HOUSE OF COMMONS

Health and Social Care Committee

Oral evidence: The impact of body image on physical and mental health, HC 891

Tuesday 8 March 2022

Ordered by the House of Commons to be published on 8 March 2022.

Watch the meeting

Members present: Jeremy Hunt (Chair); Rosie Cooper; Dr Luke Evans; Barbara Keeley; Taiwo Owatemi; Laura Trott.

Questions 1 - 40

Witnesses

I: James Brittain-McVey, lead guitarist in The Vamps, campaigner; Alex Light, journalist and influencer; and Nyome Nicholas-Williams, model and activist.

II: Professor Heather Widdows, Pro-Vice-Chancellor (Research and Knowledge Transfer) and Professor of Global Ethics, University of Birmingham; Dr Georgina Krebs, Associate Professor in Young Person's Mental Health and Cognitive Behavioural Therapy, University College London; Dr Stuart Flint, Associate Professor of Psychology, University of Leeds; and Professor Sandeep Ranote, Children's Mental Health Lead, Greater Manchester Health and Social Care Partnership.

Written evidence from witnesses:

– [Add names of witnesses and hyperlink to submissions]

Examination of witnesses

Witnesses: James Brittain-McVey, Alex Light and Nyome Nicholas-Williams.

Q1 **Chair:** Good morning, and welcome to the first evidence session of the Health and Social Care Select Committee's inquiry into the impact of body image on mental and physical health. This inquiry will look at how negative perceptions of one's own body can cause both mental and physical health problems, and can often be combined with hesitation in coming forward for help.

We are going to look at what happens to people with a negative body image when they are drawn to cosmetic procedures, and the role that regulation should play in ensuring that they are safe if they do so. Later, we are going to hear from some senior clinicians and experts on the issue, but first we want to hear from some people who have experienced the sharp end of these issues and are brave enough to talk about it in public.

I give a very warm welcome to James Brittain-McVey from the group Vamps. He has spoken publicly about his own difficulties with body image issues. Alex Light is a journalist who suffered from eating disorders and now uses her profile to discuss weight stigma and diet culture. Nyome Nicholas-Williams is a model and activist whose actions led to an Instagram policy change in 2020. A very warm welcome to you all and thank you very much for being here and being willing to speak openly about these issues to help us understand what we should be recommending as a Select Committee.

We will start with me asking each of you, individually, to explain what you have been through, your experiences and how it affected you personally in your life. My colleagues will then have a few more questions, if we may. I will start with you, James. Tell us a little bit about your story, what happened and how it all worked out for you?

James Brittain-McVey: I first started experiencing issues when I was maybe 14 or 15. I grew up in Dorset and I went to a school that was quite a sports-based college. I was more into music than football, and I think that led to me perhaps not fitting into the circles that some of my other friends did. I think now, looking back, that there was a real determination to be accepted or feel wanted in my peer group. That led to me wanting to look a certain way. I came from an extremely loving family background, where I was encouraged to communicate my emotions all the time, but I still struggled to feel a sense of belonging, I guess, in social groups.

At that time there was a big fashion trend of American surf-style companies that came over and indoctrinated many of the youth in the UK to adhere to a certain body physique and live a certain life. I had one of their shopping bags in my bedroom of a guy who was ripped on a beach in Malibu. Unconsciously, every morning, I would catch a glimpse of that and think, "Oh, that's what I need to look like." I felt like everything was

surrounded by the notion that I had to not eat a certain thing, or I had to do a certain amount of exercise. This was at the age of 15 or 16. I did not really have a group of friends who were going to the gym and doing that, so I was doing it to myself. I think maybe social media also encouraged me to fall further down the rabbit hole in everything I was doing.

The first thoughts I would have when I woke up in the morning were, "Should I be eating that? Am I going to be able to get to the gym?" This was before the Vamps started. When I started the group, any sense of control I had over what I was putting in my body or the exercise I was doing went out of the window because, all of a sudden, I was on a world tour at the age of 17 or 18. I could not give the time to do that.

One of the biggest misconceptions in my opinion is people presuming that this was striving for vanity because I absolutely loved myself. That was not what it was. There was a degree of self-destruction in my mind about how I looked. There was also pressure to conform to stereotypes and gender constructs. Before I realised, my whole life was controlled by the chase to look a certain way.

I like to compare the fitness industry to people making money. You are never satisfied. You think you will get to a certain point and you will complete it, but there is always another thing you can do or another supplement you can take. At the age of, probably, 19 or 20 the next step for me was to get liposuction. I think I had 6% body fat at the time, but I could not get rid of the breast tissue that I had, which is extremely natural. Me going to my parents at age 19 or 20 and saying, "I'm going to do this," must have been heartbreaking for them. All along they have been so supportive of me trying to feel happy in myself, and obviously for me I could not tick that box, so I ended up having surgery at the age of 19 or 20. I thought that was great.

Now, looking back, I try to retrace the steps to how I got to that point, and I realise that there were a few factors. It was pressure at school, but for me it was not being open about how I felt. There was also the content around me, social media, billboards, advertisements and everything. They definitely encouraged me then, and I think they still do now. We are getting somewhere, but I still look around and think, "I should still look that way," even though I have had 15 years in this world. I still feel pressure to look a certain way. That is why I worry. A lot of our fanbase are in the demographic of 12 to 21. They are fans of the Vamps. How on earth are they meant to feel comfortable in their skin?

They can go on apps now where they constantly scroll and see another person that looks a certain way. I struggled enough, and I worry about the future generations. That is why, for me, I think we need to really clamp down on what we view as acceptable in advertisements. We need transparency, where the models that we see are bodies that represent society and not this small demographic that is completely unachievable.

Q2 **Chair:** What would you say if you could speak to your 16-year-old self today or to one of your fans? What would you say to them if they were going through the same thought processes that you went through?

James Brittain-McVey: Being completely honest, I am 29 next month and this still affects me, to an extent as much as it did when I was 14 or 15. I am now just able to try to rationalise these decisions.

I think I would say that I felt completely isolated and detached from everyone, having those thoughts. The reality is, and the data shows, that men as well as women constantly critique their bodies. I would say, "Look, you are not alone in feeling this way." I would encourage myself to speak. Speaking to parents is a daunting thing, but I was embarrassed even to speak to my friends and communicate with guys of my age. I felt that I could not be emotional with them. I would encourage myself to communicate.

Q3 **Chair:** Thank you. We will come back to you in a minute, James.

Nyome, tell us your story. Tell us the Instagram bit of it as well.

