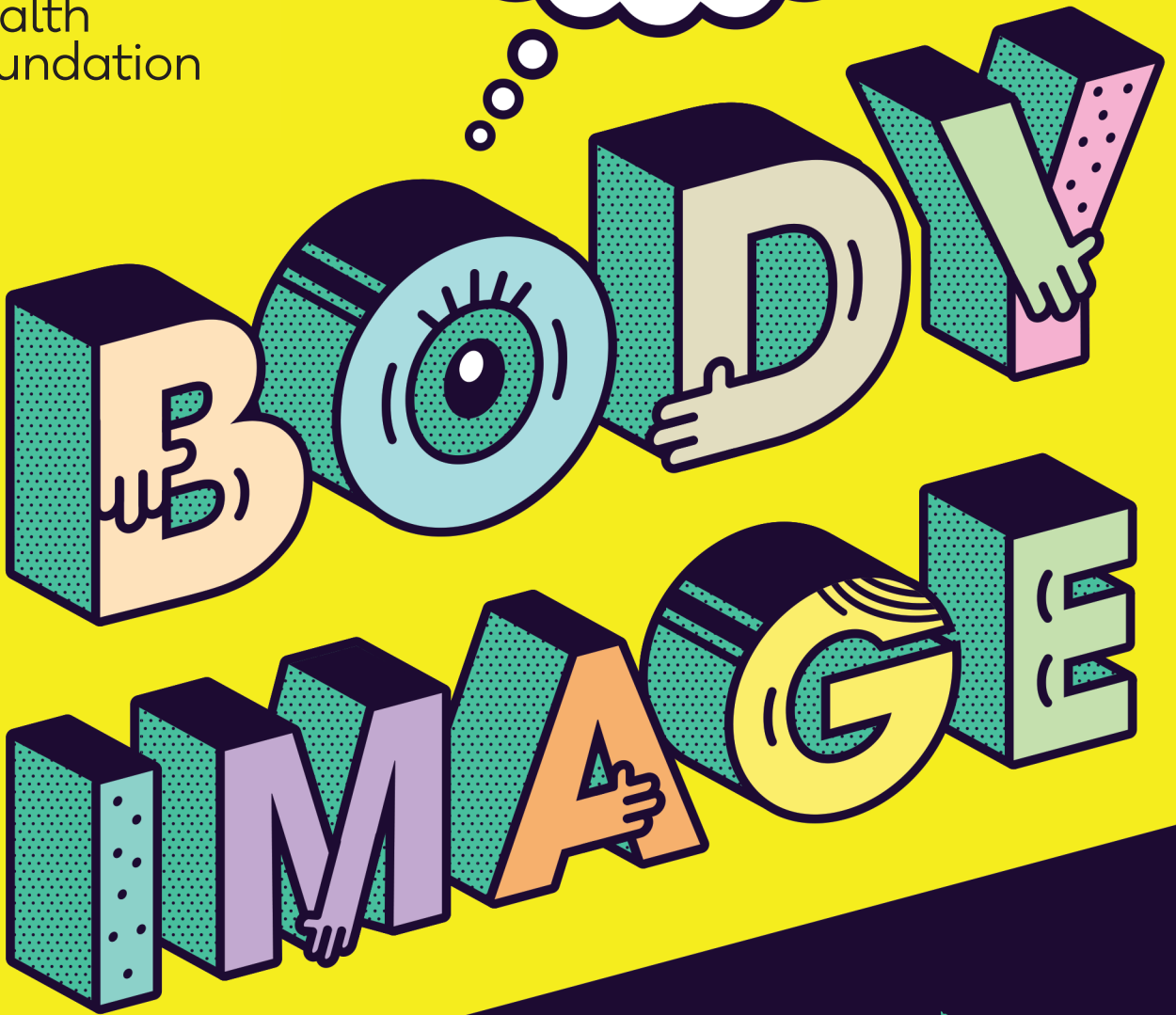




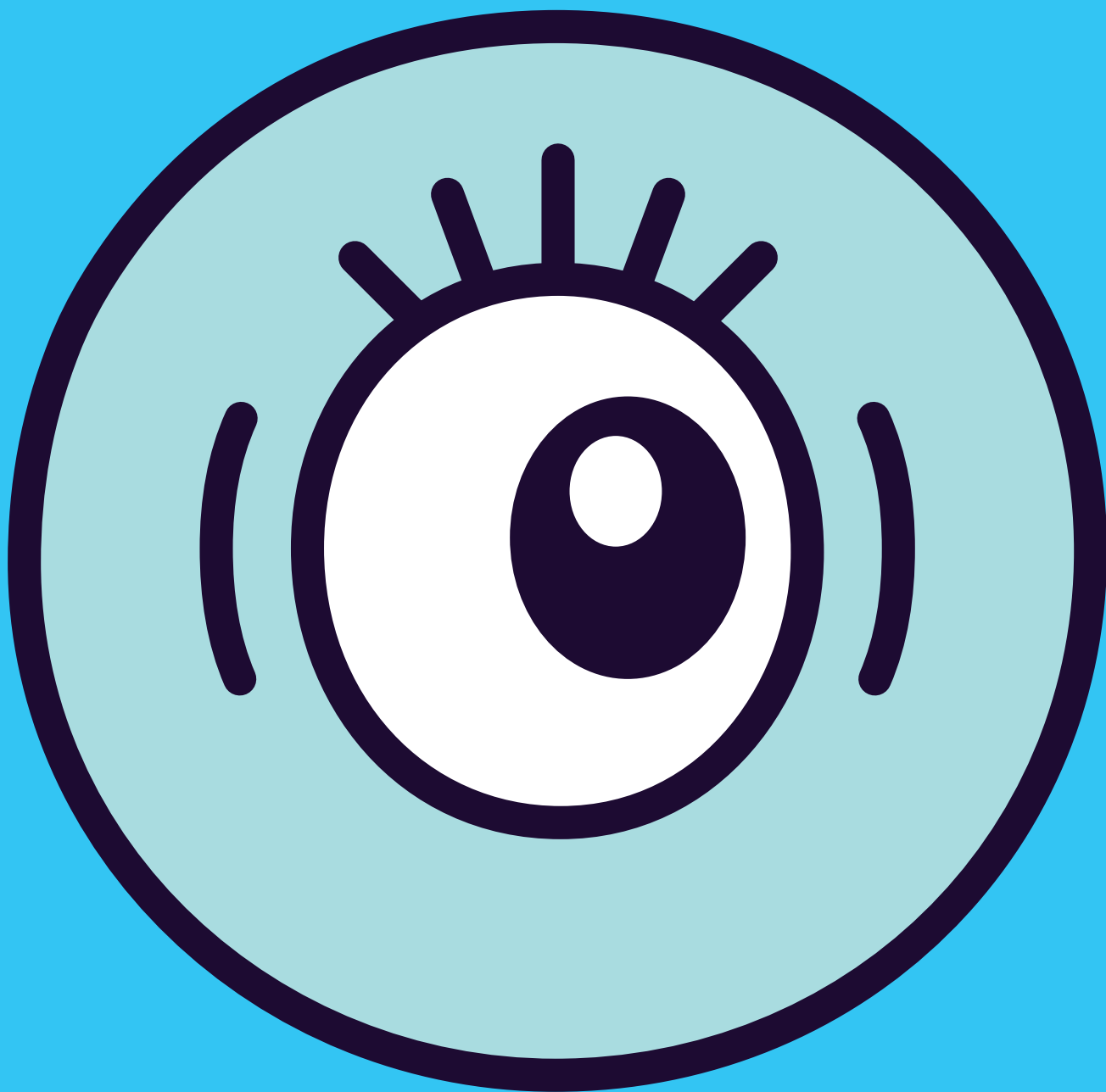
Mental
Health
Foundation

How we think
& feel about
our bodies



Research Report





FOREWORD

At the Mental Health Foundation, we are all about public health and prevention. We focus on bringing evidence into action that makes a real impact on people's lives.

This year's theme for Mental Health Awareness Week is body image. It is a subject that has a direct relevance to all of us. We are all learning to live with the wonders and limitations of our bodies as they change through life. No piece of technology that we will ever buy will match the complexity, sophistication and regenerative powers of our bodies.

And yet, for too many of us, our bodies are sources of shame and distress.

Last year, our survey of respondents who had experienced high levels of stress revealed that 47% of 18-24-year-olds, 36% of all women, and almost one in five people (18%) aged 55+ had experienced stress over their body image to the extent of being overwhelmed and unable to cope in the last year. It was clearly an issue that needed more attention. This year's report builds on the latest published research with one of the largest surveys ever completed to capture how we feel about our bodies.

The report sets out the individual, family and cultural influences that are coming together to mean that we often have a gnawing and debilitating sense of dissatisfaction with our own bodies. We also identify the heightened

risks of mental health problems that too often accompany poor body image.

There is a long tradition of Western philosophers who have shaped how we think about our bodies as different and separate from our mind. But the evidence has led us to question this form of dualism and instead embrace a holistic understanding about the inter-relatedness of our bodies and minds. This is vital to achieve a healthier population. And we are now clear that cultures that are focused on materialism, consumption and celebrity lifestyles fare worse both in terms of people's body image and mental health.

So, we make the case that the distress related to poor body image and the related mental health problems can be prevented. This report is clear that changes to culture, parenting styles, schooling approaches, use of technology, advertising standards and how we address discrimination will make a real difference.

