater: Thank you for the opportunity to present to you today. It is important to say first that body image and appearance concerns can be experienced by anybody, across all genders, ages, ethnicities, disabilities, appearance conditions and sexualities. Anybody can experience body image concerns and, of course, disordered eating and eating disorders. However, we know from the research that these concerns are experienced disproportionately by some groups as compared with others.

For instance, take gender. Women and girls are disproportionately affected by body image and eating disorders as compared with men and boys. We have also seen from the research that transgender individuals, or people who identify outside the gender binary, are more likely to be affected.

When we consider age, although we see body image and appearance concerns across the entire age spectrum, we know that they are particularly prevalent during adolescence. This is a particularly important time developmentally and it is where we see the emergence of higher levels of body image and appearance concerns, particularly starting around early adolescence. Then these seem to be fairly consistently stable from early adolescence onwards through to adulthood.

With regard to sexual orientation, if we use a very broad umbrella term, sexual minority groups tend to experience poorer body image than heterosexual groups.

If we look at ethnicity, the research is a little more complicated. We know that all groups can and do experience high levels of body image and appearance concerns. There is some conflicting evidence regarding the prevalence across different groups. However, we know that certain ethnic groups and people of colour experience additional appearance pressures, due to racialised appearance standards. That is an important consideration as well.



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With disability and people who experience what we might call a visible difference or an appearance-altering condition, again we have some mixed evidence that says that some people who experience these particular conditions that might alter their appearance are more likely to experience body image concerns, but not all.

Then, of course, we know that people who live in bodies that are larger or have higher weight are also more likely to experience poorer body image. That is a result of weight bias that is prevalent in our society.

That is a bit of a broad approach to all the different groups. Of course, those groups intersect. We would need to consider, for instance, that women of colour or sexual minority women of colour would potentially experience intersecting concerns at a higher level.

Q2 Peter Gibson: Where there is an intersection of those characteristics, and so an individual may have more one, two, three or even more protected characteristics, what evidence do you have about their perception of body image versus the population as a whole?

Dr Slater: This is where the evidence is lacking, as with the case of perhaps nearly all research. Research touching upon those intersectionalities and really understanding them is lacking. We need to do a lot more research into that, to truly understand the experiences of those people better. The evidence is lacking.

We can only assume from what we know about the different groups that are more likely to experience body image concerns more negatively that the intersection is likely only to compound those concerns further.

Q3 Peter Gibson: Turning to Francesca, what causes body dissatisfaction in the young?

Dr Solmi: We know that, like eating disorders, body satisfaction has several causes. There will be some genetic risk factors; there will be risk factors to do with the personality of an individual. For instance, perfectionism and low self-esteem are risk factors for developing body dissatisfaction.

Many of the risk factors around body dissatisfaction importantly have to do with the environment in which we live in. We know that exposure to body standards in advertisement, the media, social media or more broadly, with the diet culture we live in these days, is a very strong risk factor for developing body dissatisfaction. There are other risk factors in the closer personal environment of an individual; that could be their peers, their family, their partners. All these factors can play a role in how individuals perceive themselves and whether they develop problems with their body image. Broadly, it is a mix of risk factors that vary from the genetic and biological to the individual, and down to the environmental.

Q4 Peter Gibson: Do you have evidence that can inform us about the impact on adolescents transitioning into adulthood and whether their



body image in adolescence has a longer-term impact on them in adulthood?

Dr Solmi: We know that difficulties with body image emerge in adolescence, as you say. There is evidence that they are starting to emerge earlier and earlier, even in childhood in some cases. They tend to develop and increase from early to mid and late adolescence. As far as I am aware, as Amy was saying, there is a lack of research into the very long-term impact and development of body satisfaction along the life course, looking at the same group of people from when they are young until they are adults.

That is because a lot of the samples of people that we use to do this kind of research, like cohort studies, do not have a lot of questions around body image, so we have not been able to do that very longitudinal research into the outcomes of body image later in life. We do know from the studies we have that body image can lead to negative outcomes later on, like depression or risk behaviours, including drinking, smoking and eating disorders.

From the evidence we have, we can tell some outcomes of body dissatisfaction and how it develops, but as far as I am aware we do not have the long-term longitudinal evidence we would need to track what happens in people's lives, throughout the life course.

Q5 **Peter Gibson:** I think you have answered my next question, which was in terms of the longer-term effects on men and women. I wondered if you could comment a little further, specifically about women and specifically about men, in terms of the longer-term impact of body image.

Dr Solmi: We know from studies into childhood and adolescence that body dissatisfaction is associated, longitudinally, with depressive symptoms and internalising symptoms. There is some evidence that this occurs at a greater rate in girls compared with boys, and some evidence that sometimes depression can lead to body image problems in boys.

Across both genders, body dissatisfaction is associated with an increased risk of eating disorder; that is perhaps the best-known outcome of body dissatisfaction. Of course, we know that eating disorders are more prevalent in women, but we do know that they are increasing in boys. From our own research we see that some disordered eating behaviours and behaviours that are aimed to change the shape of one's body, like dieting or trying to gain weight, have increased at a higher rate in boys compared with girls, but they are still higher in women and girls.

We do know that body image leads to disordered eating behaviour and eating disorders in both boys and girls. There is evidence, as I was saying, that it is associated with risk behaviours, which could be smoking or drinking, and low self-esteem. Within the broader outcomes of body dissatisfaction and the impact it has on mental health and self-esteem, it does affect people; it can affect people's health as well. We know it is



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associated with gaining weight at times, which faces discrimination in society, so that can lead people to avoid being in contact with the healthcare system. Body dissatisfaction can have an impact on people's health later on in their lives.

Peter Gibson: Amy, do you have a response to that question about the longer-term effects of body image?

Dr Slater: Francesca has mentioned many of the broad psychological negative outcomes, in terms of disordered eating, depression and anxiety. She also touched on some of the health implications, so we know that people having poorer body image is related to not partaking in healthful behaviours—so not eating healthily and not exercising. She also mentioned the risky behaviours; there is evidence for increased smoking, drinking and drug use. There are also some links to suicidal ideation.

Along with all those psychological and health consequences, which are very serious in themselves, we also see at a broader level lack of engagement, particularly for adolescent girls. Girls who experience poorer body image, or body image concerns, we often see opting out of life activity. Here we are talking about things like not putting your hand up in class or not joining in a club. We also see links to poorer academic performance and curtailed career aspirations. Besides all those really serious psychological and health implications, we also see really serious gendered social implications particularly for adolescent girls, who we know are disproportionately experiencing body image concerns.

Peter Gibson: Clare, do you have any comments to make in respect of that question about long-term body image?

Professor Chambers: I would just like to add to what has already been said. What is coming out of these comments is that body image is both a public health issue and an issue of equality and discrimination. The public health impacts of body image dissatisfaction or distress are very serious. As we have heard, in themselves they constitute serious mental health problems and the impact of depressed mental health can have all the knock-on effects that Amy has just set out and Francesca has also outlined.

The other issue of body image is that it is an issue of equality and discrimination, not only in the sense that appearance-related anxiety disproportionately affects different groups, but also because the content of dominant beauty norms is in itself discriminatory. They are not morally neutral. Dominant norms of beauty and the ideal of a perfect body intersect with norms about age, race, disability and gender, setting out the narrow range of bodies that are treated as beautiful, or even just acceptable.

Those two aspects of the topic make it a very difficult thing to think about escaping. It means it is a vital question that any equalities agenda has to



address. I would just add that to what has already been said by the other witnesses.

Q6 Kim Johnson: Good afternoon, panel. I have two questions to Clare on body image and discrimination. What does appearance-based discrimination look like, and which groups are most likely to face it? Amy has just touched on this area; she mentioned that ethnicity was more complicated. I just wondered if you could expand on that a little.

Professor Chambers: I would give a very simple definition of appearance-related discrimination. It is discrimination against somebody based on how they look. I would not get more complicated than that.

As Amy set out, the position with respect to race is complex. Partly it is because the dominant body ideal is, itself, highly racialised. We can see norms within dominant ideals of beauty about skin tone—it should be not too light, not too dark—leading people to think they ought to perhaps engage in skin lightening creams and procedures on the one hand, or tanning products and procedures on the other hand. There are dominant norms about facial features, which can be racialised in terms of certain stereotypically westernised facial features sometimes being preferred. There are beauty norms relating to hair, with hair texture being a real factor. Perhaps in some contexts there is particular discrimination against afro textured hair or afro hairstyles.