Nyome Nicholas-Williams: Yes, sure. I got disordered eating when I was in secondary school, from about 16 to about 21. I equated my height with my weight because I am quite a tall person. I was taller and bigger than everyone else. Fundamentally, I stopped eating throughout school. That made me dislike my body and myself, because what I was seeing around me was not a reflection of who I am. Obviously, with that happening and being bullied at school, it does not help being taller and people constantly telling you that how you are is wrong. It really took its toll on me. I had disordered eating until I was 21.

I started at uni and was doing photography. Someone said to me, "Why don't you model?" I said to them, "I haven't got the body for it." That was the first thing I said. They said, "Well, you've got the face for it." I was like, right okay, and that was just before plus size modelling had really taken off. I thought, "Okay, I have not seen anyone that looks like me so there is a space for it." That is when it really took off.

I did a lot of therapy to change what I thought about myself. I have a very supportive family and friends. It is positive self-talk. I talk myself into feeling better, and that is what has helped me, obviously among other things. It was a journey. Where I am now, and the change I made on Instagram, is because I accept that I love myself.

When my picture ultimately got taken down on Instagram, basically I went to battle. I said, "You are not going to take my picture down because of this body that you deem as being wrong." I did not expect to get as far as I did or for the CEO to contact me and for him to implement the change within two months of the pictures coming out. I basically said, "You're not going to censor me and my body, or bodies that look like mine," because I have spent enough time not liking myself. I now love

myself in the body that I am in every day. I am happy that that change was able to be implemented.

Q4 **Chair:** Let me ask you the same question as I asked James. What would you say to someone at secondary school now who is worried that they have a bigger body than their friends at school?

Nyome Nicholas-Williams: I would say take time with yourself. Look around; everyone is different. I know that sounds quite clichéd, but no two people are the same, except for twins, obviously. No two people are the same, so just appreciate who you are. It is like a marathon rather than a sprint. Take each day as a step rather than trying to run and get to a place where you are comfortable with yourself. Ultimately, we are all just learning to be happy with ourselves every day, so it is a journey. That is the advice I would give.

Q5 **Chair:** What would you say to people who said, "I think I should go on a diet," for example, or something like that?

Nyome Nicholas-Williams: I do not believe in dieting, personally. I cannot speak for what I would say to anyone else who wants to diet. Obviously, I would have a conversation with them about why they wanted to, and try to understand it a bit more. I am very much about confidence and loving yourself, so maybe I would try to talk to them about different ways: "Hang out with me for a bit." That could make them feel a bit better about themselves. Try different things before you go to a diet. That is what I would say.

Q6 **Chair:** Thank you.

Alex, thank you for joining us. Do you want to tell us your story?

Alex Light: I am going to try to condense this as much as possible because I have a long history with body image issues which started at a very young age and informed a great deal of my life—the majority of my life really.

I was born in the 1980s. I grew up, as pretty much all of us did, in a heavy diet-culture environment. Particularly as a girl, I was surrounded by the thin ideal, which gave me the belief that thin was the best thing that I could be and what I needed to be. That, along with the representation of only thin women in the media, which is something that as a girl growing up you tend to consume a lot, meant that I quickly learnt that my natural body type was not right and that it needed fixing. I did not look like the women on the TV, in the magazines or on billboards. My body type was not that. I was always quite curvy.

I started dieting around the age of 11. I quickly became a chronic dieter, flitting from diet to diet. Eventually that led to an eating disorder. After years of suffering in silence, I told my mum what was going on. We sought professional help. I was diagnosed with anorexia nervosa at age 25. It soon morphed into bulimia nervosa, and ultimately I was diagnosed

with binge eating disorder. I spent years of my life locked in this mental prison. It did not just have an impact on my mental health but a serious impact on my physical health as well.

I am now 33, and it is only in the last couple of years that I have really been able to create an existence free of eating disorders. I would love to stress something, if you don't mind. It is obviously really important to acknowledge that eating disorders are complex and that there are lots of different factors that contribute to developing them, but we know that body image issues contribute significantly to both disordered eating and eating disorders. While I believe I have some traits that predisposed me to an eating disorder, my body image issues very much sealed the deal, so to speak. Through my recovery from those eating disorders, I learnt about diet culture. I began to interrogate it, all the facets that make up its existence and the things that had contributed to my negative body image.

The diet industry is incredibly lucrative. I think it is worth $292 billion at the moment. It essentially scams people into giving money for a promise that it can rarely, if ever, deliver on. The media idolise thinness and perpetuate a body ideal that the vast majority of us are not genetically disposed to attain. It is ubiquitous and strongly informed my belief system around my body image, which was all compounded by a glaring lack of education around body image and diet culture for all young women and men. It is not just young women. It is all women and men.

I never had a clue that diets were anything but positive. I did not know that thinness did not really mean anything. I did not understand that thinness did not equate to health either. Now I am armed with my experience and knowledge. I have done my research, and I am committed to helping improve collective body image. As an influencer, there is only so much that I can do in the limited reach I have. I am really delighted that this panel is happening today and that people are willing to listen and help solve what is a huge problem affecting a vast number of people. It is not just people with diagnosed eating disorders, but anyone who is held back by limiting beliefs around their body and has an unhealthy relationship with food as a result of body image issues.

The last point is that, as James said, it is not a vanity issue. It is so important to stress that. We need to dismantle the stigma around eating disorders and body image, and that it is something purely for vanity because that prevents people from getting the help they need.

Chair: Thank you.

Q7 **Dr Evans:** My first question is to James. I declare an interest, in that James and I worked together on this issue before this inquiry started.

James, you were on "I'm a Celebrity", one of the biggest TV programmes that we have in the UK. It exposed your body image directly because of your eating and what was going on there. How did that manifest itself? If

I can widen that question, once you were in there and people were focusing on your image with regards to promotional stuff, did you feel pressure to change your image and to have it doctored for the promotional aspect?

James Brittain-McVey: When I went into that show, I thought that I had sorted my issues—solved mental health. Obviously, later, I realised that is not how it works. I went into the show feeling extremely confident. I came out of it five or six kg lighter. When my wife saw me, she was shocked. She was almost scared of how ill I looked.

However, I thought I looked good again, in that I had a six-pack in a way that I had not had for 10 years, since the beginning of my issues with food and mental health. Without realising, I still had unanswered demons in my head about my body. That show was brilliant for an array of reasons, but it made me focus on myself more than ever physically. Coming out of being on a TV show, there are obviously brand deals and you are an attractive influencer to work with. The amount of stuff I had around that, whether it is unhealthy or not, I pinned down to me looking the leanest I ever had been. The big point, and we have worked together on this, is that I would love to see a world where companies want to market people who represent the majority and not a really small percentage of unachievable body image.