We are not publishing this report simply for information. We are calling for action across all levels of society, which, if heeded, will help us to be kinder to our bodies and healthier in our minds.



**Mark Rowland, Chief Executive
Mental Health Foundation**

EXECUTIVE SUMMARY

‘Body image’ is a term that can be used to describe how we think and feel about our bodies. Our thoughts and feelings about our bodies can impact us throughout our lives, affecting, more generally, the way we feel about ourselves and our mental health and wellbeing. Having body image concerns is a relatively common experience and is not a mental health problem in and of itself; however, it can be a risk factor for mental health problems. Research has found that higher body dissatisfaction is associated with a poorer quality of life, psychological distress and the risk of unhealthy eating behaviours and eating disorders. Conversely, body satisfaction and appreciation has been linked to better overall wellbeing and fewer unhealthy dieting behaviours. Though feeling unsatisfied with our bodies and appearance is often more common among young women, body image concerns are

relevant from childhood through to later life and affect both women and men.

The way in which our experiences and environment affect our body image will be different for everyone. However, overall, the research suggests that body image can be influenced by our relationships with our family and friends; how our family and peers feel and speak about bodies and appearance; exposure to images of idealised or unrealistic bodies through media or social media; and pressure to look a certain way or to match an ‘ideal’ body type. There are further issues relevant to body image and mental health that are specific to certain factors and experiences, such as long-term health conditions, cultural differences around body ideals, and gender and sexuality, which are often linked to other societal factors and discrimination.

New online surveys were conducted by the Mental Health Foundation with YouGov in March 2019 of 4,505 UK adults 18+ and 1,118 GB teenagers (aged 13-19). The results highlighted that:

ADULTS

One in five adults (20%) felt shame, just over one third (34%) felt down or low, and 19% felt disgusted because of their body image in the last year.



TEENAGERS

Among teenagers, 37% felt upset, and 31% felt ashamed in relation to their body image



ADULTS

Just over one third of adults said they had ever felt anxious (34%) or depressed (35%) because of their body image, and one in eight (13%) experienced suicidal thoughts or feelings because of concerns about their body image.



ADVERTISING

Just over one in five adults (21%) said images used in advertising had caused them to worry about their body image.



SOCIAL MEDIA

Just over one in five adults (22%) and 40% of teenagers said images on social media caused them to worry about their body image.



Clearly action is needed to build and promote positive body image and support good mental health and wellbeing in relation to our bodies. Everyone has a right to feel comfortable and confident in their own bodies and our report highlights key recommendations for:

Effective regulation of how body image is portrayed.



The need for commitment from social media companies to play a key role in promoting body kindness.

Taking a public health approach to body image by training frontline health and education staff.



Individually being more aware of how we can take care of ourselves and others in relation to body image.

SUMMARY OF RECOMMEN- DATIONS





Effective regulation of how body image is portrayed

-  *The Online Harms White Paper should address harms relating to the promotion of unhelpful or idealised body image online, beyond content related to eating disorders. An improved practice on how social media platforms promote unhealthy imaging should be enforced by the new independent regulator.*
-  *The Advertising Standards Authority should consider pre-vetting high-reach broadcast adverts from high-risk industries – such as cosmetic surgery companies and weight-loss products and services – to ensure all advertising abides by its codes. It should also make greater use of its ability to proactively instigate investigations.*








Industry responsibility to promote body kindness

-  *Social media companies should sign the Be Real Campaign's Body Image Pledge and investigate new ways of using their platforms to promote positive body image and to ensure that a diversity of body types is presented positively to their users.*
-  *Social media companies should have clear systems for users to report bullying and discrimination and targets for action to be taken. They should give users greater control over the content they see in an accessible way.*

Public health and education approaches to body image

-  *Training for frontline health practitioners and the early years childcare workforce should include information about how parents and carers can, from a very early age, positively influence their children's feelings about their bodies through their behaviours and attitudes.*
-  *Children and adults in distress should receive fast and empathetic support when they need it, regardless of where they live in the country.*
-  *Public campaigns on nutrition and obesity should avoid the potential to create stigma and indirectly contribute to appearance-based bullying. They should focus on healthy eating and exercise for all members of the population, regardless of weight.*
-  *A co-produced body image and media literacy toolkit should be a compulsory element of what children learn in schools. This should include the development of a charter for achieving a healthy and positive body image.*

Individually being more aware of steps we can take for ourselves and others

-  *If your body image is a significant cause of stress, or if you're being bullied about how your body looks, consider talking to a friend, a trusted adult or a health professional.*
-  *Spring-clean your apps on your smartphone.*
-  *Notice the people and accounts you're following on social media and be mindful of how you feel about your own body and appearance when you look at them.*
-  *If you see an advert in a magazine, on television or online that you think presents an unhealthy body image as aspirational, you can complain to the Advertising Standards Authority.*
-  *At home, parents and carers can lead by example, by modelling positive behaviour around body image, eating healthily and staying active.*
-  *In our daily lives, we can all be more aware of the ways in which we speak about our own and other people's bodies in casual conversations with friends and family.*
-  *Find the best way that works for you to stay active.*

INTRODUCTIONS

What is body image?

Body image' is a term that can be used to describe how we think and feel about our bodies.

Because these thoughts and feelings can be complex, approaches to define and understand body image are varied and can include: how we view our bodies and how accurate this perception is; how satisfied we are with our bodies and appearance; how we experience our bodies in our environment; how much we value what other people think about our bodies and appearance; and how much other people's

opinions about our appearance affect our feelings about ourselves (1–4).

Often, when we talk about 'poor body image', we are referring to a feeling of being unsatisfied with our body – either because of appearance, or the way it functions. This is described as 'body dissatisfaction'. In contrast, positive body image can be described as being satisfied with our body, holding respect, appreciation and acceptance of its abilities, and having a healthy balance between valuing our body and valuing the other aspects of ourselves that make us 'us' (2,3,5).

How comfortable are we with our bodies?

Feeling unhappy with our appearance is a relatively common experience. The Mental Health Foundation conducted a survey with YouGov in March 2019 of 4,505 UK adults. Our survey found that while 21% of adults felt 'satisfied' because of their body image, in the past year, one in five people (20%) have felt 'shame' and just over one third (34%) have felt 'down or low' in the past year because of their body image. Our survey suggests higher numbers compared to the 2013 British Social Attitudes Survey, where one in twenty men and one in ten women reported being dissatisfied with their appearance (6).

Body image and appreciation is relevant across our lives from youth through to later life. The proportion of women in the British

Social Attitudes Survey saying they were satisfied with their appearance was similar among those aged 18–34 and those over 65 (6). This was similar in our survey, where 30% of adults aged 18–24 reported feeling 'satisfied' because of their body image in the last year, compared to 24% of adults aged 55+.

While women and girls are often more likely to report being unsatisfied with their bodies, men and boys are also affected by body image concerns. A survey in 2016 found that 10% of secondary school boys have said they skipped a meal to change how they look and 10% would consider taking steroids to achieve their goals (7).

As a society, we tend to place a great deal of importance on our appearance. Nearly half of adults (47%) in the British Social Attitudes Survey felt that 'how you look affects what you can achieve in life' and nearly one third (32%) felt that 'your value as a person

depends on how you look' (6). Therefore, how we think and feel about our bodies is something that can affect us throughout our lives and has far-reaching implications for our feelings about ourselves, and on our mental health and wellbeing.

How does body image link to mental health?

Having body image concerns is not a mental health problem in and of itself; however, it can be a risk factor for mental health problems. Research has found that higher body dissatisfaction is associated with a poorer quality of life and psychological distress (8), a higher likelihood of depression symptoms (9,10) and the risk of unhealthy eating behaviours and eating disorders (10,11). Conversely, body satisfaction and appreciation have been linked to better overall wellbeing (12) and fewer unhealthy dieting behaviours (5,13).

This is reflected in our survey, where just over one third of adults said they felt anxious (34%) or depressed (35%) because of their body image, and just over one in eight (13%) experienced suicidal thoughts or feelings because of concerns about their body image. In a second new survey conducted by the Mental Health Foundation with YouGov in March 2019 of 1,118 GB teenagers aged 13–19, 40% felt worried, 37% felt upset, and 31% felt ashamed in relation to their body image.

Body image is closely linked to mental health problems such as body dysmorphic disorder (BDD) and eating disorders like anorexia and bulimia. BDD is a mental health problem where a person spends a lot of time worrying about flaws in their appearance that are often unnoticeable to others, to the point that it affects their daily life (14). Poor body image is both a risk factor for, and part of the diagnostic criteria of, these

conditions (11). There is extensive research on the role body image plays in eating disorders, and body dysmorphia, and the ways in which these conditions can best be treated and prevented. In the current report, we focus on body image concerns in general, rather than specifically in relation to eating disorders or BDD. A review of the literature on eating disorders or BDD treatment is therefore beyond the scope of this report, but resources for further reading in this area can be found on the NHS information pages for body dysmorphic disorder and eating disorders, as well as from voluntary organisations such as Beat, Anorexia & Bulimia Care and YoungMinds. More information on the recommended guidance for treatment of eating disorders and body dysmorphic disorder can be found in the National Institute for Health and Care Excellence (NICE) guidelines.

It is important to note that body image research often looks at the characteristics of a group of people at a single point in time. This can make it hard to be sure which factors cause either poor body image or common mental health problems. For example, feeling dissatisfied with your body may cause you to feel depressed, or it may be that you are more likely to feel dissatisfied with your body if you are already experiencing depression. The research that does look at these changes over time

suggests it may be a combination of the two, and that sometimes body dissatisfaction may predict or otherwise affect the development

of depression or anxiety symptoms (15,16) and in other contexts, symptoms may predict body dissatisfaction (15,17).