You have a highly racialised dominant beauty norm, but at the same time it would not be true to say that there is one idealised beauty norm that is aspired to, which one racial group can perfectly achieve. One thing that is really clear in the work the Nuffield Council on Bioethics did on this question of beauty norms is that there is no one racial group that can achieve the dominant beauty norm without help. It is an idealised global meme, which everybody has to do work to achieve. That is the really complicated factor about it. Race is certainly a factor, but it is not as simple as saying there is one ideal racial feature that everyone has to achieve.

In terms of discrimination in general, I absolutely endorse what Amy said earlier on. Body image has implications for many of the protected characteristics specified in the Equality Act 2010. It certainly has implications along the dimension of sex. Norms of appearance are highly gendered, enforcing gendered ideals and sexist ideals that affect both gender conforming and gender non-conforming people, whether they identify as trans or not.

Women and girls are subjected to greater appearance-related pressure, more expected to be beautiful, to make the most of their appearance. A striking feature of the contemporary social landscape is that the beauty ideal is really applied to everybody. Everybody is expected to be beautiful. Certainly, every woman and girl is expected to achieve that standard. At the same time, there is a stigma around participating in beauty practices. Beauty practices are thought of as something that is



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not serious, not a proper, serious thing for people to be doing. There is a “damned if you do, damned if you don’t” perspective.

Age is also implicated in complex ways. As we have already discussed, there are particular vulnerabilities for young people, who are particularly vulnerable to pressures around body image. The dominant beauty ideals are also highly discriminatory in terms of age, in that older people, especially older women, are particularly susceptible to discrimination if they do not look young. We heard this a lot in the Nuffield Council’s report. We heard of several accounts of older women seeking cosmetic procedures for career reasons, to avoid discrimination in the workplace.

We can see disability as being a major source of appearance-related discrimination, again because dominant body ideals do not include the disabled body. People in particular with visible facial differences can be the source of very significant discrimination, particularly if you think about misrepresentation in the media. One example would be that people with facial scarring are often portrayed as villains in very mainstream films and media. There is a real lack of positive representation of disabled people in mainstream media. Since all these characteristics are protected under the Equality Act, I do think there should be scope for using the existing legislation, the full range of powers under that Act, to enforce, advise and guide on challenging appearance-based discrimination wherever it occurs.

Q7 Kim Johnson: That leads nicely to my second question. You have just mentioned that a lot of people in protected characteristics are affected by body image. This is my second question to you: should there be more protection under the Equality Act for the groups you have just mentioned? I know there has been some suggestion that weight be included in the protected characteristics.

Professor Chambers: Speaking on behalf of the Nuffield Council, we have not done specific research on weight, so I do not have any specific expertise on that particular question. In general, with the protected characteristics that are there, it is absolutely true to say that we should be applying the Equality Act much more clearly to protect those groups, with specific reference to appearance.

Another recommendation we have made is that the Equality and Human Rights Commission might develop specific guidance on appearance-related discrimination, including people with facial difference or disfigurement, and include appearance-related discrimination in its monitoring. That is something we would certainly recommend.

Q8 Sara Britcliffe: My first question is to Francesca. How do weight-focused public health campaigns impact people’s health and their body image?

Dr Solmi: The short answer is that I do not think there is any research that has specifically asked this question, at least that I am aware of, in the UK. We know from other types of research that it is very likely that



weight-based campaigns will affect body image and eating disorders. For instance, we have done some research to look at how, as I was saying earlier, dieting behaviours have changed over the course of the years. We have seen that, in the most recent data, they have become increasingly common. For instance, 66% of girls at age 14 said that they had exercised to lose weight. If exercise is often portrayed as a way to stay healthy and lose weight, and increasingly promoted as a weight-control measure, we can see how for young people, for instance, it can lose the aspect of engaging in something that is fun to do with their friends and socialising to build new skills. It becomes a means to lose weight.

We also know that, over the years, there has been a change in how young people, for instance, perceive their bodies. Girls who think that they are overweight are becoming increasingly depressed, from what we have seen in our research. That is backed up by other research, where girls, for instance who said they could not achieve the weight that they wanted to achieve, or were told they should achieve, were feeling more depressed than they did in the past.

Policies around weight and obesity, and the way they are framed, are potentially causing dangerous behaviours, especially in young people. For instance, calorie labelling as a way of controlling portions can lead to an unhealthy relationship with food and people becoming increasingly concerned with the calories in what they eat. We know that is a very common central feature among people with eating disorders.

Another way current policies might affect body image is the fact that a lot of personal responsibility is placed on maintaining a certain weight and making positive changes in your life so that you can achieve a certain weight. That can cause a lot of guilt when people are unable to make those changes in their lives, for a number of reasons that are beyond their personal willingness, will or ability to do so. We know that there are a lot of broader factors in play as to whether someone can eat healthily, exercise enough and so on.

There are different ways in which policies can affect body image and cause disordered eating in the population. They might do that in different ways, but they are very likely to affect negatively the way people perceive their bodies and the way in which people eat or engage in disordered eating behaviour.

Q9 Sara Britcliffe: To follow up from that, do you think these weight-focused public health campaigns lead to nationwide weight loss at all?

Dr Solmi: No, there is no evidence that these campaigns have been successful. The prevalence of people who have a BMI in the overweight and obese categories, which are the measures that these campaigns tend to rely on, has remained pretty stable in the past 10 to 20 years. We do not have any evidence at the population level that these figures have changed. There have been systematic reviews, in the Cochrane Library for instance, to evaluate whether weight-loss programmes are effective in



the long term. There is little to no evidence that they have long-term effects. They can affect it in the short term, but in the long term there is no evidence that these approaches achieve what they aim to achieve. We can discuss whether that is right or wrong, but that is what they aim to achieve and there is no evidence that they are achieving it.

Q10 Sara Britcliffe: My next question is to Amy. What are the barriers to the Government creating a health-centric rather than a weight-centric campaign for public health?

Dr Slater: Can I just add something to the last question? I agree with everything Francesca says, but we can even go a little further. There is some research that looks at anti-obesity language and campaigning, and how these are very often stigmatising for individuals. There is a whole body of research evidence demonstrating the negative impact of weight stigma. To even go further on what Francesca is saying, campaigns that focus on weight rather than health are likely to encourage stigma, which people might internalise. As Francesca mentioned, shame and fear-based campaigns are not effective. In general, these campaigns can be really problematic.

I would recommend looking at this year's international consensus statement for ending the stigma of obesity, by worldwide experts in weight stigma. It lays out very clear guidelines for how we should approach some of these problems and does not recommend a weight-centric approach. As Francesca said, it puts the focus very much on the individual, perpetuates the stereotype that this is very much within individuals' control and ignores the broader societal factors that impact on that, including the intersectional factors we talked about before and the wider community inequalities that may influence this as well.

Sorry, that was just to add to the last one, but your question was about how we can take a health-based approach.

Sara Britcliffe: Yes, a health-based approach rather than a weight-based approach.

Dr Slater: We need to see public health campaigns that focus on other aspects of health rather than weight being the sole indicator of health. The research evidence is not there to substantiate that weight, as measured solely by BMI, is necessarily the best indicator of health. It is actually a much more complicated relationship than that. There may be some evidence, at the very extreme ends of both very underweight and very overweight, for that being an indicator of health, but for the majority of people that relationship is much more complicated.

We need to see campaigns that are focused on encouraging positive relationships with movement, with eating, with activity, and positive relationships with our bodies. I do not think we tend to see those types of public health campaigns, so, yes, we need to focus on ways to promote healthful behaviours.



As Francesca mentioned, we know that diets do not work. There is evidence to show that nearly 95% of diets are likely to fail and, in some cases, they can even be damaging to health, with weight cycling. People putting on and off weight can lead to negative health consequences. This is absolutely not the way to go, and we need to encourage those positive relationships. Encouraging people to respect their bodies will lead them to take care of their bodies. The evidence I mention is that, if we encourage people to have positive relationships and positive body image, it is linked to more healthful outcomes in terms of nourishing and taking care of our bodies, exercising and having a positive relationship with food.