Q8 **Dr Evans:** Do you feel that you are under pressure when you are on tour or doing promotional material? Do you know colleagues in the industry who feel pressure to have their images doctored or perceptions changed for a promotional reason?

James Brittain-McVey: I am extremely lucky in my sphere of the Vamps that we are all really honest with each other. There is no pressure in that way, but there have been things over the years. We have done a photoshoot and then we have got them back and I've thought, "God, I think my face has changed shape," without knowing that that was going to happen. In the crazy pandemonium of the Vamps, it is like, "Yeah, whatever, put it out, fine."

I think that happens quite a lot. There needs to be a conversation between the photographers and the people on set, where they say, "Look, we're going to do this to your body." I do not think we have ever had those conversations—my manager is sitting here. We never know when that is going to happen. It does not happen as much now, but definitely it has over the years. I am married to a model, and it has happened to her. I think that maybe we need to have a conversation around that. Who has a say over the final images? It is definitely not the models all the time.

Q9 **Dr Evans:** That leads me nicely to Nyome. You are a model. Can you talk about either your colleagues' or your personal experience of images being doctored? Is that something you have come across?

Nyome Nicholas-Williams: In my early career, yes, but no one would dare now. I just wouldn't have it because it goes against everything I stand for. I only work with brands that literally come to me and I can feel their authenticity, and that what they want from me is something genuine which will help somebody else. It happened quite early on before I had the great agents I have now, but now my agents know me well enough to never put me in a position where a brand would allow my image to be doctored to a point where you do not even know who I am. It does not happen at all now.

Q10 **Dr Evans:** You have this strength because of what you have been through. What about new aspiring models? Do you think that they have the ability to turn down a deal or push back? Where is the power base and what should we, as a Committee, be looking at to try to protect people in that sphere?

Nyome Nicholas-Williams: With regards to that, it is harder when you are first starting out and trying to navigate everything. I have always spoken up regardless, both when I was starting and now. I have always been very vocal. Yes, it has probably closed some doors for me, but it has opened some more because I will not be quiet about the things that I believe in if it is going to help somebody else and stop them getting an eating disorder or going through what I went through. These conversations will help that. With us having the conversation and people taking it in, and hearing from people who have lived through it and understand it, someone can maybe sympathise with the fact of what we have been through.

Chair: Before Laura comes in, could I say that we have to finish this panel at 10.45? Taiwo and Barbara, do you want to come in on this panel, so that we can pace ourselves?

Barbara Keeley: I do, but I will be quick.

Chair: Perfect. Sorry to interrupt the flow. Over to you, Laura.

Q11 **Laura Trott:** Thank you all for coming in and talking about this. Being in the public eye makes it even more difficult to talk about these issues, but it is even more important that you do. Thank you very much.

James, I want to ask about your liposuction. You said that you were 19 or 20 when you got it. How do you feel about the advice you got at the time from the surgeons involved? Do you think it could have been improved?

James Brittain-McVey: I went private with it. I had very slight gynecomastia, which is a slight enhancement of breast tissue. My parents or anyone would not notice, but to me it was a thing. I went in and said, "Look, I have gynecomastia and I have found a reputable person who deals with that." I do not think there were ever any conversations around, "You are 19. Are you sure?" I do not think there was that. It was, "Yes, this is what we can do and I do this all the time," and I was, "That's great; there's six grand or whatever, sort it."

It's funny; I never even thought about it until you just asked me that. In my mind, I was on a one-way street—"I am going to do this"—and I went in with that and it was done. There was no sense of, "Are you sure?" Maybe that is something we should think about as well.

Q12 **Laura Trott:** When we talk about regulation of the non-surgical cosmetic interventions—things like Botox and fillers—people think that cosmetic surgery is quite well regulated, but the area around the advice that particularly young people are getting is potentially not sufficient. Is that something you would support?

James Brittain-McVey: Absolutely. When there is something that needs fixing it is easy, but for me it was a mental thing going in there and thinking that I could get a physical solution. I do not think there was any conversation around that, so I would support that for sure.

Q13 **Laura Trott:** Nyome, I want to talk to you a little bit about social media. You had a big victory with Instagram, which is fantastic. We have a big Online Safety Bill about to come through the House of Commons. What do you think we should be adding there that you think will address some of the issues that you have so bravely highlighted and talked about here today?

Nyome Nicholas-Williams: Again, it is about starting uncomfortable conversations. Only with that can change come, with people trying to see things from other people's perspectives—someone who has a body that does not look like them. It is obviously all very technical. When I changed it, it was the algorithms and technological stuff that I had no idea about. It starts with conversations. If you can get someone to listen to you, you can explain to them. It is uncomfortable all of the time, but it is worth it. I think it is the conversations and trying to get the people who can make the change to listen.

Q14 **Laura Trott:** Alex, I have so much to talk about, but I want to make sure there is time for Barbara as well. I want to ask you the same question. You have done a huge amount of work talking about social media and some of the pressures, and that will have helped a lot of people. What can we do as politicians and legislators? What do we need to do to support that and the work that you are doing?

Alex Light: I have a lot to say here.

Chair: That's why we invited you.

Alex Light: Weight loss ads need regulating in general, particularly on social media. Instagram has taken some steps towards regulating them, but it is not enough. We are all served, and it is particularly sinister that teenagers are still served, ads on weight loss. TikTok is like the wild wild west for weight loss ads. You cannot go a few scrolls without seeing an ad for intermittent fasting or Noom, which is scary considering the younger demographic of those on TikTok.

To go back to cosmetic procedures quickly, I think they need to be looked at in terms of social media. Influencers have taken away the taboo of cosmetic surgery and that has caused a dramatic spike, especially in young people getting procedures, whether surgical or non-surgical. A huge part of the problem is that influencers are getting surgery gifted in return for exposure on their social media accounts. This is something that really needs to be cracked down on. Everyone has their own autonomy. You can do whatever you want with your body. If you want to get a surgical procedure, that is fine, but when you start promoting it to a young and potentially vulnerable audience that is really dangerous. I do not know if there can be some kind of law about that.

Q15 **Laura Trott:** To interrupt you briefly to clarify something, there is existing legislation now and you have to say when something is an ad. There have recently been things brought in by the Advertising Standards Agency that mean you cannot direct adverts to a specific demographic if they are around cosmetic interventions. It is for under-18s. Do you think that does not go far enough and that there should be more?