What affects body image?

The way in which our experiences and environment affect our body image will be different for everyone. Overall, however, the research suggests that body image may be influenced by our relationships with our family and friends (18); how our family and peers feel and speak about bodies and appearance (19); exposure to images of 'idealised' or unrealistic bodies through the media or social media (1,20,21); and pressure to look a certain way or to match an 'ideal' body type (21).

Valuing and holding oneself against an unrealistic, 'ideal' body type is often referred to in the research as 'internalisation of the ideal' and is commonly linked to the development of poor body image through feelings of shame or distress when this ideal is not met (21). What this ideal looks like will shift across cultures and can vary between genders. In Western cultures, it is common for the 'ideal' for women to be thin body shapes, but with maintained curves (referred to as the 'thin ideal'), while for men the 'ideals' are being taller and having a muscular body shape.

From a therapeutic perspective, 'internalisation of the ideal' can be understood as part of a

process of internalising a shamed body image. Shame is an emotion that we are all born with the capacity to feel, and which, in its healthy form, can be adaptive, as it prompts us to attend to ruptures in our relationships with others by making amends and repairing interpersonal connections. In contrast, unhealthy shame is the feeling of being apart or isolated from others due to a sense of being inadequate, defective or not good enough (22). Body shame can become internalised and unhealthy when we experience consistent shaming messages about our bodies either directly (through criticism, teasing or bullying) or more indirectly (by being excluded or avoided, or consistently exposed to non-thoughtful language or unrealistic images of 'ideal bodies'). Once internalised, this sense of shame operates regardless of how our bodies actually look or function.

All of this suggests that body image is a complex, and often very personal, experience. Its relationship to mental health is an important one, influenced by many aspects of our environment that shift and change across our lives.

BODY IMAGE IN CHILDHOOD

How comfortable are children and young people with their bodies?

While exact estimates vary, depending on how body image is measured, concern and worries about appearance are commonplace among young people. One survey of 11–16-year-olds in the UK by Be Real found that 79% said how they look is important to them, and over half (52%) often worry about how they look (23). In our survey of young people aged 13–19, 35% said their body image causes them to ‘often’ or ‘always’ worry.

While body image concerns affect both boys and girls, there is research to suggest that girls are more likely to be dissatisfied with their appearance and their weight than boys (24,25). In our survey, 46% of girls reported that their

body image causes them to worry ‘often’ or ‘always’ compared to 25% of boys. Body image concerns can also affect very young children. One review found studies identifying body dissatisfaction in children under the age of six, though estimates of the degree of dissatisfaction varied widely depending on how it was measured (26).

Young people also tell us that body image is a substantial concern, with 16–25-year-olds identifying it as the third biggest challenge currently causing harm to young people, with lack of employment opportunities and failure to succeed within the education system being the first two (27).

How does body image affect children and young people?

In young people, body dissatisfaction has been linked to risk-taking behaviours and mental health problems. One survey of UK adolescents by Be Real found that 36% agreed they would do ‘whatever it took’ to look good, with 57% saying they had considered going on a diet, and 10% saying they had considered cosmetic surgery (23). Among secondary school boys, 10% said they would consider

taking steroids to achieve their goals (7).

Poor body image may also prevent young people from engaging in healthy behaviours, with some studies finding that children with poorer body image are less likely to take part in physical activity (5,28) and survey data from Be Real finding that 36% of girls and 24% of boys report avoiding taking part in activities

like physical education due to worries about their appearance (23). Among adolescents, research has found that those with greater body appreciation are less likely to diet or use alcohol or cigarettes (5).


Body dissatisfaction and a pressure to be thin have been linked to depressive symptoms (15, 29) and symptoms of anxiety disorders such as social anxiety or panic disorder (16), particularly in those children who do not match societal views of the 'ideal body'. Some studies have found that weight and body mass index (BMI) are correlated with body dissatisfaction,

with youth people who are overweight or obese reporting greater depressive symptoms and lower self-esteem than their peers (30,31).

Research conducted with young women also found a higher likelihood of suicidal thoughts among those women who reported extreme weight control behaviours (e.g. taking diet pills, diuretics or laxatives) (32), with an additional study suggesting that body image concerns may be a risk factor for self-harm behaviour among young people who are experiencing emotional difficulties (33).

What affects body image in childhood?

Body ideal internalisation


 One common contributor to poor body image is feeling a pressure to live up to an 'ideal' body type or appearance and feeling shame or other uncomfortable emotions when we perceive ourselves as not meeting this standard. Internalisation of this ideal has been linked to body dissatisfaction and disordered eating and depressive symptoms in children and young people (19, 34, 35). These distressing emotions were reflected in our survey, where 37% of young people said they felt upset, and 31% said they felt ashamed in relation to their body image.

This ideal tends to be different between genders. Young women often report feeling a pressure to be thin, but to still maintain curves, whereas young men often report pressure to be tall and muscular (19,23). Children who rejected appearance-related ideals reported being more confident about their appearance and were least likely to report body image concerns (23).

How young people develop their sense of 'ideal' appearance is varied, but young people

themselves identify the media, pressure from family and friends, comparisons with peers, and personal factors like low self-esteem, feelings of depression, and a need for control as important influences on their own body image (36,37).

The media and social media

 One commonly researched influence on body image is exposure to unrealistic 'ideal' bodies through film, television, magazines, advertising and social media. Exposure to these images is thought to facilitate the valuing of these 'ideal' and unrealistic body types. One study, which followed 14- and 15-year-olds over three years, found that internalisation of these 'ideal' body shapes as presented in the media predicted negative emotions about appearance, which in turn predicted unhealthy eating behaviours (34). In our survey, 25% of young people (13% of boys and 37% of girls) said celebrities have caused them to worry in relation to their body image, and 19% (10% of boys and 28% of girls) said TV shows caused them to worry in relation to their body image.

Using more social media has also been linked to children and young people feeling less satisfied with their bodies (38,39). In our survey, 40% of young people (26% of boys and 54% of girls) said that images on social media have caused them to worry in relation to their body image. One possible explanation for this is that social media allows for negative comparisons with others based on appearance. This is something that has consistently been linked to body dissatisfaction (40). There are some studies that suggest time spent on social media is linked to frequency of appearance-related comparisons (41) and peer competition (42), which in turn may be linked to body dissatisfaction and mental health (41,42).

Parents and family members

The influence of the media on body image may be lessened by parental behaviour. One study found that the relationship between social media use and body dissatisfaction was weaker for those adolescents that had more positive maternal relationships (38), and another found that the children of parents who reported greater control over time spent on social media reported spending less time online, making fewer appearance-related comparisons, and having better overall mental health (41).

Parents and family can also have a negative effect on children's body image and increase the likelihood of difficulties in this area. One study of adolescent girls found that over half had experienced weight-based teasing from family members, particularly girls who weighed more, and these experiences were related to higher levels of body dissatisfaction and unhealthy eating behaviour (43). This was also reflected in our survey, where 29% of young people (21% of boys and 37% of girls) agreed that things their family said have caused them to worry in relation to their body image. This

extends to the way that parents think, act and speak about their own bodies as well as their children's bodies. Reviews of the research suggest that parents can affect their children's body image in both direct ways (comments or criticisms about weight and appearance) and more indirect ways (parental eating behaviours, and attitudes toward their own bodies and appearance) (19,44).

Peers

As children grow older, their peers begin to play more of a role in reinforcing what an ideal body looks like. This can be through pressure from friends to feel accepted. In our survey, 40% of young people (37% of boys and 42% of girls) agreed that things their friends have said have caused them to worry in relation to their body image. Another survey found that 68% of boys cited friends as a source of pressure to look good (7).

The ways in which adolescents' bodies change during puberty (a time of change in body height, weight and shape), how this compares with their peers, and how it compares to their own ideas of what an 'ideal' body looks like (which, in turn, can be influenced by the factors outlined above) will therefore affect body image (45). This may especially be the case for girls who mature earlier than their peers, and boys who mature later than their peers (45).

The influence of peers can also be felt through bullying. A survey by Be Real of UK 11–16-year-olds found that over half of young people had experienced appearance-based bullying, with 40% of those young people experiencing bullying at least once a week, and 54% saying the bullying had started by age 10 (46). Children who do not match body ideals may be more likely to be the target of bullying. One review of the research found that young people who are overweight or

obese are more likely to be subject to bullying than their peers (47).

Appearance-based bullying can be detrimental to children’s mental health and body image. Adolescents who were cyberbullied were twice as likely to consider themselves ‘too fat’ (25) and, of those who were bullied about their appearance, 53% felt anxious and 29% felt depressed (46). In contrast, having supportive friendships may be a protective influence.

Some studies have found support for strong friendships being associated with decreased body dissatisfaction (25,48,49). However, children who are already feeling down about their bodies may perceive their peers as having a greater influence (50), particularly as self-esteem and body image are closely linked (24,51).

BODY IMAGE IN ADULTHOOD

How comfortable are adults with their bodies?