Q11 Chair: Can I take Amy and Francesca back to the point about BMI? Are initiatives based on BMI necessarily doomed to failure, because that is such a lousy indicator of individual wellbeing and health?

Dr Solmi: BMI is a very poor proxy of health for a number of reasons. Focusing just on BMI can lead to failure in a way, because we know that two people who have the same BMI can be very different, for a number of reasons. Anything that focuses just on BMI as a measure of health will lead potentially to more harm than good.

Dr Slater: I agree. It is a very outdated measure. It is a poor measure of health, as Francesca mentioned, as somebody could equally be in the healthy range and not be partaking in healthful activities. That would be overlooked in some of these, if it is the only indicator that people are going to consider. Yes, I think it is poor.

Professor Chambers: This is not particularly on BMI but about this general issue of weight and obesity. It is really important to flag what the state can do to change the social context around overeating. It is not just about individuals' choices and behaviours; it is also about the context in which we are acting. For example, what a person eats is crucially affected by what they can afford, by which shops, restaurants and takeaways are within walking distance or the transport they have available to them. It depends on the conditions in which they are eating. Do they have a lunch break at work? Are they having to grab things on the go?

Similarly, on exercise, whether a child gets enough exercise may depend on factors like whether they can walk safely to school, how their routine fits into their parents' work routines and so on. It is important to combine the idea of advice and support to individuals with an awareness of social context in which individuals are making their daily choices.

Q12 Chair: Francesca, you mentioned that there had not been any research in the UK about the link between public health campaigns and body image. Is there any global research that we can refer to?

Dr Solmi: Amy was mentioning a lot of good research on weight stigmatisation and the effect it has. I suppose I meant more an evaluation of a specific policy, maybe at the national level. There is a lot



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of research that can approximate that, which gives us good proxy outcomes of whether something would work.

In terms of global research, I would imagine there has been similar research to what Amy mentioned earlier in the United States. I am not aware of research that evaluates a specific policy nationwide, but I do not know if the other witnesses will know more on this.

Chair: I am seeing some shaking heads.

Dr Slater: I do not think so. The international consensus statement that came out earlier this year is a really good place to start, because they actually do have guidelines. I cannot think of any specifically right now about evaluating public health campaigns. This is a bit of a problem in itself, and something I would recommend here as well, in that policies are put out there and then are not evaluated for their effectiveness. That is something that needs to change going forward, I believe.

Q13 **Chair:** Can I ask a specific question on that? Francesca referred to calorie labelling earlier. We have seen some major chains, and I am going to highlight McDonalds and Costa, but they are only the first two that pop into my mind, that have for years had calorie labelling on their products. Is there any evidence whatsoever that that works?

Dr Solmi: No, not that I am aware of. A study was recently published around calories and menus, and I think it leads, short term, to some changes. There is no evidence that, long term, it changes how people shop or what they choose on menus. I know anecdotally or qualitatively, from people who have experience of eating disorders, that it tends to be quite distressing and something that causes anxiety when eating out or shopping, seeing calories on food labels. I am not aware of a great deal of evidence suggesting that it is an effective policy. Again, I ask the other witnesses if they are aware of it.

Chair: No, I can see shaking heads from Amy and Clare.

Dr Slater: I am not aware, but I would be really interested to see research that looks at whether there is a potential for harm. It would be worthy of our consideration. These policies have the potential to encourage negative relationships between behaviour and eating, reinforcing things like disordered eating behaviours.

Q14 **Angela Crawley:** Francesca, you touched earlier on the evidence that shows that poor body image is a risk factor for developing eating disorders, but how might we prevent the level of eating disorders from increasing?

Dr Solmi: We know that eating disorders, like all mental health conditions, have very complex causes, of which body dissatisfaction is one, but not the only one. From clinical evidence, we know that, for instance in primary care, the incidence of eating disorders has remained pretty stable over the years, although we see that they are starting to



become more common in younger ages. From population research, we are seeing an increase in disordered eating behaviours. We know that eating disorders are difficult to diagnose and a lot of people do not get diagnosed. From the evidence we have from population research, from general population samples, there seems to be an increase in this behaviour, which should reflect in higher eating disorders. If we hold, let us say, genetic risk, constant over time, one could hypothesise that there have been changes in the environment and society, which could lead to increased eating disorder risk.

To answer your question, we need more research into, for instance, how programmes that improve body image in young people would affect eating disorder behaviours, body dissatisfaction and eating disorders. We need the evidence to test those interventions. From the research we have, it is possible to hypothesise that increasing concerns about body image over the years lead to an increase in disordered eating and eating disorders at the population level.

Q15 **Angela Crawley:** How widespread would you say weight discrimination is in healthcare? Does it disproportionately impact on any particular groups?

Dr Solmi: I am not an expert on that angle. I know that there is weight discrimination in healthcare. There is research on that, but it is not really the focus or something I know much about.

Dr Slater: I have a similar answer to that one. It is not something that I can particularly talk about, but there is a large body of research that documents the prevalence of weight discrimination in healthcare settings. It can and does occur, and it can and does result in poorer quality of healthcare. Again, I would probably start by looking at the international consensus statement on ending the stigma of obesity, because it touches specifically on healthcare settings as well.

Dr Solmi: I am more focused on eating disorders. We know, for instance, that binge-eating disorder is very common in the population and one of the most common eating disorders. It is one, though, that we do not hear much about and it is very poorly diagnosed. One of the reasons for that is that it is common in people with larger bodies. We know that weight discrimination in primary care settings can be responsible for the lack of a diagnosis of binge-eating disorder, because practitioners might be more focused on the weight and recommend individuals to go on a diet or join a weight-loss programme, completely ignoring the psychological aspects of the person or any problems that that person might have.

Recommendations to follow a diet or join a weight-loss programme can make binge eating worse, because we know that diets, as we were saying earlier, do not work and restriction is a very strong risk factor for binge eating. That could make the cycle of trying to diet, binge eating and feeling shame or guilt around binge eating worse, and actually worsen a



person's mental health. In the context of eating disorders, I feel like I can speak with respect to binge eating, where that is definitely happening

Q16 **Kate Osborne:** Good afternoon, panel. My questions are on body image in children, specifically in schools. My first question is to Francesca and Amy. Clare, as said previously, please feel free if you have anything to add. Currently the Government mandate Public Health England and local authorities to deliver the National Child Measurement Programme. This programme weighs children in reception and year 6, to assess overweight and obesity levels within primary schools. What impact do you think this programme has on children's body image and their health?

Dr Solmi: That is something I am interested in, in terms of research and potentially evaluating with other researchers. As far as we know, there has not been an evaluation of the negative aspects of weighing children in school. I know from talking to clinician colleagues who work with children and young people that this is often, especially in eating disorder clinics, mentioned as a trigger for eating disorders, because they would either be weighed in front of other people or the family would receive a letter that their child needs to lose weight or is in a high percentile for BMI. The short answer is that it is likely it will have negative effects, but we do need more research around that.

Dr Slater: I agree. I do not think we have any evidence documenting harm, but I would say again that any campaign or strategy focusing solely on weight has a very strong risk of perpetuating weight-based stereotypes and discrimination. For children, this could be perpetuating weight-based teasing and bullying, which we know gets internalised and results in poorer body image, potentially leading to eating disorders and disordered eating, as Francesca mentioned. Weight stigma, if this is what it is going to be perpetuating, negatively impacts on both body image and health.

I would also have concerns about how it is being done, how the children are being weighed, how it is being talked about in front of the children in the school setting. Again, if we are putting the focus only on weight as the sole indicator of health, this has some real potential for doing a lot of negative damage to children in terms of how they come to think of their bodies and health.

I also have concerns about how this is portrayed to families and what resources and information families are getting. If they just get a letter, as Francesca says, saying that their child is at this weight, what resources and messaging come along with that to support people in encouraging children to have more positive body image and more healthful behaviours?

Professor Chambers: The Nuffield Council made a recommendation on this topic back in 2007. Obviously the landscape shifts, but some of the concerns remain the same. We concluded then that, although there is absolutely a legitimate aim to have data on children's weight, height and



so on, to monitor whether public health interventions are working, to monitor trends and so on, it is vitally important to do that in a way that avoids precisely the kinds of stigma and negative effects that have been talked about.

