

Written evidence submitted by Dr Boothroy, Dr Evans and Ms Thornborrow (BYC040)

Submitters:

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Declarations of interest: LB has received funding from the Leverhulme Trust for research into body ideals in Nicaragua; EE has received funding from The Children's Foundation for research with the Gateshead Millennium Study

Executive summary: We offer perspectives based on our research into body ideals in the UK and other cultures, and our experience of running body image intervention groups with our students. Research evidence strongly suggests that levels of body dissatisfaction are highest among girls, overweight children, and children from more deprived neighbourhoods. Our experimental work in the UK and cross-cultural work in Nicaragua suggests that visual media, depicting a narrow selection of very attractive, slim women, may exacerbate this problem, or provide a direction for individuals with an existing disposition towards appearance concerns. Body image appears to be more positive among Black girls, and among boys; however past research has tended to focus on topics of concern that may not be of key relevance to these groups and addressing this imbalance must be a priority. Research has shown that intervention programmes to improve body image in young people are effective but this has been predominantly with middle class young women; extending this to incorporate other groups is essential. Reaching those most at risk of obesity and poor body image (e.g. deprived neighbourhoods) is challenging and a lack of institutional support for positive body image means that accessing these interventions is mostly a matter of luck. Finally, success must be about not just reducing the risk factors for poor body image and unhealthy eating behaviours, but should be measured explicitly in terms of increasing *positive* body image.

Sources of evidence

x.i We offer evidence in our roles as academic researchers with expertise in body ideals, body image, and eating attitudes. LB has been researching attraction and the factors which drive beauty ideals in the UK and cross-culturally for 15 years. She is currently publishing research on cultural drivers of body weight ideals in Nicaragua (see below). TT is the doctoral researcher on this project, and has a particular focus on media and cultural influences on body image in children and young women. EE conducted her doctoral research on body image in children and has since continued to research and publish longitudinal studies of body image and disordered eating in preadolescents and early adolescents. She has also spent the last 5 years designing and managing trials of health behaviour interventions. We will focus particularly on Qs1-4 in the Terms of Reference, with additional comments on Q9.

x.ii In our response we draw on both published and emerging evidence regarding body image in the UK and internationally, with a particular focus on two longitudinal projects on which we are principal and co-investigator respectively, as well as our experience running body image intervention training with UK undergraduates.

x.iii The Nicaragua Media and Beauty Project is a 3.5 year project examining how access to television and electricity may be changing body ideals in a rural Nicaraguan population who traditionally favour larger female bodies than typical in industrialised populations. We have been comparing geographically close villages with differing levels of access to television, and also collecting data from the same individuals at

multiple time points to assess how body ideals change over time. These data allow us to ‘model’ what impacts media may be having on individuals in Western populations too.

x.iv The Gateshead Millennium Study is a longitudinal cohort study of over a thousand babies born in Gateshead, Tyne and Wear, in 2000. At ages 7, 9, 12 and 15 years they were measured on factors relating to body image and eating disorder symptoms. Assessment of participants at 17 years old is currently underway. The cohort is regionally representative – i.e. it includes individuals from different economic brackets proportional to the population of the Northern England. As such we can draw strong conclusions about psychological development from the Gateshead data.

Groups affected by body image issues

1. Are particular groups of young people particularly prone to poor body image, or less likely to be offered or seek help with poor body image? What causes these trends?

1.1 Body dissatisfaction is elevated in girls. There is extensive evidence that girls are at greater risk of body dissatisfaction than boys [1] and emerging evidence suggests that this gap increases with age. In the UK, the earliest data on body image from a representative population sample (the Gateshead Millennium cohort) shows that girls have higher levels of dissatisfaction at 7 years of age and that the magnitude of the sex differences increases with age until at least 15 years [2-4], as shown in Figure 1 below.

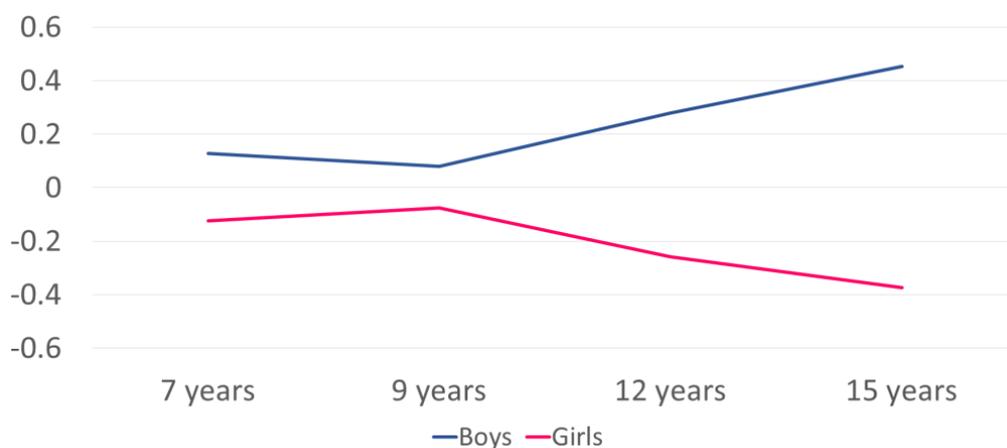


Figure 1. Body satisfaction, standardised within age brackets, for boys and girls in the Gateshead Millennium Study [4]. Over time, girls become increasingly dissatisfied compared to boys.