Alex Light: Absolutely. I saw a celebrity recently who has a huge following. He had a gastric band. It was paid for with a clinic. It was an ad; he promoted the clinic. There is a lack of regulation around that. It is not enforced properly, especially with Botox and fillers. I could go to a clinic now and they would give me the treatment for free. I could say, "I just had my Botox topped up at Dah, dah, dah" and promote the clinic. It is quite scary. It is taking the number of cosmetic procedures and treatments to another level.

Laura Trott: Thank you very much.

Q16 **Barbara Keeley:** Alex, as the Health Select Committee it is important for us to ask questions about the healthcare that you received, your experience and the diagnosis that you have talked about. Can you quickly talk to us about your experience of accessing healthcare?

My colleague Taiwo has asked me to ask whether you accessed children's and adult services, and what was the difference as you moved between them? Was that difficult? Can you tell us anything about the support, because it is important that we improve that too?

Alex Light: I was not diagnosed until the age of 25, so I never had any access to services as a child. I was in the fortunate position of being able to access therapy privately and for a substantial amount of time. When I first went to my GP, when my mum marched me there with my eating disorder concern, I was put on a wait list to access help because my BMI was not life-threateningly low. Very luckily, I had private healthcare as part of my work contract at the time, so I was able to access help straightaway. I honestly do not know where I would be now if I had not been able to do that.

As is the case with many people with eating disorders and problems with eating, I needed sustained professional help with my eating disorder and

not just a course of six sessions. That scares me for people who are desperately trying to seek help. I have spoken to hundreds of women who do not know what to do. They need help and they do not know what to do. I resent signposting them to their GP, as it often means long referral times. It means long wait times to start recovery and then limited help. As I said, there is a limited course once they start.

I do not know how easy this is to resolve, but I thought it was worth mentioning. It is my understanding that research has revealed that doctors have an average of 1.8 hours of training on eating disorders. Obviously, that is not sufficient considering that anorexia nervosa has the highest mortality rate of any psychiatric disorder. I would love to stress here to you that, as I am sure a lot of people listening know, an eating disorder is incredibly debilitating. I honestly believe that the metaphor of a mental prison is spot on. There is obviously huge physical damage to the body on top of that, but there just is not enough help available. We need to push for more, urgently.

Q17 **Barbara Keeley:** Nyome and James, do you want to add anything about the healthcare—what you need to get a diagnosis and what support you get? Could that improve? I think there is research suggesting that concerns around body image among children and young people are often just treated as a phase and not taken seriously. Can you add anything from your experience?

Nyome Nicholas-Williams: When I had my eating disorder I went to the doctor. I have quite a weak ankle and I have always had physio for it. The first thing they said was, "You need to lose weight," when I was in the midst of an eating disorder and I was trying, not to get help, because I was like, "There's nothing wrong with me, I'm fine and I don't need help. I'm good." But to have the doctor say that to me without having asked or tried to understand, and say, "Well, it's about your weight," when I was already struggling with my weight in the midst of all of that, was quite hard. I guess I did not really get a diagnosis but I knew that there was something wrong because of the amount I was not eating. I definitely went through it by myself. I would not say that I got diagnosed, but I knew within myself that there was something wrong because I was not eating at all.

Q18 **Barbara Keeley:** Thank you. James?

James Brittain-McVey: What both Nyome and Alex said has been really interesting. I have never been diagnosed with anything. I try to think why I had not gone to people. I think mainly that perhaps being a guy at the age of 18 or 19 I felt terrified at the prospect of going somewhere and speaking about my mental health, but also about my body. Now, in hindsight, that was one of the main reasons.

I know that we are speaking about physical effects, but for me the mental side is something that has been neglected for decades and decades. I know that we are getting closer to trying to see them in an

equal light, but with the training—as Alex was saying, if that statistic is true—and how much time is put into eating disorders, that is terrifying.

For me, there needs to be more communication between guys of my sort of age about this. We should encourage them to seek help. It definitely would have helped me back then. There is clearly a way to go in the healthcare system. There is the thing where you get three sessions to sort out your mental health. I have been having mental health issues for 15 years. I do not think six sessions would help me. We have a lot of work to do there.

Barbara Keeley: Thank you.

Q19 **Chair:** I want to clarify the last thing you said, if I may, Nyome. You are not saying that you are against doctors ever advising someone that they need to lose weight, but you are saying that they need to be sufficiently trained to know whether it is appropriate advice. I do not want to put words into your mouth.

Nyome Nicholas-Williams: You are correct. It is the training, compassion and understanding. Some of them are a different minority group. You might not understand with me being a Jamaican person my food or my nationality. Our food is quite starch based and my bone density is different from someone else. It is about understanding different people. They are going in and saying, "I need to help you because that is my job," but if someone is literally harming themselves by not eating and they pile on and tell them, "Well, you need to do this because of your ankle," that starts another mental health prison per se. That is what it did for me. My mental health deteriorated after that.

Chair: Thank you. It has been absolutely fascinating. I know that I speak for everyone in saying a big thank you for your courage in speaking out so openly. It is the very first evidence session of our inquiry, so it is going to help to shape our thinking. We really appreciate your time, Nyome, Alex and James. Thank you very much indeed.

Examination of witnesses

Witnesses: Professor Widdows, Dr Krebs, Dr Flint and Professor Ranote.

Q20 **Chair:** We move now to our second panel. I welcome our NHS, clinical and research experts. Professor Sandeep Ranote is a child consultant and adolescent psychiatrist and a trustee of Beat, which is a charity supporting those affected by eating disorders. She sits on the Royal College of Psychiatrists eating disorder and child and adolescent faculty executive committees. Dr Stuart Flint is associate professor of psychology of obesity at the University of Leeds and is director of the charity Obesity UK. He chairs the Obesity Policy Engagement Network and is an honorary Public Health England academic. Professor Heather Widdows is pro-vice-chancellor and professor of global ethics at the University of Birmingham. She is co-author of the book "Perfect Me: Beauty as an Ethical Ideal".

Finally, Dr Georgina Krebs is associate professor in young person's mental health and cognitive behavioural therapy at University College London and her research focuses on mental health disorders among young people.

Thank you all very much for joining us. Sandeep, how many people do we think are experiencing negative feelings about their bodies? How common is this issue?

Professor Ranote: It is becoming even more common than ever before. Research in this area is very variable. One of the issues that we have is the data. The data has never been good enough. The data on eating disorders is getting better. We think that, at any one time here in the UK, 1.25 million people are suffering with an eating disorder. There will be more than that who have negative impact body image or body image concerns which, of course, are broader. The state of the problem is huge and increasing.

One of the things is that there has been a rise year on year in mental health problems in our nation, particularly for young people and young adults. The Covid pandemic and lockdown has further accelerated it. What we are seeing is that body image and the impacts of body image—one of which is eating disorders, and not only eating disorders but depression and anxiety—are the key areas where we see a huge rise, certainly in health services.