If that sort of data is going to be collected, it really is crucial to do that in a very careful way, which might include, for example, encompassing weighing and measuring within a broader programme of health checks, making sure that any data that is kept is anonymised, and thinking very carefully about what message is given to children and families as a result of those health checks.

Q17 Kate Osborne: My next question is to you, Clare. We know that from this month there is a new compulsory curriculum for relationships, sex and health education. Do you think this new compulsory curriculum will help to improve body image among young people?

Professor Chambers: Parts of this new curriculum are really encouraging. I note with pleasure that body image is specifically mentioned in the guidance for secondary schools, where one of the things that pupils are required to know about is the impact of unhealthy or obsessive comparison with others online, particularly in the context of online harms and setting unrealistic expectations of body image. That is a really important step, taking body image seriously within the curriculum.

However, we would like to see body image being part of the compulsory aspect of the curriculum earlier, in primary education. There is increasing evidence that children are affected by body image anxiety much earlier than secondary school. Partly, it is part of a normal form of child development to become aware of one's own body in relation to others, but also the pressures and impacts of the current visual diet of appearance ideals we are all facing are affecting children at younger and younger ages.

I am aware of some recent research that found that 24% of childcare professionals in England and Wales reported seeing children as young as three to five express unhappiness about their own appearance or their own bodies. It really is a problem that affects children very early on. We would like to see body image and body image anxiety as part of the compulsory curriculum for primary school children as well as at secondary school level.

Dr Slater: I agree that it is a fantastic thing that the body image curriculum is being included in schooling. I would like to strongly suggest that these programmes must be evidence based. We must have all parties working together and working collaboratively with academics to ensure that curricula in these areas are evidence based. We want to make sure that anything that is put into the curriculum is effective and does no harm. In some cases we have seen, unintentionally, Government policy put in programmes that have been shown to be ineffective. At best, that is just a waste of time and resources, but at worst it could



actually be harmful for young people. I agree with Clare that this definitely needs to be in the curriculum earlier than secondary school. As Clare says, there is quite a lot of research evidence now documenting body image concerns in very young children, down to the age of five, which suggests that we need to have elements of body image programmes and learnings about how to develop strategies to have positive body image, starting from very early childhood.

Q18 **Kate Osborne:** My next question is to everybody. The Children's Society has emphasised the importance of a whole-school approach to mental health and wellbeing, including body image. How do you feel that schools can ensure that all children feel represented in images in their school environment?

Dr Slater: What we can draw upon from many years of research looking at media depictions of bodies, which Clare mentioned in one of her earlier statements, is that positive depictions of diversity have been seriously underrepresented. We do not see images encouraging larger bodies and diverse ethnicities. On the other side of that, we have lots of research evidence that viewing very narrow ideals of beauty and appearance, which have in the past traditionally been white and very thin or very muscular bodies, contributes to poorer body image. We now have evidence that, when people view more diverse representations of bodies, it makes them feel more positively about themselves and their bodies.

Thinking about that within a school setting, if people do not see positive representations and depictions of themselves, they can internalise shame about their difference, whatever their difference is, whether it is body size, skin colour or an appearance-altering condition. Over time, this is going to contribute negatively to a poorer sense of wellbeing. That is one aspect I would like to see considered, in terms of images that are presented and whole-school approaches to discussing appearance, diversity and body issues. It needs to be a joined-up approach.

Dr Solmi: I do not have much to add. I agree completely with what Amy said. It is important that, when those programmes and approaches are devised and designed, there is wide representation among the people who are formulating it, so we can make sure that different types of bodies, ethnicities, abilities and so on are represented. It is important that, when these approaches are designed, those designing them are equally representative, so we can ensure representation.

Professor Chambers: Schools need to work deliberately on this to try to counter the body image ideals and appearance norms of broader society. The weight of influences and images, of pressures, of norms that are in our culture these days, and that children are exposed to as well as adults, is so strong that schools do not need simply to make sure that, when they have an image, it has diversity in it. They actually need to work deliberately to try to counter that pressure and enable children to have that positive imagery and that positive attitude to their own bodies.



Dr Slater: It is really important that teachers get appropriate training in these issues. Some of our research, when we have been asking teachers whether they feel confident to deliver some of the curriculum, indicates that they do not. Of course, teachers are people themselves, who are experiencing their own relationships with their body and appearance, and living in a society that perpetuates these narrow standards of beauty ideals. It is important we also consider how appropriate support is given to teachers and other support members in the school who may be trying to deliver these messages.

Q19 **Kate Osborne:** As part of our survey, we were told of an incident of a child returning home from school with a Slimming World leaflet in their bag. Is this something you have come across before? That is to all of you.

Dr Slater: I have not encountered that.

Dr Solmi: I have not come across that, but I have heard of slimming programmes being increasingly advertised online to people, especially during lockdown. A lot more people are reporting seeing ads for diets, intermittent fasting or exercise. I do not know specifically about the school, but I have heard that there has been an increase in advertisement about that.

Dr Slater: I guess that speaks to a broader issue about the pressures that school environments might be under. They may be running these types of programmes to increase revenue, renting out their school halls of an evening to a weight-loss programme because they see that as a way of getting some money. That is a larger system problem that needs to be considered as well, because obviously we do not want those types of messages getting into the hands of very young children, when we know these types of programmes do not work and have the potential to cause harm.

Q20 **Chair:** Amy, can I pick you up on that point? Are you in any way suggesting that schools should not be bringing communities into their buildings? You made the comment that schools are letting out their buildings. I am very conscious that, in my constituency, we have proud community schools that are very welcoming to bringing different groups in from outside. Are you saying that there should be restrictions on that? Should that not happen? Is it just about revenue?

Dr Slater: I just think it is worthy of considering, if schools feel pressure to find other ways to increase revenue and are bringing in programmes, and then advertising material, for instance about weight-loss programmes, as we were asked in the question, is being left around for children to see. We need to look a bit more broadly at how and why that is happening, and the potential negatives of that.

Q21 **Chair:** Can I take you back to something you said? I think it is absolutely valid. Our survey showed that in the region of 60% of people feel either negative or very negative about their own body image. You therefore



have to extrapolate from that that probably 60% of teachers feel negative or very negative. What evidence have you seen of teachers being equipped with the tools they need to deliver programmes in school as part of the now compulsory element of relationship and sex education? What evidence have you seen of them being equipped to do that?

Dr Slater: I have not seen any evidence of them having been equipped to do that. I am not aware of it. I am not saying it has not happened, but I am not aware of that. I am only speaking from when I have worked with teachers in the past and we have asked them how well equipped they feel to talk about different issues. Some of the feedback has said, "Yes, I think this is an important thing, but I am not sure that I have the skills necessary to do that".

Chair: That is such an important point.

Q22 **Alex Davies-Jones:** To come in there and jump on the questions about seeing more adverts for slimming clubs and diets during lockdown, I noticed it myself: my own social media feed was flooded with them during lockdown. I noticed today that there was an article from a local media outlet on my social media about a Welsh woman who had caught coronavirus. She had been put on a ventilator and fortunately she pulled through, but she lost four stone in weight while in hospital. The comments underneath that article, the majority from women, were awful. People were saying, "Maybe I need to catch coronavirus in order to lose weight now". It was honestly shocking, the number of comments of that nature under this article.

We also saw media articles about Adele and Rebel Wilson, more recently, losing significant amounts of weight. Now, they looked fantastic before, but all these articles were about how amazing they look now, now that they have lost the weight. What is your take on the way that the media are positioning the weight-loss angle, and how it pushed on social media and mainly advertised at women? I do not know who wants to respond there; it is just something I wanted to raise.

Professor Chambers: Those observations are very apt. We have all seen those sorts of things: notifications about how good it is to lose weight when you are ill. It is terribly significant. It is a question of noticing and observing the enormously prevalent nature of that kind of influence. It is not simply about advertising, Government health messaging or social media. It is about all these things together creating this overall impact. The challenge then is what to do about that wallpaper effect of the constant set of messages about how we ought to look and ought to be. Various suggestions have been put forward.

One of the key things we need to ask for, and ask social media companies for, is more funded research on the way social media specifically creates these sorts of impacts, what formats of social media make things worse and what might make things better. This is a recommendation that the Nuffield Council made in our report on cosmetic



procedures. We asked social media companies to take some corporate social responsibility to fund research and measures for thinking about the causes and the solutions to this problem. We have not as yet had that recommendation taken up, but that is something I would really strongly urge social media companies in particular to take seriously.