 Our survey found that while 21% of adults (23% of men and 19% of women) felt satisfied because of their body image in the last year, 20% (15% of men and 25% of women) felt shame, 34% (25% of men and 43% of women) felt down or low, and 19% (12% of men and 26% of women) felt disgusted in the last year because of their body image. Estimates from the British Social Attitudes Survey suggest that one in twenty men and one in ten women reported being

dissatisfied with their appearance (6). For pressures around weight and shape specifically, this may be slowly changing. A review of data from multiple studies taking place across 30 years found evidence for body dissatisfaction related to a desire to be thin decreasing slightly and gradually over time among women and girls. When looking at body dissatisfaction related to a desire to be muscular, however, rates among men and boys as well as women and girls stayed consistent over time (52).

How does body image affect adults?

As in childhood and adolescence, increased body dissatisfaction in adulthood has been linked to increased likelihood of depressive symptoms (9,10,53), psychological distress (8) and disordered eating

and eating disorders (10,11,54). Positive body image in adulthood has been linked to better overall wellbeing and quality of life (8,12,55). This is reflected in our survey, where 34%

of adults (28% of men and 40% of women) said they felt anxious and 35% said they felt depressed (25% of men and 45% of women) because of their body image. Just over one in eight (13% overall – 11% of men and 15% of women) experienced suicidal thoughts or feelings because of concerns about their body image.

In our survey, body image was associated with a desire to change physical appearance: 7% of adults (4% of men and 9% of women) said they had edited photos of themselves in the last year to change the shape of their face or body because of their body image. Furthermore, 8% of adults (4% of men and 13% of women) said they had considered

cosmetic surgery, fillers or Botox in the last year because of their body image.

Body image in adulthood may also affect relationships and sexual wellbeing. There is some research to suggest that greater body satisfaction is linked to more positive sexual experiences, particularly for women (56). By contrast, body image concerns can raise self-consciousness, which can impact negatively on sexual experiences and responses (57). In our survey, one in five adults (20%) said their sex life has been negatively affected by their body image in the past year, and 15% said their relationship with a partner or spouse had been negatively affected by their body image in the past year.

What affects body image in adulthood?

As in childhood, the factors associated with body image in adulthood are varied and linked to the degree to which ideas about ‘ideal’ body types have been internalised, as well as how likely individuals are to compare themselves to others based on appearance.

The media and social media

Exposure to idealised images of bodies in the media has been linked to greater internalisation of bodily ideals, and increased body dissatisfaction in both women (58) and men (59). The same is true of social media (20,60). In our survey, around one in five adults said that images used in advertising (21%) and images used on social media (22%) caused them to worry about their body image.

As with the research in children and young people, these effects may be most pronounced for adults who already experience body dissatisfaction (59) and may be due in part to the ways that media and social media facilitate

comparisons to others based on appearance (20). This was reflected in our survey, where 32% of adults (22% of men and 41% of women) said they negatively compared themselves to others because of their body image.

Peers, partners, and the workplace

While we often associate bullying and teasing with childhood, appearance-based teasing also plays a role in body image into adulthood. Weight-based and appearance-based teasing have been found to be significantly linked to body dissatisfaction and unhealthy weight control behaviours among adults, though this relationship remains strongest in children and adolescents (61). In addition, how we speak more generally about bodies with friends, partners and peers can affect our body image. One review of the literature found that ‘fat-talk’ – a term given to speaking about our bodies and weight in casual conversation in a way that reinforces traditional body ideals – was significantly associated with body dissatisfaction (62). Concerns about appearance

may also negatively affect participation in the workplace, with one survey finding that 17% of women said they would not go to a job interview, and 8% would avoid going to work, if they felt badly about their appearance (63).

Pregnancy and new parenthood

For many, adulthood brings a transition to parenthood. This transition, particularly for women, represents a unique change in body and body image. In our survey, 41% of women who had been pregnant said they felt more negatively about their body image after pregnancy compared to before they were pregnant (23% slightly more negative and 18% much more negative), 12% said they felt more positively about their body image post-pregnancy (7% slightly more positive and 5% much more positive). Many pregnant women report a shift in the way they relate to their bodies across pregnancy, from a focus on appearance to a focus on ability and functionality (64). However, they also report pressure to continue to adhere to traditional bodily ideals, particularly around weight and returning to their pre-pregnancy body shape following childbirth (64). Indeed, reviews of the research have found associations between increased body dissatisfaction, postpartum weight and depressive symptoms during pregnancy and new motherhood (65,66).

Physical appearance

Body image concerns and body dissatisfaction have been found to be more prevalent among

individuals who are overweight or obese (67). This may be due in part to not matching societal ideals of body shape and weight and experiences of appearance-related shaming or stigma. One qualitative study suggests that individuals who are overweight experience both direct discrimination (verbal abuse when out in public) and indirect discrimination (such as more subtle comments and unaccommodating environments) (68). Individuals described this stigma as contributing to emotional distress, causing social isolation and avoidance of situations where they might experience discrimination, including participation in health-promoting activities (68). Indeed, some quantitative research also suggests that experiences of stigma around weight are associated with less uptake of physical activity (69,70).

Studies investigating the impact of various obesity-related public health campaigns found that those campaigns perceived as stigmatising or shaming were received least favourably by recipients, and were no more likely, or in some cases the least likely, to motivate people to change their behaviour. These preferences were the same regardless of the individual's own body weight (71,72). Campaigns that focused more generally on themes of healthy eating and health-promotion for all adults were received the most positively (71).

BODY IMAGE IN LATER LIFE

How comfortable are adults with their bodies in later life?

Concerns about body image and appearance, while often associated with younger people, are not exclusive to youth. Though our appearance and our relationship with our bodies change as we age, we do not stop valuing our bodies, and body image concerns can still remain.

People in later life report feeling dissatisfied with their bodies and having misconceptions of their body size and shape (73,74), although estimates of the degree of body dissatisfaction

among people in later life vary widely in the literature (73). Estimates from the 2013 British Social Attitudes Survey found that, among those adults over 65, 69% were satisfied with their appearance, compared to 67% of adults aged 18–34 (6).

In our survey, around one in five adults aged 55+ felt anxious (20%) or depressed (23%) specifically because of their body image, demonstrating that body image continues to affect our mental health into later life.

What affects body image in later life?

Body image in people in later life is informed by a lifetime of experiences throughout childhood, young adulthood and middle age. As such, the factors discussed in previous sections will all have played a role in shaping how people in later life understand and experience their bodies.

Ageing

One review of the research comparing how younger and older adults experience their bodies found that, in terms of body image, older adults tend to place a greater importance on how their bodies function compared to younger people (73). This is echoed in a qualitative study of older

women's experiences of their bodies, which found that women's perception of what body image is evolves with age, often focusing more on overall health and functionality with time (75,76). For some, there may be a tension between this increase in focus on health and functionality, and a desire to maintain appearance (73,76).

As in both childhood and adulthood, the degree to which individuals compare to an 'ideal' body type or appearance may also play a role in body image concerns in older adults (77). In Western cultures, this ideal is commonly associated with youth (e.g. smooth skin) and older adults tend to be underrepresented in the media (74). Ageing can therefore highlight

differences between actual and 'ideal' appearance.

This may particularly be the case for women, who tend to express greater body image concerns than older men (73,74). One study of how women speak about weight and age found that among older women, conversations about the physical signs of ageing that reinforce the idea that youth is the ideal standard of beauty (referred to as 'old talk') were associated with anxiety around ageing and increased body image disturbance (78).

In some cases, women may feel disconnected from their bodies as they age, as their external appearance no longer matches their perceptions of themselves, such that they do not feel 'old' but are identified by other people as 'old' because of how they look (76). Women with poorer body image were also less likely to be socially engaged and more likely to report depressive symptoms (79). Age-based discrimination can be a significant source of psychological distress among older adults, and experiences of ageism have been associated with poorer body image and psychological wellbeing among older women (80).

Transition points in later life

People in later life navigate many transition

points, including retirement, changing family structures, bereavement and loss, downsizing and moving into later-life housing. Such major transitions can present profound changes to the routine, roles and responsibilities of people in later life, and can result in mental health challenges to older adults (81). Indeed, a study that looked at mental wellbeing scores across three age cohorts found that the oldest-age cohort experienced a slight decline in score, which was still significant after factoring in demographic information, physical ailments, chronic conditions and mental health problems (82).

For many women, age brings significant transition in the form of menopause. The experience of menopause can contribute to changes in body image; however, its effect on body image is a uniquely individual experience and may vary among women with different cultural attitudes and backgrounds (83). One review of the research found that women with higher self-esteem and positive attitudes toward menopause experienced fewer negative symptoms, whereas women with negative attitudes toward menopause experienced higher levels of shame about their bodies, and lower bodily esteem (84).

BODY IMAGE AND LONG- TERM HEALTH CONDITIONS

Body image is an important issue for many people affected by long-term health conditions, be they related to mental or physical health. The body image of individuals with long-term conditions or disabilities is informed by factors discussed

in previous sections as well as the often significant changes to appearance and functioning that can accompany illness and disability and affect the way we think about and experience our bodies.

Body image and physical health conditions

Chronic illness

Experiences of chronic illness, particularly those where the effects are physically visible, have been associated with greater body image concerns (85). There is a substantial body of research on the ways that experiences of cancer specifically can affect body image (86,87). Cancer is associated with a range of bodily changes as a result of both the illness itself and its treatment. This can include hair loss, scarring, swelling, sensory changes (e.g. pain or numbness) and functional impairment, all of which can affect the ways people with cancer relate to and experience their bodies (86). Cancer symptoms and treatment (e.g. chemotherapy and surgery such as a

mastectomy) may contribute to feelings of shame or body dissatisfaction due to the way they can affect people's self-perceived identity, fertility and attractiveness, as well as their impact on functionality and the ability to perform daily tasks (87-89). This, in turn, can negatively affect mental health and quality of life (86,87,89).