Q21 **Chair:** We heard the earlier panel talk about the impact of social media, billboards and so on. To what extent is that a root cause of the problem? Has there been a big growth in the problem as the use of social media has exploded?

Professor Ranote: Again, it is all about robust research. We still do not have causal research that would say social media causes an eating disorder or body image disturbance or difficulties. However, body image and concerns around body image for human beings are not new. They have been around for centuries. Theatre, the arts, philosophy and literature tell us that. Case studies on eating disorders go back to 1873, to Queen Victoria's physician.

What has changed is the media and social media and the influence that media and social media both have as huge vehicles in exacerbating conditions that are already there or exacerbating body image difficulties for people of all ages, but particularly young people and young adults. What else has changed in the last 10 or 15 years is reality TV and the potential impact of that on a nation, on the world actually.

Q22 **Chair:** Thank you. I will bring in Dr Georgina Krebs. Would you talk to us about the link between concerns about body image and a serious diagnosable mental health condition? To an extent everyone wants to look good. It is a perfectly natural thing to feel. How does that journey happen?

Dr Krebs: It is well established that poor body image is associated with a wide range of mental health difficulties. Most obviously, body image problems can escalate over time and lead to body image disorders. These are conditions where body image problems have escalated to such a level that they are causing significant distress and impairment. There have been longitudinal studies showing that body image problems in early adolescence are the strongest predictor of the development of eating disorders, for example. To put that in numbers, individuals who have high levels of body dissatisfaction are four times more likely to develop an eating disorder.

Beyond those body image disorders, we know that poor body image is linked with a variety of other mental health difficulties such as anxiety, depression and suicidality. Looking at the research, individuals with high levels of body dissatisfaction are twice as likely to attempt suicide. From a research perspective it is important to say that, as we have already heard, there is a lack of good-quality research or a limited amount of good-quality research. What we really need are longitudinal studies following up large groups of people over time, ideally population based, to establish the short-term and the long-term impacts of body image. At the moment those studies are very few and far between. That is an area where we need more research.

Q23 **Chair:** Let me bring in Dr Stuart Flint. An issue was touched on at the very end of the first panel by Nyome. You may have heard the first panel. How do you get the balance right from a doctor's point of view? For many people it may be the right advice to lose some weight and improve their BMI. Indeed, we have lots of debates in Parliament about the obesity crisis and being the second fattest nation in Europe and all those kinds of things. You have those issues on the one hand, and then the very profound psychological distress caused to the people on our first panel by the prevalence of weight loss advertising and other pressures from social media. How do you get the balance right?

Dr Flint: The first thing, which I think is critically important, is how prevalent and pervasive weight stigma is. It is evident in policies. What you are talking to there is the framing that we currently have around obesity in society, in policy, in the media and elsewhere that talks of obesity as a crisis. There is a lot of combative language that is used which we would not see if we were talking about other health outcomes. That is because the stigma has become so ingrained in our society. It has become accepted that we think about people differently and, in some instances, treat them differently purely based on their body shape and size.

To give you an example, I have done quite a lot of different types of comparisons where I have looked at the framing of obesity in policies and the media as well as the framing of health conditions such as cancer. That is not to say that the two are the same—of course not—but what I am saying is that dignity and respect should be offered to everybody,

whether it is somebody coming to healthcare or other things. It should be the same. Everybody should expect the same amount of dignity and respect.

In the framing of obesity in policy, for instance, we often see obesity as a burden: "We spend too much money on obesity. It's a problem. We are the worst in Europe. We are the worst in the world in terms of prevalence." That is the type of language that we ultimately see in the framing, and we actually see it in the long-term plan of course.

The framing of, for instance, cancer is very positive, as it should be. We say that we should spend more money and should have more support. We talk about people as survivors and as part of a family. There are lots of different support groups that people can potentially go to. What we are ultimately transcending to healthcare professionals, readers and others are feelings of hope and optimism. That is what we ultimately have, and of course that is what we should deliver. It is really important in translating into behaviour change because we know that hope and optimism are more likely to lead to behaviour change, if we are thinking on an individual level. What we actually see in the framing of obesity is pessimism, anxiety and fear. It leads to frustration. It does not lead to behaviour change.

Q24 **Chair:** I understand the theory behind what you have said, but let me ask you about a practical example. Should we put calories next to items on menus in restaurants? Some people complain that that increases their worry about body image. Other people say it is a very important way of helping people to regulate the number of calories they consume.

Dr Flint: Your point is critically important. I think what we have lost is celebration of individual differences in this space. For some people it will have quite a detrimental impact, and for others there might be some information that would suggest that it could help in some instances. Across the board, I would say it is a bit of slap in the face to previous work that has been done and has been delivered from a Government level, where we are saying, "Let's focus on foods that are high in fat, salt and sugar." That is much more important than saying. "Let's focus on calories and calories alone." We need to be more aware of the different nutrient profiles of food. Let's focus on reducing salt, sugar and high fat, which aligns, of course, with the previous soft drinks industry levy, which again has some issues related to it about how it may lead to increasing the stigma that we see in society.

Why would we suddenly only focus on calories? My concern is that if we are seeing this as an intervention relating to obesity, for instance, where is the empirical evidence that it will lead to changes in food consumption and would even lead potentially to a reduction in weight for people in a higher weight status? We do not have that. This is really a population health intervention and one that requires much more evidence to see whether it would be effective in this space.

Q25 **Chair:** The perfect person to answer that question is a professor of global ethics. How do you deal with the issue that something might be good for one set of consumers but could be very negative for another set?

Professor Widdows: The crucial thing is to take a step back. We have talked about what has changed. One thing that has been mentioned is social media. The other thing that has changed is how we relate to our bodies. We have talked about bodies as if they are not us. The key change is that bodies have become selves, and that is why you are seeing this crisis of identity happening. Understanding that gives you a much clearer understanding of why some of the interventions feel so problematic and why weight stigma has become something that is so debilitating. That body-shaming aspect is something to address.

In terms of calories on menus, we all say that there is not enough data. The fact that you are having this inquiry is something I do not think could have happened five years ago. There is not enough data because it is being treated as individual, as trivial and as unimportant. Clearly, that is not the case. We are recognising that. Calories on menus might be one of those things where we try it and see. We have done a lot of interventions in this space that we thought would work, and then did not. Luke will know that I have talked a lot about this.