1.2 Furthermore, although there is evidence that girls experiencing ‘cultural stress’ (e.g. second generation immigrant families, especially of Asian origin) may be more likely to experience eating disorders, **Black British girls are less likely to show disordered eating behaviours**, and more likely to express a positive body image than White British girls. We investigated body ideals and body satisfaction of young Black and White women in a UK sample (mean age 22, SD 5.5). The difference between own body size and ideal body size was the same for Black and White girls. However Black girls desired a much fuller lower body than White girls, had higher general body satisfaction and less internalisation of media’s ‘thin body ideal’ than White girls. [6] These findings suggest that even though they may inhabit the same media environment, some ethnic or racial groups may not hold these same ‘mainstream’ appearance ideals and experience body image concerns differently.

1.3 There is evidence that girls and boys also show different trajectories and risk patterns associated with body dissatisfaction. In the Gateshead Millennium Study, boys and girls with higher body dissatisfaction had higher levels of disordered eating behaviours. However, for girls, depression was an additional risk factor for disordered eating [3]. Body dissatisfaction appears to co-develop with eating disorder symptoms over pre-adolescence for both boys and girls [3, 4], before beginning to drive increases in symptoms over time in adolescence. Similarly, body dissatisfaction co-develops with depressive symptoms for both boys and girls, but only emerges as a longitudinal risk factor for adolescent

girls. 'Co-development' implies that factors have a reciprocal relationship and reinforce one-another (a so-called 'maintenance cycle) over time. Such **cycles of maintenance should be key targets for interventions to address body image in non-clinical populations** since targeting maintenance mechanisms using cognitive-behavioural strategies has been shown to be effective in clinically eating disordered populations [7].

1.4 Weight is a risk factor for body dissatisfaction in both sexes. A large body of research has shown that body dissatisfaction is highest in boys and girls who are overweight or obese, and that the impact of weight status upon body dissatisfaction increases with age [5]. Data from the National Child Measurement Programme reveal a positive association between childhood obesity and material deprivation, indicating that a disproportionate number of those at greatest risk of body dissatisfaction come from the most deprived families. Similarly among Nicaraguan children a higher actual BMI was associated with both a slimmer ideal child and ideal adult body size, suggesting that weight status can also affect body image among non-White minority groups in the same way that it does in Western populations.

1.5 Factors which drive body dissatisfaction in girls are diverse. However, we have recently focused in particular on the role of visual media. We have previously demonstrated in the UK that showing adults and young adult women images of slim bodies increases their preference for thinness [8]. We also have data from an area in rural Nicaragua in which residents have no access to magazines, very limited internet, and no access, or relatively recent access, to television. This allows us to conduct a 'naturalistic experiment', comparing individuals who are very culturally similar but differ in media access. Our published data [9] show that television consumption was the primary predictor of body weight ideals in women in this area: in Figure 2, residents of the village with no television access (green line) have a higher ideal weight and are more tolerant of overweight figures than those with recent access to television (blue line) and those who live in the capital city. Furthermore, women living in locations with less television access were less likely to be trying to lose weight. These data support the suggestion that girls' body concerns in the UK may be partly driven by the overabundance of slim women in the media. It is important to note, however, that in group discussions with teenage girls in rural Nicaragua we find that appearance concerns exist which likely pre-date television influence – for instance a desire for a '*big bunka*' (large bottom). As such globalised media may be changing the focus for appearance concerns rather than instigating them.