While the research reviewed here focuses on experiences of cancer, experience of bodily changes and changes to functionality, and the relationship this has to body image, will also apply to many other chronic conditions and disabilities. Furthermore, many long-term health conditions are associated with experiences of chronic pain. One review of

the research suggests that chronic pain may affect the way we experience and perceive our bodies, particularly the areas of the body where the pain is localised (90). Therefore, the ability to change and manipulate bodily perception may provide a route to the management of some forms of chronic pain – for example, the use of visual feedback for the management of phantom limb pain (90).

In our survey, a higher proportion of adults who had a health problem or disability that

substantially limited their daily activities reported feeling shame (31%) or feeling down or low in the last year (47%) because of their body image compared to individuals without a limiting condition (18% and 32% respectively). Similarly, 50% of adults with a health problem or disability said their body image negatively affected their self-esteem, compared to 36% of adults without a limiting condition.

Body image, mental health problems and learning disabilities

Learning disabilities

There is relatively little research looking specifically at the body image of individuals with learning disabilities. However, individuals with learning disabilities are often at a greater risk of obesity than their peers (91), which is something that has been linked to increased feelings of body dissatisfaction and poor body image among both adults and young people in the wider research (31,67). There is also some evidence to suggest that children with learning disabilities may have less awareness of their bodies and limited opportunities for social engagement, and that they are more likely to be bullied than their peers, which can lead to feelings of isolation and low self-esteem (91,92). Some small studies have looked at dance and movement therapy for individuals with learning disabilities, which may have positive effects on body awareness and wellbeing, though the research in this area is still developing (93,94).

Autism spectrum disorder

There is some research to suggest that individuals with autism spectrum disorder can experience their bodies differently than neurotypical peers, and that this may affect how they think and feel about their bodies, though research in this

area is still developing (95,96). One study, which spoke with young people with autism about their feelings about their bodies found that some young people expressed difficulties in feeling fully aware of, in control of, and connected to their bodies, especially in the context of challenges with coordination and motor skills (97). Young people who reported having functional strategies for challenges in their daily lives related to their motor difficulties reported feeling more positively towards their bodies, and proud of their abilities, suggesting that this may be a potential avenue to support body awareness and body image (97).

Medication for severe mental health problems

Medications used to treat some severe mental health problems commonly have side effects that involve weight gain. This weight gain can have negative effects on body image and quality of life. One review of the literature found that individuals taking psychotropic medication reported weight gain as one of the most distressing adverse effects of the medication, and expressed feelings of embarrassment, shame and hopelessness, which negatively affected their self-esteem and quality of life (98). Additionally, concern about weight gain, and the distressing emotions that can accompany

it, can contribute to choices to interrupt, adjust or otherwise stop taking medication and can serve as a barrier to participation in physical activity (98,99). Therefore, it is important to consider the impact of medication on quality of life, body image and self-esteem alongside its effectiveness for the treatment and management of mental health problems. There is some support for approaches such as Cognitive-Behavioural

Therapy and counselling in aiding in offsetting some of these negative effects (100). Following good practice guidelines for maintaining positive cardiometabolic health – for example, through the use of tools such as NHS England’s Lester Tool – may not only guide the effective monitoring of physical health, but potentially also help to address body image concerns linked to weight gain (101).

BODY IMAGE AND ETHNIC BACKGROUND

How does body image vary across people from different ethnic backgrounds?

Body dissatisfaction or feeling negatively about appearance or abilities is a common experience across different racial and ethnic groups.

Body image is a multi-dimensional construct; however, the tools used to assess body image in research often focus on body weight or shape. This can be limiting when trying to understand body image and ethnicity, as people from different groups have different body ideals (102,103). Concerns around body image may not always fall into the categories of body weight and shape. For instance, some concerns may be around skin tone, hair texture or size and shape of facial features (104–106).

Generally, differences between people with

different ethnic backgrounds in levels of body dissatisfaction are small and there appear to be more similarities between people from various ethnic backgrounds rather than differences (1, 107). Ethnicity may have less of an influence on body image than factors like age, gender or weight (1, 108). Rather, the way in which ethnic minority groups experience body image and the factors that can affect their own body image may be slightly different.

While the differences across ethnicities may be small, where such differences have been observed, they tend to show that, in general, Black women are more satisfied with their bodies than White women. This is mirrored in some analysis that looks at body image in Black

British girls, which finds they are more likely to express a positive body image and less likely to show disordered eating behaviours than White British girls (109). Similarly, Black males (adult and children) reported being more satisfied with their bodies compared to their White counterparts (110,111). There is a suggestion that Asian American

men and women (which is typically used to refer to Americans of East Asian descent) tend to have lower body satisfaction than their White American counterparts (105). Similar findings can be found for Asian adolescents, who reported greater body dissatisfaction than other racial groups (112).

Cultural influences on body image

Looking more broadly at culture as opposed to only ethnicity or race can enhance our understanding of body image across groups. Findings from a cross-cultural study (103) highlighted significant differences across world regions in body weight ideals and body dissatisfaction, though these differences were small in terms of overall effect.

Though researchers no longer believe that body image is a concern only for White women in Western countries (107), research suggests that body dissatisfaction is more pronounced in affluent countries where people lead a lifestyle more characterised by high levels of individualism and consumption (106,113). In these countries, people may experience greater pressures to conform to the 'ideal body' due to having greater access to body-centred information and images through the media.

The impact of the media on body image may vary across different ethnic groups. Research from the US found that the strongest sources of thinness pressures for White women, are from the media, peers and family, whereas, for Black women, peer attitudes (114) and family pressures are more pronounced (115). One study, which examined whether there were differences in positive body image among British female undergraduates of different ethnicities, found that Hispanic female undergraduates reported the lowest score on media influence and the highest score on self-esteem; the authors

proposed that high self-esteem could serve as a protective factor against media influence in this group (116).

Findings from a qualitative study with Dutch children of non-Western ethnic minorities suggest that they had, to some extent, internalised the 'thin ideal', as they expressed a preference for a thin body size that corresponded with Western bodily ideals in contrast with their parents' preference for a fuller body size (117). This was echoed in a review of the research, which found greater body image dissatisfaction among individuals who had emigrated from Africa to Europe compared to those who had not (113). In this way, the level of acculturation (i.e. the degree to which ethnic minorities adopt Western customs and values) may negatively affect the way in which individuals view their bodies (113,118,119).

As well as exposure to the media, body image in immigrant communities may also be influenced by the experience of adapting to a new culture, which is something that can be very stressful (120). This stress and discrimination were found to be important risk factors in understanding the development and maintenance of eating disorder symptoms among ethnic minority populations (121). Discrimination was found to be associated with greater eating disorder and depressive symptomology via body shame (122).

BODY IMAGE, SEXUAL ORIENTATION AND GENDER IDENTITY

While people who identify as lesbian, gay, bisexual and transgender (LGBT) experience body image concerns in ways that are generally similar

to people who identify as heterosexual, their experience and relationship with their body is likely to differ in specific ways.

How does body image vary across the LGBT community?

Heterosexual men have been found to report higher levels of body appreciation than gay and bisexual men (123,124). Some research suggests that sexual minority men may be more likely to internalise an appearance ideal that is centred around looking athletic (124) and that there may be a greater emphasis on physical appearance in the gay community, which can negatively affect body image (125) through pressure to match this ideal. One review of the research (126) found that gay men are more likely than their heterosexual counterparts to experience a desire to be thin, and this can sometimes manifest in higher levels of eating

disorder symptoms. As in the wider research, studies focused on gay and bisexual men have found a connection between higher levels of body dissatisfaction, an increased likelihood of experiencing depressive symptoms and increased sexual anxiety and poorer sexual self-efficacy (123).

There is some research to suggest that lesbian women have a similar level of concern around their body image as heterosexual women (127,128), though research is mixed on this point. One study suggested a small difference, finding that lesbian women may be slightly more satisfied with their bodies than heterosexual women (129). However, other

studies find a similar level of concern between heterosexual and lesbian women regarding the perceptions of their bodies and their perceptions of what an 'ideal' body looks like (128). A similar pattern was found for women who identify as bisexual (130).

In our survey, a higher proportion of individuals who identified as gay, lesbian or bisexual reported feelings of anxiety and depression because of their body image. Among adults who identified as gay, lesbian, bisexual or other, 53% felt anxious and 56% felt depressed because of their body image compared to one third (33%) of the adults who identified as heterosexual.

Similarly, in our survey, one third (33%) of adults who identified as gay, lesbian, bisexual or other reported experiencing suicidal thoughts or feelings because of concerns about their body image, compared to 11% of the adults who identified as heterosexual.

Transgender people

Transgender people may experience distress resulting from the incongruity between their biological sex and their gender identity. This can have an effect on their body image, and research suggests that levels of body dissatisfaction in transgender people tend to be higher prior to undergoing gender confirmation treatments (131). Feelings around one's body can differ depending on the stage at which a person is on their transition journey (132). It should be noted that transitioning does not just refer to medical intervention, which is something that not all transgender people want or are able to have. It refers to the steps a person takes to live in the gender with which they identify, which could include things like telling friends and family or dressing differently. There is a much larger body of literature around gender dysphoria and the psychological and physical effects of

transitioning that is beyond the scope of the current report. Further information about, and support around, transitioning is available from organisations like the LGBT Foundation, Consortium and TransUnite.