We used to think that, if we put it on magazines when images had been altered, it would help people not to take in unrealistic ideals for themselves. But what happens is that when you put a label that says, "This model's legs have been lengthened," in fact you pay more attention to the model's legs, and you feel worse about yourself. That is something about the visual culture. It is partly that we are in a visual culture that we do not know how to negotiate. We have never before been in quite such a visual culture. I actually have a colleague who tells me that we were—in Byzantium—but that is a different debate.

Thinking about the visual culture is important, and recognising that it is bodies—ourselves—that we are valuing; it is not just about the diet industry exploiting. If it was the mind that we valued, we would all be buying pills and carrying around drips to give us intellectual enhancement. It is bodies we are valuing, so we have to see it in that bigger picture. Quick interventions designed as if we were three generations ago, when there was nothing about ourselves involved in feeling bigger or not looking right, will not really work because they are not addressing the fact that how we relate to our bodies has changed.

Chair: Thank you. We have to wrap up just before 11.30 because we have Foreign Office questions today. Let me bring in Laura Trott first and we can take some of the very interesting things you have been saying a bit further.

Q26 **Laura Trott:** Thank you very much. First, I want to pick up the point around social media and what more we can do. We talked about it briefly in the previous session. We have a huge Online Safety Bill coming

through the House of Commons very soon. I think one of the things we can do in that is address some of the topics that we are talking about here.

There is dispute over the best way to do that and how we can effectively regulate this in a way that helps people who are suffering from body image problems and stops the exacerbation that you were talking about. Can you let us know what you think should be in there, Professor Ranote?

Professor Ranote: That is a really good question. It is very complex. I agree with everything that Heather said. Whatever you take forward, one of the important things is to evaluate it. There needs to be robust evaluation behind it, because we need to know what is working and what is not.

We are living in a new world. It is a digital world in the workplace and the playground. The playgrounds of the past were our park playgrounds. To give you an example of what I believe, at one point in time, we had slides and roundabouts in concrete playgrounds. There were head injuries and accidents. We had road traffic accidents at school pick-up times. We did not close our playgrounds of the past. We put in safeguards. We made them safer.

The digital world is much more complex both in its intricacies and its hugeness. We live in different countries, different cultural backgrounds and different genders. There are lots of complexities and intricacies, but I do not believe a ban on social media and media is the right answer. It is about balance. It is about education. The biggest tool in our toolkit is education. Through the vehicle of education we are going to get the cultural and behavioural change, and empowerment from self, to look after one's own digital workplace and digital playground.

We had the green cross code, a massively successful public health intervention. I think it was in the mid to late 1970s. I have always talked about a screen cross code. Little bits and pieces have been tried, but not on a huge national scale. For many people you need very short, sharp messages, quick things that are simple and easy for parents, teachers, young people and young adults to do and adopt. Are we really taking social media sabbaticals, having a digital sunrise and a digital sunset? Are we really doing those things to achieve balance?

Don't forget that digital social media and media is not all bad. It is about how we utilise a medium that is the way the next generation are going to communicate and work positively. How do we use that in a positive way to educate and to increase awareness of keeping ourselves safe, but also for learning and sharing? I believe that everything is about balance and not about banning. It is about balance and quick, simple toolkits. We need a screen cross code of some description.

Q27 **Laura Trott:** I want to challenge that because there is a lot of education and information at the moment, yet we are faced with what has clearly

been an epidemic in the rise of eating disorders, particularly but not exclusively among girls.

On the education side, what more can we really do when there are very good tools and very good organisations, Childline and others, campaigning on this? Do we not need to intervene slightly more on the social media side to stop some of these images coming through because the education we are doing is not enough? I pose the question and you are the expert. I wondered what your views on that are.

Professor Ranote: I am not an expert on social media per se. Are we asking young people? Are we asking the people who are affected? For instance, first and foremost and really key, you have asked today what works and what does not. What works for one person does not for another. I think that is what makes a lot of the education and the awareness that is happening already very complicated and complex for schools, teachers, parents and families. It is not one size fits all. Education and awareness has to continue.

Social media changes so quickly. As soon as you have a toolkit out, your platforms are changing. The way in which we use social media changes. I think it has to be continuous. It has to keep going. It has to be refreshed. We need to ask people who are impacted and affected by body image issues whether that is their physical health or their mental health, and from different cultures and different genders. We are seeing more males in our services. The cohort of people I work with will be those that actually present with mental health illness, whether depression, anxiety or eating disorders. It is important to ask them about their use of social media, what works for them and what does not work for them and what makes things worse. Then we can develop and co-develop the toolkit that will work.

Yes, regulation is important. That is the safeguard element. Again, it is about introducing balance. Are we, as a medical profession, using social media in a positive way or as much as we can? I do not believe we do or we are. I think we have viewed it as a risky space. We have not used it as much as we could to educate about health, mental ill-health and physical ill-health, and about body image and diversity.

It goes back to what Heather said about holistic health and wellbeing. It is back to obesity. It is not just about what we look like. It is how to look after oneself.

Q28 **Laura Trott:** Thank you. I know that the Chair will want to move on, but I am interested in your perspective, Professor Widdows, on the same question around what we should be doing to regulate social media to minimise the harms that we are talking about today.

Professor Widdows: I agree with a lot of what has been said. A lot of the education that we have at the moment is around individual resilience, and that puts far too much pressure on individuals. It is a completely rational response to feel under pressure with this kind of stuff happening.

Absolutely crucial is not just focusing on, "It's you as an individual and it's up to you to learn how to be resilient against this overwhelming stuff." It is about public health. We culturally need to do something about that. It can actually make it worse because people are ashamed and quiet because they feel like they are supposed to be positive.

Some of the social media campaigns work for some people. That is great, but they can have unintended consequences. If you are supposed to love yourself, supposed to feel good and supposed to post your diverse body, if you already feel bad about your body you can then feel worse. It can do the opposite. There is something important about how we collectively teach people how to react to social media. Some of the things we are teaching sound great, and for those they work for it feels liberating, but actually they can silence another group.

It is crucial to think beyond some of those individual ways forward. That comes to your point about it being an epidemic. One of the troubles with Instagram and social media is that it is wholly visual. When you look at a lot of the body positive campaigns, they are not actually presenting radically diverse bodies. There are four features of the global beauty ideal: thinness, firmness, smoothness and youth. Usually, social media campaigns around body positivity only challenge one of those. You get very big, curvy beautiful women that conform to the firmness and the youth. On body hair, you get very thin, beautiful young women with cute bits of body hair. There is a pretence of diversity on social media. There isn't any real diversity. Going forward, there are possibilities as to what real diversity would look like.