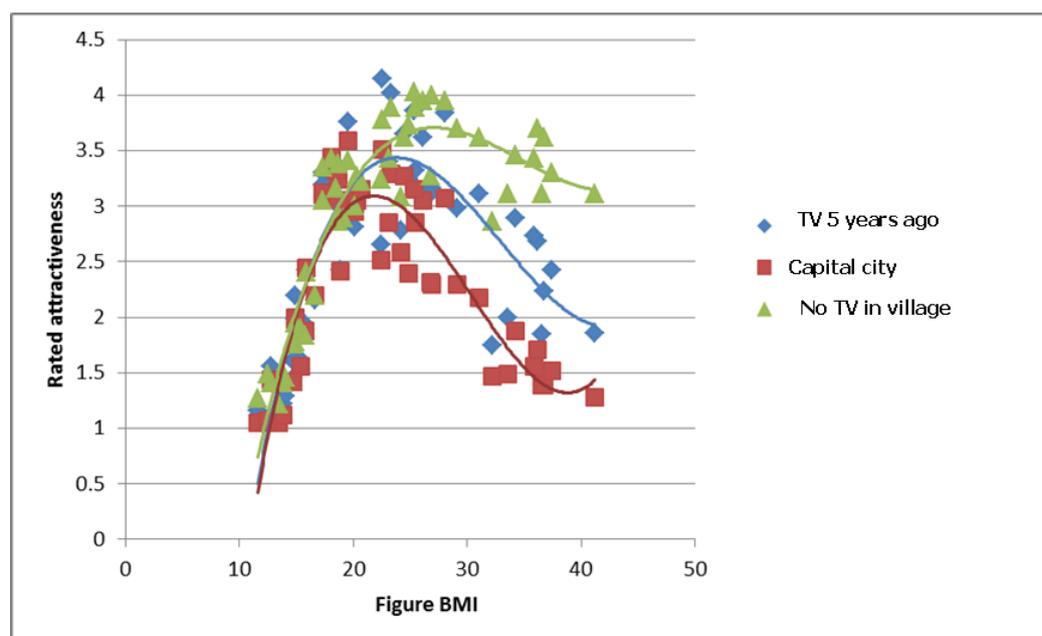


Figure 2. Rated attractiveness of 50 female images of known BMI, by participants in rural and urban Nicaragua. Those living in a village with no TV access rated overweight and obese bodies as more attractive than those living in a village with recent TV access. Those living in the capital city have a strong

preference for slim and healthy weight figures, as seen in most Western samples. Data redrawn from Boothroyd et al. (2016)

2. In relation to young men and boys, minority ethnic groups, and those who self-identify as transgender: what are the specific challenges facing young people in these groups? How effective is existing support?

2.1 A focus on weight may miss key risk factors for ethnic minority girls. Most research into body image focuses on facets related to weight (e.g. overall weight, questions about specific body parts) and rarely considers those aspects of appearance that may be of more concern for girls from minority ethnic or cultural groups, for instance around hair texture and skin tone. Our research among young people from non-white ethnic groups in Nicaragua suggests that skin colour is a primary target for appearance teasing, with darker skinned individuals being treated as less socially acceptable, less attractive and potentially less successful. We found that while 80% of Nicaraguan participants aged 6 to 14 reported being happy with their appearance, the majority of those that reported being less than 'always happy' mentioned either their skin colour or their body size. Similarly, in group discussions with boys aged 9-10 and girls aged 11-13, skin colour was discussed as a major source of teasing and discrimination by other children in the school environment. In 'mainstream' media appearance ideals are based not only on thinness or leanness but on Whiteness. When asked what TV characters they wanted to be like, children in our Nicaraguan study referred to predominantly 'White' characters – Rambo, Barbie etc. It follows then that in Western populations such as the U.K, where the dominant ethnic group is White, the potential for young people to experience both racial discrimination and appearance dissatisfaction based on skin colour is even more salient.

2.2 Body dissatisfaction in boys remains under-researched. Boys may show lower rates of body dissatisfaction than girls (Fig 1) but most measures used to assess body image are inappropriate for use with boys. For instance, most generic 'body image' questionnaires are written primarily for girls and women (e.g. by focusing on satisfaction with hips, legs, breasts), with an emphasis on a desire to be slimmer. Similarly, visual 'figure choice scales' where participants can indicate what they believe they look like and what they want to look like, focus almost entirely on adiposity (body fat levels) for both boys and girls [10]. This is particularly problematic since the presentation of the idealised male in the media is a muscular, not a slim, ideal, which may correspond to a BMI in the 'healthy' range but nevertheless have a dangerously low level of body fat and be equally unattainable for most boys and men.

2.3 Body image in boys is becoming an increasingly acute issue because objectified male bodies are increasingly part of the visual milieu. Over the past two decades, cultural norms of the ideal male body have grown increasingly muscular [11] and increasingly prominent. Male images in magazines aimed at men (e.g. Men's Health) are consistently more muscular than those in magazines aimed at women [12]. For instance, while women in our Nicaraguan sample are more likely to be dieting if they watch more TV, we have been finding that young men are increasingly interested in body building. In the UK, we have begun researching body image in boys using interactive figure scales which are based on isolating muscularity and adiposity. As shown in Figure 3, 6-9 year old boys select as their 'ideal' a highly muscular male and a moderately, but still unusually, muscular boy. Although there are specific scales targeting desire for muscularity [13] these have not been widely deployed in large scale body image research and are unsuitable for use with children. As such our understanding of body dissatisfaction in boys



Figure 3. Average levels of muscularity selected as 'most attractive' in an adult man (L), and 'ideal for me' (R) in a sample of 35 6-9 year old boys in North East England, using an interactive computer task.

remains highly underdeveloped and this must be a priority for future work.