Stigma and discrimination

The stigma, prejudice and discrimination that LGBT people can face often leads to higher levels of stress (133). This 'minority stress', which not only encompasses experiences of discrimination, harassment and victimisation, but also more internalised feelings like shame, may be a contributing factor to the mental health problems reported within the LGBT community (133).

This 'minority stress' may also be linked to body image. For young men who have sex with men, one study found that internalised negative attitudes towards homosexuality and sexual orientation predicted overall body dissatisfaction, muscularity dissatisfaction and body fat dissatisfaction (134). Another recent study looking at body image of non-binary and binary transgender people found that harassment or rejection was associated with lower levels of body appreciation by reducing self-esteem and satisfaction with life (135). This was reflected in our survey, where 40% of the adults who identified as gay, lesbian, bisexual or other said they felt shame because of their body image, compared to 18% of the heterosexual adults. Similarly, 54% of adults who identified as gay, lesbian, bisexual or other felt their self-esteem was negatively affected by their body image in the past year, compared to 37% of the adults who identified as heterosexual.

HOW CAN WE PROTECT, PROMOTE, AND MAINTAIN BODY IMAGE?

Individual actions

Everyone has a right to feel comfortable and confident in their own skin and we can take small actions in our daily lives to help foster a more accepting environment. For example, it may be helpful to be mindful of the ways in which we speak about our bodies in casual conversations with friends and family. Consistently speaking about our bodies, or others' bodies, in ways that imply weight and youth are central to attractiveness and value (e.g. "I feel fat today", "They don't have the body to wear that", "You look great, did you lose weight?", "Ugh, look at my wrinkles") may feel harmless in the moment, but can make us feel worse about our bodies in the long run (62). Instead, focusing more on the functionality of our body, and the positive things that it can do for us, may help to support and improve body image (136).

Focusing on physical activity and healthy eating for the benefits they provide in terms

of social connection and overall psychological wellbeing, rather than as a route to building muscle or losing weight, may also be a good approach to building up our body image. Reviews of the research have found support for the relationship between physical activity and positive body image (137–139).

If body image concerns are causing significant distress, it may be appropriate to seek out further support in the form of psychological therapies. Reviews of the research have found some support for cognitive and behavioural interventions such as Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT) in improving body image (140–142).

Community actions

In order to maximise outcomes and reduce the risk of stigma, public health campaigns should focus on messages of healthy eating and exercise for all adults, regardless of weight, and avoid making weight the key focus of their

messaging (71,72). However, creating a less shaming culture can also start at a community level with grassroots action to encourage more inclusive and accepting cultural norms around bodily appearance.

A common response to the research linking body dissatisfaction with exposure to idealised bodies in the media is to suggest the inclusion of ‘disclaimer’ or ‘warning’ labels on advertisements in which models have been edited. However, much of the literature looking at the effect of such labels on responses to fashion advertisements suggests labels may not have any beneficial effects on body dissatisfaction. Several experimental studies have presented young women with advertisements that have a variety of disclaimer labels and found no effect of labels on body dissatisfaction compared to un-labelled photos (143–149). In some instances, labels had negative effects, increasing a tendency to compare self to others (145,149), or resulting in higher levels of body dissatisfaction among women already more likely to compare themselves to others (147). One qualitative study in this area with British adults suggests that such policies are generally met with scepticism. Some

participants felt that, even with a label, the intent of the edited photo is still a message that the body type presented is ‘desirable’ and that reactions to such images are often automatic or sub-conscious (150). Instead, they felt that media should focus on the inclusion of more varied body types and sizes, ages and ethnicities to encourage a more wide-ranging and inclusive ideal of beauty (150). Social media may be one potential route to achieving this diversity of representation. One study of social media accounts that specifically focus on body positivity found that these types of account depict a broad range of body types and appearance (though the images are still predominantly of younger women) alongside messages of body appreciation and acceptance (151).

In their advertisements, companies should aim to be inclusive in terms of age, gender, ethnicity and size, so as to encourage a more diverse bodily ideal, and use advertising messages that prioritise overall wellbeing rather than just physical appearance. Calls for advertisers to support these aims have been launched by organisations like Be Real via their Body Image Pledge (152).

Supporting body image in children and young people

At home:

One study seeking to gain expert consensus on ways for parents to support healthy body image and eating habits found that parents should seek to: model positive behaviour around body image (avoid criticising their own appearance or that of others, and model healthy eating and activity); praise their children on qualities unrelated to physical appearance; teach children that people have

value and deserve respect regardless of their body shape or size; support children to express emotions and communicate their feelings about their bodies; help children develop strategies for coping with comments about appearance; and avoid placing unrealistic expectations on appearance or conveying that they would be more likeable if they changed their weight or shape (153).

In schools:

One review of the research found some support for classroom-based body image programmes that address media literacy, self-esteem and peer influences; however, where it was measured in the longer-term, few studies showed sustained results (154). There is some survey data from Be Real to support classroom-based body image programmes, with 76% of students saying that learning about body confidence in school made them feel more confident about themselves (23). Whole-school approaches that create supportive spaces for students, coupled with health promotion approaches that focus on the social and wellbeing benefits of physical activity (rather than benefits for weight loss and muscle building), may also be effective (155).

In the media:

Young people participating in MH2:K, a peer-led programme about youth mental health and wellbeing, have recommended that, in order to address the influence of the media and social media, we should: provide resources to parents that help them to support young people online in a way that balances independence and safety, and encourage social media sites to include an option to hide followers, likes and comments (156). It may also be important to help support young people to be media-critical, as media literacy may be a protective factor for body image (37,157).

Supporting body image across long-term conditions and disabilities

For individuals with chronic physical illnesses such as cancer, there is evidence to support the use of Cognitive-Behavioural Therapy and psychotherapeutic interventions as well as some support for educational approaches for improving body image in cancer patients (86,158). In addition, when considering cancer treatment, patients should be informed about the potential side effects of treatment on sexuality and fertility and the ways this can affect body image. It may be beneficial to include partners in this decision-making process (159).

For individuals with learning disabilities and autism spectrum disorder, some studies have trialled dance and movement therapy, which may have positive effects on body awareness and wellbeing, though the research in this area is still developing (93,94). Young people

with autism who reported having functional strategies for challenges in their daily lives reported feeling more positively towards their bodies, and proud of their abilities, suggesting that this may be a potential avenue to support body awareness and body image (97).

For individuals with longer-term mental health conditions who have been prescribed medication, it is important to consider the impact of medication on quality of life, body image, and self-esteem alongside its effectiveness for the treatment and management of mental health problems. There is some support for approaches such as Cognitive-Behavioural Therapy and counselling in aiding in offsetting some of these negative effects (100). Following good practice guidelines for maintaining positive cardiometabolic health – for example, through

the use of tools such as NHS England’s Lester Tool – may not only guide the effective monitoring of physical health, but potentially

also help to address body image concerns linked to weight gain (101).

Supporting body image across cultures and ethnic groups

Given that body image concerns are likely to be experienced in childhood, including for ethnic minority children and adolescents (160), school-based programmes that educate and encourage all students to have a positive body image may help to prevent body image concerns developing (109). Strategies promoting body appreciation or enhancing a positive body image rather than simply decreasing body dissatisfaction may also be effective (109,161). Having a strong self-identity and connection with one’s culture could serve as protective factors to pressures around

body image for minority ethnic people (162,121). There is, however, a clear need to increase representation and diversity among participants as interventions and campaigns have mostly targeted predominantly White, female and middle-class populations and few are culturally specific (111). This would help us to understand whether these interventions are effective for different groups. This also reinforces the need for greater diversity in advertising and the images used in the media and social media in order to support and foster a more diverse view of bodily ideals.

Supporting body image in the LGBT community

Support for the LGBT population should undoubtedly be tailored for the specific group and a more holistic stance on body image that makes sure to address the psychological and social aspects of body image would be welcome (134,163). There is evidence that behavioural interventions might be effective in reducing body dissatisfaction (123). Interventions that focus on minority stressors

and help to bolster self-esteem could also be beneficial (133,134). Peer approaches should be explored further, as they have the potential to help transgender young people to develop healthy coping strategies (132). Furthermore, training for staff on LGBT-specific issues could enhance the sensitivity and appropriateness of interventions (135).

IMPLICATIONS AND RECOMMENDATIONS FOR POLICY AND ACTION

Everyone, whatever their age and background, has the right to feel comfortable and confident in their own body. Yet, as evidenced by our review and the YouGov survey we commissioned for Mental Health Awareness Week 2019, a substantial number of women, LGBT+ people, and, to a lesser extent, men are far from feeling this comfort and confidence.

This includes feelings connected to one of the most natural human processes: pregnancy. Of the 66% of women in our YouGov survey who had been pregnant, 18% said they felt ‘much

more negative’ about their bodies after being pregnant than before, and 23% said they felt ‘slightly more negative’.

Overall, the main picture that emerges from our survey is one of societal pressures on body image, driven by the commercial sector, particularly the fashion and cosmetic industries, which predominantly use ‘idealised’ images to sell their products. This is having serious limiting effects on the day-to-day lives of millions and cannot be ignored. Action is needed in many areas; below, we set out the priorities, as we see them, for regulation, policy and practice.

1. REGULATORY ACTION

The literature shows that one of the primary drivers of body dissatisfaction is comparing oneself negatively to others based on appearance (40). Exposure to idealised bodies in the media and social media provides significant risk of this (1,20)

and of internalising an ‘ideal’ body image that is unrealistic or unattainable.