There are other things that we have not talked about. I am particularly committed to thinking about lookism. If you think about what happened with sexism, before you named sexism, you might have felt slightly uncomfortable to be wolf-whistled at, cat-called or to have your bum pinched, but until you could name it, people said, "Why are you being like that? It's a compliment." The negative comments around bodies that we think are normal are just bullying culture. Appearance bullying is the most prevalent form of bullying in schools but the one that we do the least to address because it is not a protected characteristic. We have not named it. If we could do some turn of the dial about how we talk about other people's bodies and stop some of that negativity, we would be taking a step in the right direction. It would change the culture and reduce the pressure.

Laura Trott: That is fascinating. Thank you so much.

Q29 **Dr Evans:** I want to pick up Professor Widdows's point about overwhelmingness with Dr Krebs. One of the biggest things around young people seems to be control. Could you speak about how control fits into the psychology of young people with regards to their body image?

Dr Krebs: Certainly in my clinical practice, that is something people talk about a lot. It is one of the key features that people talk about in eating

disorders, and it links very much with what was discussed earlier around the misconception with body image disorders, and the idea that they are issues of vanity when in fact very often the behaviours are around managing anxiety or a perceived lack of control and so on.

Research in this area is fairly limited, but we know that generally young people are vulnerable to developing these disorders around transition periods—for example, moving schools, moving from one geographical area to another or moving friendship groups. One could speculate that it feeds into a feeling of lack of control and general anxiety and stress, which can then exacerbate body image issues.

Q30 **Dr Evans:** If I can break that down, from my understanding of the control aspect—be it a divorce or whatever—you lose wider control but one thing you can really control is how much you exercise, what your calorie count is, what images you are putting out and who you interact with. Those are the things. You almost lose control in one way but then internalise this control, and you become good at it. One of the biggest problems, from what I see, is that people aspire to improve their body image, which is a good point, but it becomes overwhelming to suddenly swap into this complete control because you can calorie count or image label whatever it is. Is that recognised? Have I surmised it quite well to put it together?

Dr Krebs: Yes, absolutely. I think that is a really helpful summary. It becomes a vicious cycle. It is a reinforced cycle. It can go either way. Sometime people are very avoidant of posting on social media and so on because of their body image issues. Sometimes they make posts seeking a kind of confirmation or some kind of validation. They typically experience very positive feedback from having used filters, having achieved weight loss or having applied extra make-up, for example. It can become a vicious cycle.

On the increase in eating disorders that we have seen during the pandemic, again it is speculation rather than an evidence base, but one of the elements that people have felt might be relevant is that the increased autonomy in time at home and ability to control one's own diet, exercise and so on, because young people were not in school, meant that they were able to dedicate more time, and did that very effectively. We saw an escalation in symptoms and incidents.

Q31 **Dr Evans:** Do we know, for instance, why some young sportspeople swap over, and the control becomes a positive thing? They are able to achieve by training harder and eating better, whereas other people fall down the rabbit hole of eating disorders, using steroids or those kinds of things. Is there any evidence to suggest why there is that split for young people, and why we are getting it wrong? It seems that we are getting more people moving into the negative aspects, but we are not quite sure, with the control given away. Everyone wants to improve but it seems to diverge. Do we know why?

Dr Krebs: I do not think we know why from the research, but we know that there are certain personality traits that might be associated with developing body image disorders, including body dysmorphic disorder and eating disorders. For example, there is perfectionism. I emphasise again that this does not mean that young people are striving for perfection in their appearance, but rather that the self-critical element of perfectionism can predispose them to developing body image disorders.

Obviously, perfectionism can be channelled in a very positive way as well. When it tips into body image problems and body image disorders, it is likely to be because the vulnerability factor has interacted and intersected with a range of other risk factors, which might be environmental and the cultural issues we have talked about, but also genetic viability, as well as experiences like bullying and trauma.

Q32 **Dr Evans:** I have one final question. We have talked a lot about eating disorders. We heard in the first panel about the diet industry. The diet industry has moved on quite a long way, particularly on the male aspect, but the female as well, in terms of weightlifting, protein and creating these kinds of things.

Are any of you able to speak to the pattern of what is happening? UKAD, for example, says that it has real concern about people using performance-enhancing drugs to improve their aesthetic ability—steroids and those kind of things—and then getting caught up in sport. What are we seeing at the other end? It is a bit like in the obesity pandemic. We are seeing fitter people getting fitter and obese people getting more obese. There seems to be something happening in the body image world as well. Dr Krebs, are you in the best place to talk about that? Don't worry if it is outside your expertise; anyone on the panel can feel free to take it up. James hinted at it, particularly for male personas—the six-pack, the big shoulders and the slim waist. Do you have any comments on that?

Dr Krebs: I can mention briefly that my area of interest is body dysmorphic disorder, and one subtype of body dysmorphic disorder is muscle dysmorphia, which is an excessive preoccupation with muscularity and lacking muscularity. It is more common in men and it is typically associated with excessive exercise, weightlifting, dietary supplements and use of anabolic steroids. We do not know whether that disorder is on the rise, as it were, but it is certainly a prevalent issue. In my clinical practice, I see increasing numbers of young people.

Q33 **Dr Evans:** Professor Widdows, do you have anything to add to that?

Professor Widdows: What we see, not just in the UK but globally, is a rise of more unrealistic body images. Thin with curves is one. Very few of us can get that without excessive diet and exercise or by cosmetic intervention. We increasingly see that in men, too.

There isn't a global ideal for men. The only thing that attracts globally for men is tallness, but there is a gradual movement towards more

unrealistic ideals. I do not think the fact that we have more obesity at the same time does anything to suggest that the power of the ideal is not becoming ever more dominant. That is why some of the feelings of stigma and shame, and the disempowerment to do anything about one's body, become so inbuilt in a culture where unrealistic ideals become so dominant. That is true of men too, and we see a lot more of it in boys.

Q34 **Dr Evans:** We are setting ourselves up to fail, in essence. It is moving further away and then the population are struggling more and more to get there. Is that the summation?

Professor Widdows: It is a very inhuman ideal that we see emerging.

Professor Ranote: To add to that, the world is a much smaller world because of our connectivity through media and social media. It is a phenomenon that has taken over the whole world and not just our country. There is sharing and exchange of everything from diets to body ideals, and so on.

Another important factor is that there is a lot of cultural conflict. When research began, albeit small—we need much more research because we do not know all the answers—anorexia for instance, one of the eating disorders that carries the highest mortality, was thought to affect only Caucasian females from the west. We know that that is absolutely not true.