Dr Slater: I do not know that I have much to add, but it speaks to the prevalence and pervasiveness of this societal ideal and how weight and appearance is the No. 1 thing that is valued. It has this aspect of virtue that, if Adele loses weight, this is such a fantastic thing that we should all be celebrating. She is rewarded in this society and on social media, as Clare says, whether that is in terms of likes and comments or feedback. It is perpetuating and reinforcing the very pervasive message that this is the most important thing in our lives, and it is the thing we should all be working for and striving to.

Dr Solmi: It is also equating weight to health. When I saw this news that Adele had lost lots of weight, a lot of the commenting and the framing of the articles was saying, "She is now taking care of her health; it is so good to see that she is being healthy", when actually we do not know anything about her health. It speaks tons about the assumptions we make about weight and people's health. For all we know, she could be very ill and have lost lots of weight, or she be psychologically distressed and have lost lots of weight. In terms of regulation, there should be a lot more care taken in how we talk about these issues in the media, because it reinforces a message that weight equals health, when that is actually not the evidence and not the reality at all.

Q23 **Alex Davies-Jones:** While we are on that point, then, my set of questions focuses on photo editing and social media. There have been lots of calls for all digitally altered images to be labelled as such. Amy, what are your views on this and do you think this would help?

Dr Slater: This has been raised for a long time now. At least 10 years ago this was put out there as a potential strategy. I must say, at first, it has a lot of appeal. It seems like a really easy approach to informing people that images have been digitally manipulated. I was part of that 10 years ago. I thought, "Great, this is a nice, easy solution we can implement". Unfortunately, we now have about 10 years of research investigating whether this is an effective strategy, and it has not been found to be effective, overwhelmingly now.

We had one study that showed that perhaps it might be, and since then we have had multitudes of studies that show it is not effective. I have been involved in some of those studies. I was reading a summary just recently; I can read you one from the most recent paper, conducted by Marika Tiggemann from Australia, who is one of the world's leading body image experts and has been doing a number of studies in this area. Trust me; they have looked at many different styles of labelling: if we present it like this, if we change the content, is it effective? She says this adds to the cumulative, growing body of evidence that labels of any kind are not



effective in ameliorating the negative effects of viewing images. Moreover, some forms of label might actually be harmful in increasing, rather than decreasing, appearance concerns or body dissatisfaction. She could not be any clearer. She says, "If so, Governments and policymakers might be better advised to turn their own attention to other targets for universal intervention, such as the narrow representation of women's bodies in the media".

We have some fairly convincing evidence that this is perhaps not an effective strategy to pursue, even though, as I said, I was hopeful that it would be, because it is a nice, easy solution.

Q24 Alex Davies-Jones: That is disappointing to hear. Do you think, then, that there would be an important distinction to make between images that are photoshopped on advertisements and professional campaigns, compared with social media, so images that Joe Bloggs off the street would upload?

Dr Slater: Most of the early evidence was looking at magazine or advertising images, with disclaimer labels, which has not been found to be effective. There have now been studies looking at social media images with the same thing, telling people that this image has been altered. That has not been found to be effective either. There are not as many studies yet that have concluded that, but so far we have not seen any evidence that it is effective in the social media environment.

There was one study recently that looked at comments, so not a disclaimer label, but if we put some comments underneath it pointing out the unrealistic nature of the image, that this is not real or this is fake. That potentially might be more effective, but there is only one study on that to date.

Q25 Alex Davies-Jones: It is estimated that about a million people in the UK are currently using steroids or image-enhancing drugs. This is a particular issue for young men who feel an increased pressure to have the perfect body. It is an issue that has hit my own constituency in south Wales quite hard. Do you think that aspiring to digitally altered images is helping to drive the demand for these drugs, and what impact do you think it is having on men's and boys' mental health?

Dr Slater: The overwhelming evidence, particularly in the early days, looked at the influence of exposure to media images on women and girls, where we saw that the images were really idealising a very thin body, so that is what women and girls were aspiring to, and perhaps adopting those practices in an attempt to meet that ideal. For men and boys, we have seen that the ideal body is becoming and has become increasingly muscular, so the same processes are at work here for men and boys.

If this is the ideal that is upheld by society, and that ideal is essentially impossible to achieve via natural strategies, unrealistic and unobtainable for almost everybody, because the images are altered, the equivalent



that we have seen in the research is that men and boys will potentially adopt harmful behaviours in an attempt to meet this ideal. That often, unfortunately, involves steroids or even unhealthy exercise behaviours, protein supplements and things like that.

Professor Chambers: It is important to think about not just the impact of digitally altered images in that context, but the really significant amount of online content focusing on bodybuilding, weight training and so on, on things like YouTube, forums and websites. It is not just about the images that are being viewed by men and young men. In a way, it is the connection between the getting fit and training agenda, and the body ideals that are represented in that.

With respect to the question we talked about before, and the very disappointing evidence that Amy mentioned about logos not having an impact, I wondered if anybody knew of any evidence on whether there is a better impact, rather than having a logo demonstrating that an image has been altered, from having some kind of accreditation that shows it has not been altered. We really want to see more unaltered images. That is the thing we need to see, so I wonder whether there is any scope in incentivising that with a kite mark scenario. I do not have any evidence on that; I do not know whether anybody else does.

Dr Slater: I know of one that I was involved in, where we looked at exactly that: "This image has not been altered". That was not effective either. In fact, that is where I started my research many years ago on this, because it was still back in magazine days. I am not sure if they still exist, but I remember looking through these adolescent magazines and they were promoting that these images were airbrush free. They were selling this as a positive. I remember looking at the images and thinking, "Oh no, this could actually be more harmful for young people", because the images of course still look exceptionally perfect and aspirational. A young person looking at that might think, "Wow, she still looks so perfect, and you are telling me that she has not been digitally altered". That is where I started this research from, because I thought, "That could be even more harmful". There may be more, but I only know of one study where we have looked at that strategy. I have mixed thoughts about that, because young people tell us, "We know the images have been altered", but they still have that aspirational drive.

Q26 **Alex Davies-Jones:** It is a really tough one. My next question is on another aspect of this. Coronavirus has meant that a lot of the fashion industry is having to use digitally created virtual models, for everything from fashion shows to ad campaigns. These AI models are going even beyond anything that the digitally altered images could show. What long-term impact will this have on people's body image is?

Professor Chambers: We can only guess. Again, I suppose there is then the potential for making those digitally created images more or less diverse, more or less encouraging, more or less anxiety-producing. That



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would depend on precisely how it is used. We can imagine it creating a very much worse situation, or having the potential to make things better.

Dr Slater: I agree with Clare; we do not really know. In this time, we are all spending a lot more time on this technology where we sit in front of the screen and stare at ourselves. At the Centre for Appearance Research, we have done some very recent research on people who have appearance-altering conditions during this time of lockdown and their experience of that. Some of the anecdotal evidence they are giving us is that people are feeling increased appearance anxieties, because of these types of virtual settings where we are all stuck staring at ourselves all day. Of course, we did not used to do that if we were face to face. I could see you of course, but I could not see myself. That is a really interesting aspect that we might need to consider further if this is going to be the new norm.

Dr Solmi: To add to what Amy said about what we see in the media, I saw some research presented years ago about how toys for boys have changed a lot over the years, with images of quite skinny or normal bodies on action figures becoming increasingly muscular. For girls, for a long time, even when I was a child, we used to think about Barbies and what kind of body image was promoted to girls. We have to look at social media images, because they are incredibly important and pervasive nowadays, especially because we are seeing children developing body image dissatisfaction earlier in life than we saw in the past. How pervasive are these images and where do children see these muscular body image ideals? Is it television? Is it toys? It is very broad.

Q27 **Alex Davies-Jones:** I will move on now to the social media companies and their role in this. Amy, which elements of social media present the highest risk to people who are vulnerable to having a poor body image? Where do you start?

Dr Slater: That is the million dollar question. This is the area where I spend most of my time researching. I think the hard answer is that the social media environment is complicated and nuanced, and has changed and continues to change over time. It is a really difficult environment for us to research because of those factors, but there are a lot of factors that play in together and combine to make it a powerful and potentially really potent environment for enhancing body image concerns.