This social harm has been allowed to develop largely unchecked. Despite some positive initiatives from individual companies, poor

practice persists in advertising, and social media companies have been unwilling to take the necessary steps to protect their users from harmful content. Of the 21% (12% of men and 30% of women) of respondents to our survey who said that images used in advertising had caused them to worry about their body image, 72% cited adverts for fashion brands, 46% adverts for weight-loss products/programmes and 31% adverts for cosmetic surgery.


All such industries with the capacity to cause harm need structured regulation. If left unregulated, advertising is driven by incentives to present unattainable 'idealised' bodies as

aspirational in order to increase the desirability of products or lifestyles. Social media use also carries social incentives for users to present themselves in a positive way, including through photo selection or even image manipulation, which can encourage unhealthy and unrealistic appearance-based comparisons.

Of the respondents to our survey, 59% said that the government needs to do more to protect the public from unhealthy body images in advertising and social media. It is now time for the government to improve regulation to prevent the promotion of harmful body images.

1a. Social media regulation

The Online Harms White Paper should consider the potential to address harms relating to the promotion of unhelpful or idealised body image online, beyond content related to eating disorders. The new codes of practice should include an expectation that social media companies should improve their practice in relation to how their platforms are used to propagate unhealthy body image through advertising and algorithmic promotion and commit them to ensuring the content they promote to users does not exacerbate body image concerns. This should be enforced by the new independent regulator.

 Our YouGov survey identified social media use as one of the most reported sources of body dissatisfaction, especially among young people. Of young people aged 13–19, 40% reported that images on social media made them worry in relation to their body image, which was tied for the most reported factor along with things their friends said. This supports findings from our literature review, which found associations between body image and social media use (20,38).

In April 2019, the UK government published its Online Harms White Paper (164). The proposals lay the groundwork for a future independent

regulator for online platforms hosting user-generated content, underpinned by a new statutory duty of care. The new codes of practice will need to create a framework that can deliver a graduated and proportionate response to online harms, ranging from illegal activity to more loosely defined social harms.

As part of this process, the Home Office and Department for Digital, Culture, Media and Sport (DCMS) should carefully consider the promotion of unhealthy body images online beyond the promotion of material related to eating disorders. The new codes of practice should commit social media companies to

ensuring that the content they promote to users – through advertising, trending and viral

content, and algorithmic targeting – does not exacerbate body image concerns.

1b. Advertising regulation

The Advertising Standards Authority should consider pre-vetting high reach broadcast adverts from high-risk industries – such as cosmetic surgery companies and weight-loss products and services – to ensure that all advertising that reaches the public abides by its codes. It should also make greater use of its ability to proactively instigate investigations.

Advertising, both online and offline, is regulated by the Advertising Standards Authority (ASA). The ASA is a strong example of industry self-regulation and the vast majority of advertisers abide by its codes and rulings. Last year, the ASA upheld the Mental Health Foundation’s complaint in connection with cosmetic surgery adverts during ITV’s Love Island programme (165). Application of the ASA’s social responsibility code prevents advertisers from using models in a way that makes them look unhealthily thin or from presenting unhealthy body images as aspirational (166). This avoids some of the pitfalls of using a BMI-based approach, which has been taken in some other countries, and captures the use of photo editing and lighting. However, our YouGov survey finding that 21% of UK adults worried about their body image

because of images used in advertising shows that there is still room to improve.

While the ASA has existing codes and guidelines on body image, adverts can be in circulation for a long time before the ASA receives complaints and makes a ruling. This means that harmful adverts can achieve significant reach and therefore spread significant harm before they are taken down. The ASA should make greater use of its ability to pre-vet advertising and proactively instigate investigations. The ASA should also consider extending its power to pre-vet non-broadcast advertising to broadcast advertising, and pre-vet all adverts from high-risk industries, such as cosmetic surgery companies and weight-loss products and services, to ensure all advertising that reaches the public abides by its codes.

2. INDUSTRY ACTION


In order to achieve meaningful cultural change, industry has a responsibility to work together to find solutions that go

beyond regulatory efforts to minimise the negative consequences of advertising and social media.

2a. Diversity in media

Social media companies should sign the Be Real Campaign’s Body Image Pledge

and investigate innovative ways of using their platforms to promote positive body image and to ensure that a diversity of body types is presented positively to their users.

 One potential way to lessen the impact of advertising on body image is to achieve greater exposure to diversity in media and advertising. This is an area where industry collaboration could be particularly meaningful.

We recommend that DCMS convenes roundtable meetings with advertisers, broadcasters, and body image campaigners to explore ways to promote diversity in advertising and media and to widen sign-up to the Be Real Campaign’s Body Image Pledge (152).


The Online Harms White Paper should be an opportunity for government to engage with social media companies that have so far been reluctant to acknowledge their role in causing

and preventing harm online. It is a welcome first step to compel companies to recognise that they have a duty of care to their users, but change will be most effective if social media companies are fully engaged in the process.

The causes of body image dissatisfaction are multifactorial and complicated, and regulation is not going to be able to capture all the drivers of poor body image. Social media carries the potential to deliver some innovative solutions to the problem above and beyond what is possible through the application of sanctions alone. Social media companies should investigate positive and innovative ways of promoting healthy body image and protecting their users from body-image-related harm.

2b. Discrimination and stigma

Social media companies should have clear systems for users to report bullying and discrimination and targets for action to be taken. Social media platforms should give users greater control over the content they see and create accessible tutorials to show users how to exercise this control.


 Our review of the literature found that stigma and shaming, including through appearance-based bullying, puts people at greater risk of experiencing body dissatisfaction. Discrimination, stigma and shaming disproportionately affect people from minority ethnic groups, LGBT people, people in later life, people with disabilities, and people who are overweight and obese. Stigma and shaming can take direct forms, such as bullying and appearance-based teasing, as well as more indirect forms, such as unaccommodating environments and isolating behaviour.

The growth of online life, and particularly social media, has increased exposure to experiences of bullying and discrimination. As digital citizens, people have a right to expect freedom from bullying and discrimination online, as well as a responsibility to treat others well. As part of the Online Harms White Paper process, social media companies should be expected to have clear systems for users to report bullying and discrimination and effective means to take down offending content. Users should have greater control over the content they see and should be able to hide likes and comments, as well as filter content that they consider undesirable.

3. HEALTHCARE AND PUBLIC HEALTH ACTION

3a. Training of frontline practitioners

Training for GPs, health visitors, dietitians and other frontline practitioners advising parents and carers on both parenting and healthy eating should include information about how parents and carers can, from a very early age, positively influence their children’s feelings about their bodies through the behaviours and attitudes they express when they are with them. Training on this issue should also be given to the early years childcare workforce, including childminders, nursery nurses, nannies and others who care for young children in loco parentis, whose comments and behaviours are also strongly likely to influence young children’s developing sense of their bodies.

 Our survey found that ‘things my family have said’ were the third most likely factor to have caused teenagers to worry in relation to their body image. Overall, 29% of teenagers aged 13–19 said this. The figure was much higher for girls (37%), but it also affected 21% of boys. Our internalised feelings about our body develop from a very early age, and, as our report shows, parents’ behaviours and attitudes in relation to diet, weight and body shape have a powerful influence on their children’s feelings about their bodies and themselves.

The advice parents receive should focus on using simple evidence-based phrases, techniques and behaviours that have been shown to increase

body esteem and reduce the potential for harm and can be built into their everyday interactions with their children, starting from an early age and continuing through their childhood and adolescence (153). A public health approach to promoting positive body image therefore needs to start early in life. It must recognise that our body image and body esteem is formed, to a large extent, by the attitudes to food, weight and body shape of those closest to us, and their associated behaviours. The influence of those closest to us can be both direct (in comments they make to and about us), and indirect (in comments made about themselves and others, and associated behaviours) and this influence continues in later childhood and adolescence.

3b. Supporting those in crisis and distress

Children and adults in distress should receive fast and empathetic support when they need it, regardless of where they live in the country.

Research suggests that young adults with negative body image concerns are more likely to self-harm and/or experience

depression, anxiety and suicidal feelings (33,167). We know that people often face barriers in receiving the right support when

they need it. All parts of the UK should learn from the Distress Brief Intervention model currently being piloted in five sites across Scotland, which enables front line services to provide a consistent, compassionate response to people presenting in distress (168). While this is an adult service, we support efforts to lower the age criteria with a view to widening access.

Often, young people’s existing support networks – their families, schools and peers – will provide the most effective support and a

nurturing environment. However, we need new thinking and innovation, alongside investment, to revolutionise how young people, who are struggling but fall below the threshold for the specialist mental health treatment provided by CAMHS are supported by people in youth and community settings. More must be done to lessen the impact of early experiences of poor mental health and help those who are struggling to adopt positive help-seeking strategies.

3c. Obesity campaigns

Public campaigns focusing on nutrition, obesity and being overweight should avoid the potential to create stigma and indirectly contribute to appearance-based bullying by not making weight the main focus of their messages. Instead, they should focus on healthy eating and exercise for all members of the population, regardless of weight.

The prevalence of obesity in the population is a major public health concern (169,170) and we support efforts to improve the physical health of people with mental health problems, who, according to research, will die, on average, 20 years younger than the rest of the population. However, much less attention has been paid to the psychological and cultural impact of this increasing focus on people’s weight and size. The NHS, national

governments and public health bodies across the UK should actively consider these effects when developing their campaigns and other messaging on obesity (71,72).