What has also happened is the phenomenon across the world of cultural conflict, where there is a global unrealistic ideal. There are certain cultures that are all about food, and having more food is linked to success and wealth. We now have a generation who think, "I don't want to look like that, and I don't want to be like that." That adds a further layer of complexity in what they are dealing with and the impact on their mental health. We see that phenomenon across the world, as well as here. Our female south Asian population in the UK is where we are seeing the highest rise or spike in eating disorders, for instance.

Chair: Thank you.

Q35 **Barbara Keeley:** I want to ask Dr Flint about weight discrimination in healthcare and whether it disproportionately impacts certain groups. In our earlier panel, Nyome talked about her experience and diet as a Jamaican and as the person she is. Then she told us about a very negative experience she had in seeking healthcare for an injury.

Dr Flint: Healthcare is a key environment. It is important to say that healthcare professionals are not immune to holding stigmatising attitudes, and in some instances that leads to discriminatory practices. It might be direct and very conscious, and in other instances it might be unconscious.

Literature dates back to the 1980s showing that healthcare professionals hold stigmatising attitudes. That can impact people's physical and mental

health. We know that these experiences are associated with, as some of the other panel members alluded to, mental health concerns, including depression, anxiety, body image concerns, reduced self-confidence and so on. There are physical health concerns associated with weight stigma experiences, including increased cardiometabolic risk factors.

When we are talking about behaviours, we know that when weight stigma is experienced in a healthcare setting it can lead to disengagement and avoidance of future healthcare attendance. It can also lead to other types of maladaptive behavioural responses which might exacerbate health conditions. It might include, for instance, avoidance of physical activity. It might lead to disordered eating behaviour and disordered eating patterns. Where weight stigma is seen in healthcare, it can have quite a detrimental impact and can exacerbate health inequalities.

Q36 **Barbara Keeley:** Is it known which groups are most likely to encounter that sort of appearance-based discrimination?

Dr Flint: Weight stigma is experienced by people right across the population. We often associate weight stigma typically with people in a higher weight status, but actually we are continuously exposed to weight stigma every single day.

The types of information are very different as we age. If we take the media, for instance, we see children from the age of three who report body image concerns as well as stigmatising attitudes. If you take the media portrayal, we actually see that media for that age group has stereotypes such as being slow, being gluttonous and being lazy. Children of that age report those stereotypes about people and TV characters with a larger weight status.

Moving into primary school age, children are exposed to stereotypes such as lacking friendship and being socially inept. In the teenage years we see lacking intelligence, being physically unattractive and sexually undesirable. These stereotypes are very evident and actually targeted at age groups. Of course, this is critically important in children's and young people's development. These types of stereotypes are impacting children's physical and mental health.

Q37 **Chair:** We have to wrap up fairly soon, but I want to ask, very briefly, Georgina, Sandeep and Heather the question that I asked Stuart at the beginning. I am trying to understand. We could equally have started an inquiry into the obesity crisis. I do not think we are going to do our job if we do not try to understand the tensions that might exist between wanting to do the right thing in terms of obesity and wanting to do the right thing in terms of body image.

How do you get the balance right in the messages on weight loss? I think we will probably find it relatively easy to come to consensus on regulating social media companies and what they can do better, but in Government policy how do you get the right balance between policies to encourage

weight loss that might be right for 30% of the population but very damaging for 3% because they catalyse some of the issues that we heard in our first panel? I would be very interested in your perspective. I will start with you, Georgina.

Dr Krebs: The focus needs to be on positive messages about health and body appreciation to protect and safeguard against misinterpretation that this is about appearance and that it matters. We know that over-emphasis or over-importance placed on appearance is a risk factor for developing body image problems. That is really important. Whatever approach is taken should be evidence based or, in the absence of evidence, should be evaluated, as we heard before. I think this is slightly unchartered territory.

Q38 **Chair:** Thank you. Sandeep?

Professor Ranote: It has probably been said before that you are going to have to take some risks and try, but evaluate. That is one element. It has to be one size does not fit all. That message has to be made clear. What works for one person is not going to work for another, so that you are not telling people all to do the same thing or not to do the same thing.

Again, I have to go back to holistic health and wellbeing. This is not about what your body looks like or how you appear. It is about looking after self, and that has to be biological, physical and psychological. This is why we give advice not just about what you eat and nutrition, but about a variety of other things. We are better at walking now. We are better at taking exercise and not smoking, and balancing your drinking. It is all of those things. It has to be part of a holistic looking after oneself, biologically, psychologically and socially.

Q39 **Chair:** Thank you. Heather?

Professor Widdows: Those who experience eating disorders are clearly very different from those who are obese, but those who have body image anxieties fall across all the camps. It is not that 30% will not have body image anxiety. It is very rare that people do not feel inadequate about their body. Indeed, those who are obese feel particularly inadequate about their body. Some of it is thinking about how you address the epidemic of body image anxiety, where concern about how one looks is so overwhelming in how one judges oneself and others, and, as we have just heard, it is from the age of three. That is getting worse. It is not thinking that there is a separate group that needs to lose weight and they do not have body image issues. They almost certainly do.

Anything that shames and silences will be disempowering and will not lead to what you want. While we are still focusing on individual change, it has to be empowering and not disempowering. There is some research that suggests that, as we have focused more on what it feels, we have lost that internal sense of the body that does. It is Luke's question about why sport is different. It is complex. In some cases sport is hiding all

kinds of body image stuff, but where it is working it is about what the body can do—what my body can do—and not how it looks. That objectifying element has now become so normalised that it is impossible not to do that when one thinks of bodies. That is where the social media campaigns are so interesting.

Q40 **Chair:** Thank you. The last word from Stuart.

Dr Flint: It is important to change the focus. What we have seen from a policy perspective is a focus on individuals and individual behaviour change. There certainly is an importance around individual agency, of course, but a shift away from focusing on weight, behaviours and behaviour change is important.

The 2007 Foresight report showed the complexity of obesity and weight gain. It showed that there were over 100 different factors that contribute to obesity. They were economic, social, psychological, genetic and so on. "Eat less and move more" as a focus for obesity, for instance, is actually simplifying a very complex health condition. It is multilevel and multidisciplinary. I think there is a need to move away and think about some of the wider determinants that we know impact people's weight status.

The final thing is that we often think about weight change and weight-related behaviours as something very short term. The reality is that if you look at World Health Organisation and other definitions of obesity, they differ slightly but what is consistent are the words "chronic" and "long term". The fact that we have acute solutions for chronic health outcomes does not make sense. We need to refocus on how we are going to actually support people longer term and not on a short-term intervention.

Chair: Thank you. That is a very helpful and thoughtful note to end on. Thank you all very much for your time this morning. It has been an excellent start to our inquiry. Stuart, Georgina, Sandeep and Heather, we appreciate your time.