One is the highly visual aspect of the environment, particularly platforms like Instagram, which is a photo-based platform. That is what we are supposed to do on that platform; we are supposed to share visual representations. We know that, for a lot of people, that is sharing images of ourselves, our bodies and our appearances. That does not help.

Then, of course, we are supposed to interact with people; that is the social part of the social media. We are supposed to give some feedback. If you put up a photo of yourself, what else do I have to comment on? I can either like your photo or I can comment on it. If it is a photo of



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yourself and your appearance, that environment is encouraging me to comment on your appearance. If you put up a picture of yourself, it is quite difficult for me to give any other feedback on that. When we work with young people on encouraging positive behaviours in this environment, it is quite difficult.

Then environment is quantifying likes and comments for us, isn't it? We get more comments and likes; that makes us feel good. We are being reinforced for presenting ourselves in particular ways and we know that this is gendered. Women will present themselves differently from men, in terms of what and how they will post. It is gendered in terms of the feedback they will get as well, so women will get disproportionately reinforced for sharing particular presentations of themselves.

There are a lot of different complicated elements that we try to grapple with and understand people's motivations for why they use it. This is related to whether it is going to be a positive or a negative experience for people on these platforms. As Clare has mentioned, and some of my own research has looked at, there is definitely content on social media platforms that links to poorer outcomes and makes people feel bad. We are constantly exposing people to narrow standards of beauty and "fitspiration" type images, encouraging really slender or muscular bodies and perpetuating the narrative that this is something we should aspire to and can achieve. That is the other narrative going along there: that you can and should be improving and working on your body. We know that sort of content leads to poorer outcomes. It is really complicated and there is a lot more.

Q28 Alex Davies-Jones: Clare, in your opinion, which social media companies have acted to protect their users from appearance-related harms, such as eating disorders and bullying?

Professor Chambers: I do not have any specific evidence on that to name and shame, or praise, particular companies.

Q29 Alex Davies-Jones: Is there anything you would suggest that they could do to protect users from such practices?

Professor Chambers: The first step has to be to properly research the impact of the platforms that they are presenting. That would be absolutely the first step, to get social media companies to fund research by Amy and people like her to really understand how their particular platforms are working, how they are operating and how the particular ways of having likes, up votes or whatever are working.

To add to what Amy said a moment ago about this question of the impact of social media on individuals, from a philosophical perspective, one thing that is really puzzling and interesting is to understand the connection between our real selves, who we are, and the imagined self, as Professor Heather Widdows puts it, that we present on social media. It is really unclear. When we put an image of ourselves on social media, if that is an



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image we have digitally manipulated—we have used filters; we have set up the lighting; we have posed for a long time—and we get lots of likes, in a sense we feel good about that. But there is another sense in which we know that is not what we really look like and that that image we are getting likes for is not really us.

That interaction between us and our digital selves is a really complex, difficult area. It would be great to understand more how that actually works for people. We know there are many, many people, particularly young women, who will remove an image from social media if it does not very quickly get a significantly high number of likes or approval. If it does get those likes, does that actually make them feel better? It is not clear that that will be the impact.

Q30 Alex Davies-Jones: There were no examples you could give of any social media companies that were doing best practice or doing good things. Are there any, in your opinion, that are particularly bad or falling short of the mark?

Professor Chambers: I do not have any evidence to support a judgment on that. It would just be based on personal opinion and looking at it. I would not claim to have any expertise particularly on comparing them in that respect.

Q31 Alex Davies-Jones: I am also a member of the Digital, Culture, Media and Sport Committee, and this week we were questioning the director of public policy at TikTok on what they are doing to protect underage users from inappropriate content, such as meme videos about domestic violence and violent sex. Are there any particular issues in TikTok as a platform in terms of body image that you are aware of?

Professor Chambers: I do not have specific knowledge about that. I do not know if anybody else knows about TikTok specifically

Dr Slater: I do not think I have seen any research yet. It comes back to the point I made before about the platforms and the popularity changing over time. Of course, we know that this is a platform that is particularly popular with young people at the moment, but I have not seen any research evidence of the effect of that on body image.

To answer your previous question as well, about how they are protecting from harm, my understanding is that all the main social media platforms have policies that address broad-level aspects of, say, eating disorders or self-harm. However, there is some research that suggests this content is still available, with studies looking at, for instance, pro-anorexia content across a range of different platforms still being available despite the platforms saying they have policies against this.

To the best of my knowledge, none of the platforms has policies about protecting users from content that adversely impacts body image. That could and should be considered. As Clare said, I would like to see much more engagement between the social media companies and research,



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looking at what could be done better and using the research to inform better practice within their platforms.

Q32 Alex Davies-Jones: Amy, do you have any examples of good and poor practice by the social media platforms: any that are doing good things that others could emulate and others that are not performing particularly well?

Dr Slater: No, not really. I also find it quite difficult to find out. You can go and find the generic policies: “We will not promote content that is promoting self-harm or eating disorders”, but I have found it quite difficult to find. Last year, it was all through the popular press that Instagram was removing diet and weight loss products, particularly saying they would no longer be shown to under-18s, and cosmetic surgery posts. They were also talking about how they would punish influencers, essentially, if they were promoting products that did not have efficacy, like diet teas, diet lollipops and things like that.

I see that in the popular press, but when I try to find the policies that are behind that I cannot. I would love to see more engagement between social media companies and researchers, and more transparency in sharing the data, policies and practices that they are basing their policies on.

Q33 Alex Davies-Jones: Going back to TikTok, I do not want it to look like I am attacking it particularly, but it is the new social media platform of the moment and particularly popular with young people. It has recently released what is referred to as what is referred to as a “chubby face effect” in the UK, where users are using this to envision what they would look like if they were at a heavier weight. The trend often involves people using the filter and then turning it off, and then seeming really relieved that they are thinner than they appeared to be with the filter on. TikTok has said that this filter has since been removed in the UK, but what impact do you think this kind of trend will have on body image?

Dr Slater: Not a good one. This ties back to Clare’s point. Last year, there were also lots of filters on Instagram that showed what I might look like if I had had cosmetic surgery. These are really problematic as well. There are games and apps that gamify cosmetic enhancements, particularly for young people. Again, I saw some press that they were going to remove these filters, but again I cannot quite see how that happens, because the filters are done usually by a third party. I am not sure how this ideal is enforced or put into practice.

Similarly to the filter altering our appearance, I cannot see that a chubby face and then relief—“I do not look like that”—is going to be a helpful thing for anybody in how they think about their bodies and appearances. Again, it is stigmatising particular appearances and reinforcing those stereotypes.

Q34 Alex Davies-Jones: Relatedly, we have seen reports that TikTok



moderators were instructed to filter out videos from certain users who appeared “too ugly, poor or disabled” to be put on their “For You” page. Now, what do you think the impact of this will be for users?

Professor Chambers: That feeds back to what I said at the beginning of this session, which is that so many aspects of dominant beauty norms are highly discriminatory. They intersect directly with many of the protected characteristics. They intersect directly with stigmatising bodies of certain kinds. It just seems to me another aspect of that, maybe even more clear than we might generally see it.

Dr Slater: It is bringing that into earlier and earlier age groups. In this case, this is a platform enjoyed by particularly young people. It is reinforcing those stereotypes and beliefs that Clare was talking about, now potentially at a younger and younger age group.

Q35 **Alex Davies-Jones:** As a final question from me, and I want to end on a positive one, in recent years we have seen a massive increase in body positivity influencers and trends on social media, thankfully. What impact do you think that these kinds of trend are having on body image?

Professor Chambers: Body positivity is such a fascinating prospect and campaign, because on the one hand we should try to find ways of enabling all of us to feel happy with the body we have. That is the goal: we feel the body we have is okay just as it is. If we want to try to work at it and change it in various ways, that is something we can choose to do or not, but it is not a compulsory part of feeling like we have the basic building blocks of self-esteem. In that respect, insofar as body positivity campaigns help us to feel okay with our bodies, that is good.

The question is whether they do that, or whether the demand that we love and feel happy with our bodies just does not fit easily within the context of a society that is constantly telling us that our bodies have to fit within a very particular norm. We do not want body positivity to be another way in which we can fail, because not only is my body not perfect, but also I do not feel the right way about my body. I need to look this way, and I need to love myself. We do not want it to become like that.