This should include consideration of the psychological effects on children of child measurement programmes in schools, and their influence on how parents respond to and interact with their children about their weight.

3d. Education, schools and media literacy

A body image and media literacy toolkit, co-produced by young people, should be a compulsory element of what children learn in schools. This should include the development of a charter for achieving a healthy and positive body image. In England, we recommend that this is used within the new Health Education Curriculum being introduced in September 2020. In Scotland, the Scottish Government should implement this as part of its ongoing personal and social education (PSE) review.



ur education system must do more to address some of the root causes of emotional distress in children and young people, and we know that body image is a concern, with 35% of 13–19-year-olds telling us that it always or often causes them to worry. We previously highlighted this as part of our Make it Count campaign.

Media literacy can help young people critically explore the influences of popular culture on everyday life. For example, pupils could be encouraged to discuss and question the objectives of media products such as adverts or magazines, considering the techniques that are used, their target audiences and commercial ambitions. The image of perfection that is often portrayed by advertising and social media platforms can be challenged by exposing their hidden motivations and helping young people identify the overt and more coded messages that might be detrimental to their self-esteem, especially on how genders are objectified and stereotyped.

A body image and media literacy toolkit could also address the negative consequences of comparing ourselves to idealised, often ‘perfected’, images, as well as unhealthy comparisons with peers. In our survey, over half (53%) of 18–24-year-olds reported that they compared themselves negatively to others because of their body image – a statistic that is higher than in any older age group. Pupils could be shown how to become more aware of when they are comparing themselves to others, both online and offline, and consider the length of time they spend doing it and whether the content is an accurate portrayal of reality.

The PSHE Association, Be Real Campaign, and National Citizen Service have all created toolkits and guidance on teaching about body image (3, 171–173). We have created a body image module to add to our UK Peer Education Project (174) and our Scottish Stress Less programme, which run in secondary schools (175).

In addition to developing pupils’ media literacy through the curriculum, it’s also important to embed a range of mental health support workers, including counsellors and family liaison workers, in every school to provide children and young people with a safe and trusted space in which to discuss their feelings. Encouraging young people to express concerns about their body image and the way that they look is an important first step in valuing who they are as a person and acknowledging the importance of their non-appearance-based traits as a way to boost their self-esteem.

As bullying often starts early in life, early intervention in schools can be an effective way to reduce the impact of appearance-based bullying on people’s body image and wider mental health, and this should be an explicit focus of programmes to tackle bullying. Schools should also seek to identify the root causes of bullying behaviour, which can often present as a result of a bully’s own unmet needs.


Beyond the school gate, while it’s crucial that we continue to invest in specialist service provision, we also need to prioritise the right early intervention services for young people who begin to struggle. We need to do more to lessen the impact of early experiences of poor mental health and help those who are struggling to adopt positive help-seeking strategies.

4. INDIVIDUAL ACTION

There are some actions we can take to improve how we feel about our bodies and help us to protect, promote and maintain a positive body image throughout our lives.

- 1 If your body image is a significant cause of stress, or if you're being bullied about how your body looks, consider talking to a friend, a trusted adult or a health professional. It's especially important to do this if you're feeling any pressure to make drastic decisions – for instance, having cosmetic surgery, starting extreme dieting or trying drugs and supplements – or if you are having thoughts of harming yourself.
- 2 Spring-clean your apps on your smartphone. Be aware of how you feel when using them and, if you find them stressful in relation to your body image, consider uninstalling them.
- 3 Look at the people in the accounts you're following on social media and be mindful of how you feel about your own body and appearance when you look at them. Consider muting or unfollowing accounts or hashtags that cause you to feel negatively about your body or appearance or encourage you to compare yourself unfavourably to others. Be considerate of the impact of your own posts on other people.
- 4 If you see an advert in a magazine, on television, or online that you think presents an unhealthy body image as aspirational, you can complain to the Advertising Standards Authority. This can start the process of investigation and action. Information on how to complain is set out here: <https://www.asa.org.uk/make-a-complaint.html>.
- 5 At home, parents and carers can lead by example by modelling positive behaviour around body image, eating healthily and staying active. You can: praise children for qualities unrelated to physical appearance; avoid criticising your own or other people's appearance; and avoid placing unrealistic expectations on how people look. In addition, you can support children to express their emotions and communicate their feelings about their bodies.
- 6 Our language is important. In our daily lives, we can all be more aware of the ways in which we speak about our own and other people's bodies in casual conversations with friends and family. Consistently saying things that reinforce youth and being slim as the essence of beauty (for instance: "I feel fat today", "They don't have the body to wear that", "You look great, did you lose weight?", "They look so old" or "It highlights my wrinkles") may feel harmless in the moment, but can make us feel worse about our bodies in the long run.
- 7 Find the best way that works for you to stay active. A healthy amount of exercise every week can make us feel better about our bodies, encourage good mood and decrease stress. But don't overdo it. The best workout programmes are the ones you actually enjoy.

CONCLUSION

 Our poll and evidence review show that, while we have been exploring the topic of body image in research for several years, systematic action at a whole-society level to address the threats of consumerism to our mental health has been lacking. We are hoping that governments, companies and the public will use our report to raise more awareness and call for clear action. Overall, instead of striving towards a single body ideal, we should all, in our different

and complementary ways – individually, professionally and corporately – strive to shape a society that embraces and champions the diversity of the human race. How our bodies change throughout our lives, during puberty, pregnancy and ageing, and how we see our bodies in terms of our family, cultural and gender identities is a fundamental part of who we are and what makes us valued members of our communities.

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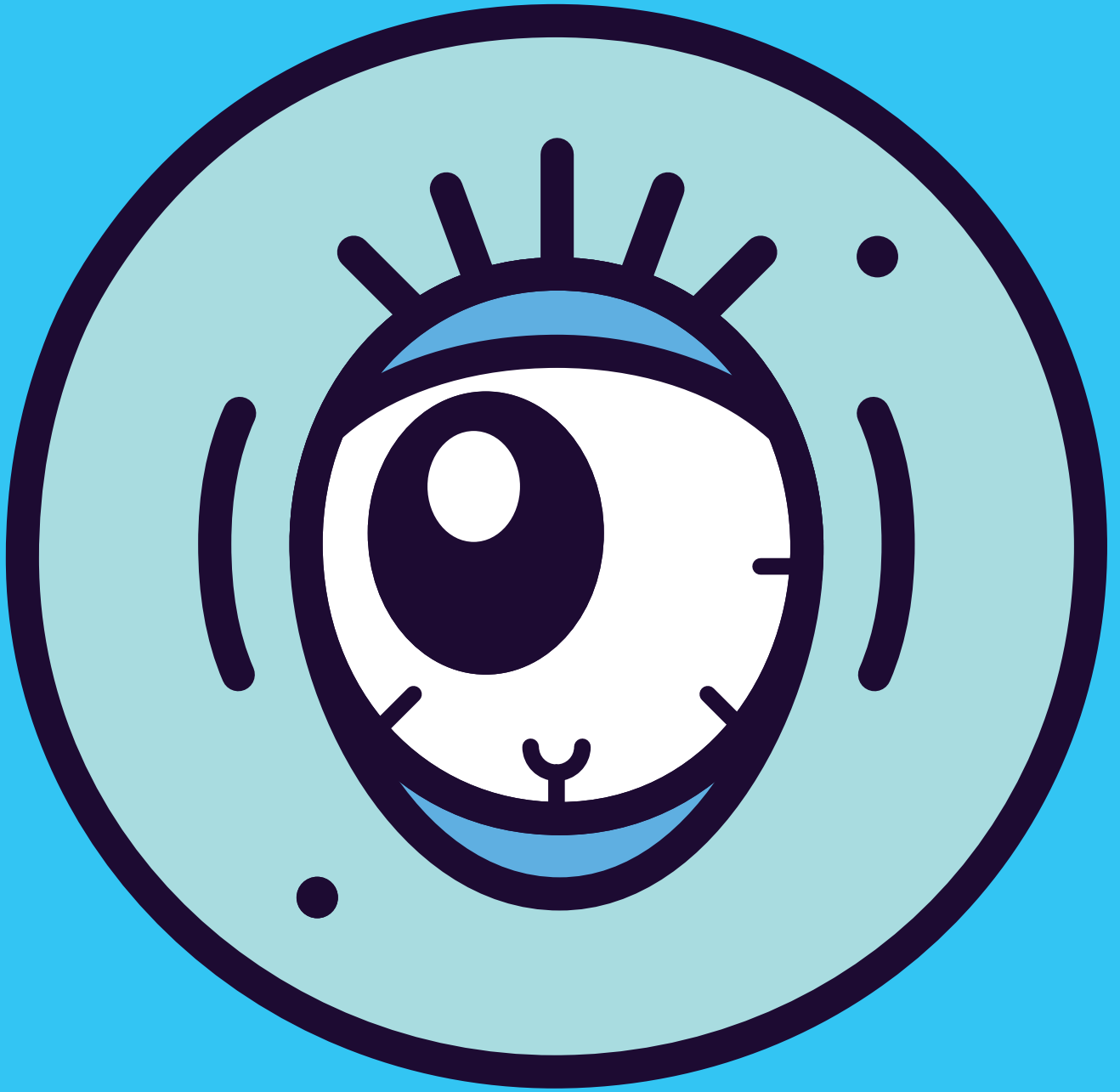
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