We really want body positivity to be a much more basic, deeper sense of an acceptance of bodies being not the most important thing about us, our appearance not being the basis of our self-esteem and social status, but just an incidental fact about ourselves. That, I think, is the aim. From that basis, people can choose to have a different sort of relationship with their appearance than we can have now.

Dr Slater: Absolutely. I have done a couple of experimental studies looking at the immediate impact of exposure to body positive social media content, and found that it was immediately effective. Short-term exposure to that type of content was found to increase young women’s mood and body satisfaction. In a standalone setting, showing women that



type of content that is exploring and exposing diverse bodies, shapes and sizes, and encouraging that message, as Clare says, that bodies come in different sizes and they are all great, just as they are, and we do not need to do anything to change them, made young women feel immediately more positive about their own bodies and improved their mood.

We have looked at testing messaging around self-compassion. That is the concept of being kind to oneself and accepting all the flaws that we have, which we all have and which are natural. That also led to more increased feelings of body satisfaction in young women. There is definitely content that we know in the short, immediate term can make people feel better. What we do not know is, in the real world, when they are bombarded by a whole range of different messaging, whether that can still be effective. We need to work with researchers and social media companies to look at how we can make this environment a more positive experience overall.

Q36 Chair: Can I just follow up with Amy on the point about social media companies and research? You said a couple of times that you wanted them to engage more. When the Centre for Appearance Research makes approaches to social media companies with regard to that, what sort of response do you get?

Dr Slater: Some of our researchers have some contact. I personally applied for a research grant that Instagram put out last year, which was specifically around wellbeing online. I thought the research I was proposing should have been perfect for what they were after. I was not successful and I did not get any feedback as to why I was not successful. Then I asked specifically what projects they were funding, because I was interested to hear what sort of projects they were looking at working with, and I got no response. I had very little contact.

Chair: Thank you for that. That was very helpful.

Q37 Bell Ribeiro-Addy: Amy and Francesca, we know that more than three-quarters of children aged 10 to 12 in the UK have social media accounts, despite the fact that age limits on major social media platforms say that users have to be 13 years old. What is your view on what social media companies can do to adapt age verification beyond registration?

Dr Slater: That is a really tough one. Yes, there are guidelines recommending age limits. They seem to be very easy to get around, and I am not quite sure where we put the onus of responsibility here. Yes, it is something we are seeing more and more from young people. About 10 years ago, I asked 10 to 12 year-olds how many were on social media, and it was about 30% at that stage. More recently, as you said, the figures are much, much higher than that. We asked year 6 students last year and it is more like 75%. We know this is becoming the norm for young people before the recommended guidelines.



I am not quite sure what the recommendation is for what we do about it. Is it solely up to the social media company to enforce that? There is also the role of the parent and parental responsibility. I do not want to put the responsibility solely back there. There are also peer factors here, because we know it is important for young people to feel connected with their peers. If the majority of peers are on a certain platform, I understand the pressure on parents of not wanting their children to feel like they are missing out on being in the peer environment where they feel that interaction is going to happen. I do not know what the answer to that is. I guess it is more conversations with social media companies about what we can be doing about that.

Q38 Bell Ribeiro-Addy: I am thinking back to the discussions we have had on intersectionality. Over lockdown, or perhaps earlier than that—I am always late with trends—there was this app on Snapchat, FaceApp, I think it is called, where you could change your gender and see what you might look like if you were a man or a woman. Some people held it as showing that gender norms are not important; some people found that there may be issues of transphobia there. When I put my face in it, instead of making myself a man, I put myself in the woman option, and it made my face slimmer and my eyes brighter, but most starkly it made my skin lighter, reinforcing that idea of Eurocentric definitions of beauty. Have you any views on what social media companies can do to consult on these things more widely before they put in place these different apps?

Professor Chambers: I do not have any specific evidence and studies about those kinds of apps but, like you, my instinct would be that that kind of app is going to be reinforcing gender norms. It is going to be suggesting that men should or normally do look like this, and that women should or normally do look like that. That is simply going to be reinforcing what is already a highly binary, sexist set of ideals about how men and women should look. I would share the concerns you have raised there.

I want to echo what Amy said about the difficulty of getting social media companies to engage on these questions. The Nuffield Council on Bioethics has tried to engage with social media companies in the context of our report on cosmetic procedures. We did not have very much luck in getting conversations and dialogue going in that respect. I would love to see social media companies engaging more with researchers, with consumers, with all the relevant parties to this debate, to make sure that their practices are thought through beforehand and afterwards.

Dr Slater: The difficulty is that they would probably pass responsibility to third-party developers of those apps. Yes, they could have policies about which ones they will and will not allow, but I am not sure that they do. Is it only a retrospective, complaint-based system, so they put anything up and then when somebody raises a complaint, okay, they might look at that? Is there potential for a proactive approach that means we will only promote features on our service, on our platform, that are positive? That would be a more ideal scenario, rather than saying, “We do not have



anything to do with it. Anyone can develop any app or any filter that does anything”.

- Q39 **Nicola Richards:** My questions are around media and advertising, but I want to go back to a few things that have already been mentioned, in terms of promoting positive body images and messages. Alex mentioned how, over lockdown especially, celebrities losing weight was often talked about; we have been over that. I wondered if anyone else has seen a pattern of media outlets using deliberately unflattering photos of celebrities but saying they look great. They are not outwardly saying they need to lose weight or anything like that, but are almost suggesting it by picking a deliberately unflattering photo, from angles or maybe eating. They make the article about something completely different, but you know the message they are trying to get across. I wondered if anyone else has seen a rise in this happening, maybe due to people picking up on them being so obvious about it.

Dr Slater: I have not really seen that, but it makes me laugh, I guess, because it used to be blatant many years ago. Think about magazine covers where they would rejoice in capturing “stars without make-up” and that was celebrated. I do not know, but it sounds like they are now saying, “We will do the right thing; we will not explicitly call out people for looking a particular way, but we will still do it. We will still give you the photo, but we will make the story about something else”. But, no, I do not know any.

- Q40 **Nicola Richards:** This question is for Clare. How successful is the ASA at protecting the public from adverts that do harm to body image, in your opinion?

Professor Chambers: The Nuffield Council’s report on cosmetic procedures in 2017 included some recommendations to the ASA, which we thought would better protect the public. Those were not accepted at the time, although we have been pleased to see that there seems to be an increasing level of recognition within the ASA about the importance of issues of body image.

It is worth distinguishing two types of adverts: those adverts that stand out as problematic on their own, and those that simply contribute to this general wallpaper of appearance ideals. With respect to the adverts that are individually problematic, we would like the ASA to prohibit advertising that is likely to create body confidence issues or cause pressure to conform to an unrealistic or unhealthy body shape. We might think here of adverts for cosmetic surgery companies that suggest that surgery will create a body that is more natural or more normal, or that will make you happier. Some of this way of advertising cosmetic surgery can be particularly problematic.

It is worth noting in that context that the British Association of Aesthetic Plastic Surgeons itself called for an end to all advertising for cosmetic



surgery back in 2012. Some work can be done on specific adverts that clearly create pressure and influence for bad body image.

Another thing that has to be taken into account is this general visual diet we are all facing of appearance ideals around us at all times. It is not straightforward to know how to deal with this. It is not straightforward to know how to deal with adverts that are individually, on their own, not particularly problematic, but contribute to this broad visual diet. This problem of cumulative effect really cannot be ignored.

In recent years, we have seen a greater willingness from the ASA to take into account this cumulative effect impact in the context of gender stereotyping. We would really like them to extend that realisation to the closely related issue of body image. The ASA has taken that more flexible approach to thinking about the cumulative effect of advertising with respect to gender stereotyping. They seem to reject it in relation to the closely connected issue of body image, but they have been making some rulings that seem to suggest they recognise the connection.

When thinking about that environment of adverts, we are not going to be looking at prohibiting individual adverts. We are looking at more of a flexible, creative approach that the ASA says it can use and we would encourage it to use when working with advertisers, not to necessarily always wait until there is a complaint on a specific advert, but to encourage a more creative and diverse use of images, to try to counter the cumulative effect we are seeing.

Dr Slater: I agree 100% with what Clare has just said. It is great to see that there has been movement in terms of the gender stereotyping and particularly advertising around cosmetic surgery. I would love to see a more proactive approach to considering issues in advertising around body image, not looking retrospectively, case by case at where complaints have been made. There is a really good model, in that Transport for London advertising policy has explicitly included issues around body image. They say that an ad will not be approved if it “could reasonably be seen as likely to cause pressure to conform to an unrealistic or unhealthy body shape, or as likely to create body confidence issues particularly among young people”.

There is a model there, in that you could have policy explicitly addressing body image and body confidence issues, not just at the case-by-case retrospective level, but proactively. That has been in the Transport for London policy for a couple of years now and there has been no drop in advertising revenue, which is an important consideration for businesses to take into account. I would like to think that more can be done here.

Q41 **Nicola Richards:** How can companies advertise their goods and services responsibly without contributing to causing poor body image? You have just touched on that; are you able to expand on it a bit further?



Professor Chambers: They need to take into account this cumulative impact. With respect to the gender stereotyping material that the ASA is bringing into effect, it says, for example, that it is not necessarily about whether some particular image is problematic, whether it is always wrong to show a model who is thin or whether a model having a healthy body weight is acceptable. It is about the context and the overall impact of the adverts you get. If you are in a situation where you know that the vast majority of adverts show bodies of a certain size and shape, think about using bodies of a different size and shape for your advert. Rather than prescribing that you must never show an image of this sort, it is about thinking about that diversity and trying to be more creative in the images and the bodies that are put forward.

Dr Slater: I agree with all of that: more diversity and more proactivity by companies. We have also had some research come out of our centre looking at corporate responsibility. As I touched upon before, it also needs to be considered in terms of the business model and reassuring companies that this is actually what people want. If you have a business hat on, this is a useful approach. It is not only the right and good approach; it will be good for business as well. Maybe that can motivate the change.

Q42 **Nicola Richards:** Amy and Francesca, which groups most lack representation in media and advertising?

Dr Solmi: It is not really my area of expertise. I do not know if Amy knows more about this.

Dr Slater: It is all groups that do not meet the exceptionally narrow appearance ideal that has been perpetuated for many, many years, which, as we have touched upon, is the generally Eurocentric, white, very thin, young stereotype. All groups that do not feel like that is representing them, which is many, many, many groups, should be more represented and included in the process of representation.

Q43 **Elliot Colburn:** To finish off, I would like to touch on the online harms White Paper. I will start with Clare and Amy, but Francesca, if there is anything you want to come in with, please do. Given what we were talking about, back in the section on social media, about the lack of data and research there, is there enough research and data to support the Government creating a policy about body image and social media in such a way?

Professor Chambers: There are some things on which we do have enough data and some things on which we do not. Evidence on body image has grown significantly in the last few years. A lot of it has been undertaken by Amy and her colleagues in the Centre for Appearance Research. That is really excellent. There are some things we have a really good sense of. We know that there is this epidemic of appearance-related anxiety. It seems to be getting worse, encompassing more and more



people. All the examples that Amy and Francesca have talked about already are some of the things that we do know.

There are areas in which we do not have enough data. One area we do not have enough data on is the area of cosmetic procedures. It was confirmed by Nadine Dorries, in an answer given in Parliament earlier this week, that we do not have sufficient data on the number and types of cosmetic procedures undertaken, the complications, the success rates. We particularly lack adequate evidence on the long-term effectiveness of any cosmetic procedures, and the impact they have on people's mental wellbeing, self-esteem and so on. We could also do with more evidence, as we have already outlined, on the specific ways that social media interacts with body image. We know that it does, but some of these specific mechanisms would be great to know more about.

Given that situation, it is clear that there is a duty on Government to act, because I would emphasise that doing nothing is not a neutral position. Doing nothing in this area is to really leave the status quo intact, and the status quo is heavily weighted towards creating poor body image. It is heavily weighted towards these intense pressures to feel dissatisfied with your body and to feel you must try to change it. This area is in vital need of regulation. It is only if we start to engage in this area more that we will collect sufficient data in areas where we do not currently have it.

Partly there is that role for regulation. There is also a role for Government to ensure that other actors take responsibility, and we have talked a lot about social media companies as being one key example of that.

Elliot Colburn: Fantastic, thank you for that. I want to come to exactly what those protections will look like in a minute. Before we do so, Amy, could I bring you in, if there is anything you want to add to what Clare said?

Dr Slater: No, I think that was beautiful. We now have decades of research substantiating many of these things in terms of the appearance ideals and how well entrenched they are in society, and the effect of weight-based biases, stigma and injustices. We have well established the serious negative consequences of body image dissatisfaction for young people and adults, so all these things now have a really substantial evidence base supporting them.

Of course, there is always much more we can do, as Clare highlighted, particularly around understanding the exact mechanisms of the social media environment that may be contributing to harm and then what we can do about that. There is always much, much more we can do, but it is time to do it and not talk about it any more.

Q44 **Elliot Colburn:** Going on to the actual contents of the White Paper and any eventual legislation that comes out of this, judging from the answers you have given, we are working on the assumption that the protections will, in fact, be welcomed. What specifics need to be included in that



legislation? For example, are we talking about the ability of social media companies to block IP addresses of continuing offenders? Are we talking about a new regulator? Are we talking about empowering an existing body? What kind of things do you think need to be included in this legislation to make it effective?

Professor Chambers: We have touched on a lot of these different measures. Speaking for the Nuffield Council, we strongly support the commitment to establishing a regulator that has real powers. We strongly support the recognition that companies should be more responsible for their users' safety online with respect to body and appearance anxiety as well as other issues. We suggest that that regulator should include within its scope the production of the apps and games that Amy has already mentioned, and the various products and images that create this idealised body appearance, diet products and so on.

With respect to other areas, there are already so many recommendations and reports that have been produced, which simply need to be put into practice. We can go right back to the Keogh report on cosmetic surgery. We can look at the Nuffield Council's own report on cosmetic procedures in 2017, which makes a large number of specific recommendations. There are so many things we know should be done, and I could happily provide the Committee with a long list of all the recommendations that the Nuffield Council has made on this area. We have talked about some of them today: education within primary schools, evidence-based teaching and so on. We know what we need to do; there is a long list. It would be fantastic to get some of it done.

Q45 **Elliot Colburn:** Clare, it would be really helpful if you would not mind writing to the Committee after this with that list. That would be really helpful as evidence for our inquiry.

Professor Chambers: I shall.

Elliot Colburn: Amy, do you have anything to add to what Clare just said?

Dr Slater: No, I think that was all wonderful. I read the online harms White Paper at the beginning of this year, when I was presenting to the House of Lords Committee on this issue. As far as I can see, there is no mention of body image within that paper. While it might be proposing a potential mechanism, which should definitely be explored, as Clare said, with a regulator that could look at these, from what I could see, at the moment, it was focused on child sexual abuse and there was no mention of body image. I do not see why. If this was going to be the route to be explored, why would it not also be considered as one of those risks that are going to be protected against under the scheme that is eventually set up out of them?

Q46 **Kim Johnson:** I did not grow up with social media, so I am not one of those people who are forever depicting their life on social media platforms. But, for young people, it is the expected and accepted norm



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now. Listening to all your commentaries this afternoon, it does not sound very positive, going forward, in trying to deal with these issues. As we go on, there are going to be significant mental health problems for a lot of our young people. Briefly, in a nutshell, what do we need to do to stem the tide of these negative body issues?

Professor Chambers: We need to recognise that this is not predominantly an issue of individuals acting through their free choice and choosing what to do with their bodies. It is about the social context and the constant visual diet we receive. We do not get to choose the content of the beauty ideal. We do not choose to be on the receiving end of an endless barrage of images of perfect bodies. We do not choose the judgement, the appraisal, the comments on our appearance. We do not choose to live in a world where we are constantly receiving this message that how we look is the most important thing about us.

We need to think about creating a social context that can nurture the idea that our bodies are okay as they are, that our appearance is just one thing about us, not the most important thing, and that our social status and self-esteem are not reliant on it. It is about that whole social approach, to try to change the dominant ideal that we are all operating within.

Dr Slater: I agree 100%.

Dr Solmi: So do I.

Chair: Could I thank the witnesses for appearing this afternoon? It has been incredibly helpful. Thank you for your time.