3. Do existing campaigns and initiatives to promote positive body image sufficiently take into account the different challenges faced by young people with particular characteristics?

3.1 Body image interventions are effective – but narrowly focused. Recent research has demonstrated that techniques such as cognitive dissonance (asking participants to state out-loud opinions they don't currently hold, until they come to believe it themselves) can effectively reduce thin-ideal internalisation in girls, improve body image, and reduce incidences of eating disorders for up to three years. This research began in America, but is also currently being run in the UK. We have been running the '**Succeed Body Image Program**' [14], a modified version of the original *Reflections* program from US sororities, with undergraduates at Durham and Newcastle for over 3 years. We have found, however, that in some cases it has been necessary to amend some activities to reduce its focus on being 'straight' (for example one scenario that participants discuss involves a friend who wishes to be thin for her boyfriend) and make it suitable for all female participants regardless of sexual orientation. Likewise, although a version for men has been developed by researchers at Leeds-Beckett University, this has not been rolled out. A form of the Succeed/Reflections program aimed at younger girls, 'Free Being Me', has recently been developed by researchers at the University of West England in collaboration with the Girl Guiding Association, which has the advantage of increasing participation beyond voluntary extra-curricular schemes in schools and universities. However, again to our knowledge there is no organisation running a parallel scheme for young boys. Finally, even using organisations such as the Guides as a way to deliver body image interventions fails to reach the most at risk groups – i.e. girls and boys in deprived areas who are at most risk of obesity and thus poor body image.

3.2 There is no recognised pathway for help to be offered. To our knowledge, peer-led programs, such as 'Succeed', at a small number of universities, and the Girl Guide programme are the only systematically delivered body image interventions in the UK. Although diagnostic and treatment guidelines exist for clinical body dysmorphia, there is no care pathway, NICE guidance or GP training for subclinical body image concerns. Where children are referred for these concerns, the most likely referral pathway is via Child and Adolescent Mental Health Services which typically features long waiting lists for conditions which are not medically acute. This is particularly problematic because body image concerns in mid childhood are demonstrably associated and co-develop with disordered eating symptoms, persist into adolescence, and are a causal risk factor for full eating disorders, depression, unhealthy attempts at weight control, and suboptimal health behaviours (exercise and eating). In short, to address the specific question raised in Q1 above: *no one* is likely to be pre-emptively offered help.

The internet, social media and messaging

4. Has the growing use of social media and communications platforms amongst young people encouraged practices and attitudes that entrench poor body image?

4.1 Social media may extend the range of peer social influence. While Nicaraguan children in our research were more likely to compare themselves to their peers than to people on the television, still more than half had at some time wanted to be like someone they had seen on TV. [6] However, the recent rapidly growing popularity and use of social media, particularly via smartphones, among young people not just in this part of Nicaragua but the world over, blurs the distinction between the 'traditional' categorisations of sociocultural influences – family, peers and media. Real 'in-the-flesh' friends become part of the 'virtual super-reality' in the media landscape, potentially doubling the pressure on young people to conform to societal standards of appearance. More research needs to be carried out around the intersection between social worlds 'in-the-flesh' and in 'virtual super-reality' to understand how young people in general and minority groups in particular negotiate their way through this newly emerging media landscape.

Education

9. What examples are there of youth organisations and peer education programmes outside of schools promoting positive body image? Are there examples of programmes focusing on different groups of young people? Are they focusing on different aspects of body image? How effective are these? How should they be evaluated?

9.1 Body image is increasingly being addressed. We have highlighted above programmes running in the UK via a small number of universities (Succeed), and the Girl Guiding Association (Free Being Me). There has also been work from the YMCA in partnership with the government to promote positive body image in young people, resulting in the Be Real campaign.

9.2 A successful intervention must seek to actively enhance positive body image above and beyond the reduction of body dissatisfaction. Emerging evidence suggests that positive body-self-concept plays a protective role in women's body image across the lifespan, indicating the importance of focusing upon a multidimensional conceptualisation of body image and protective as well as risk factors in the developmental course. Indeed, it has been our observation that in Nicaragua, the biggest factor protecting girls from fully internalising Western ideals may be a focus on respecting the body that 'God made'. The explicit aim of programs such as 'Succeed' and 'Free Being Me', is to promote positive body image. Historically, however, most programmes are assessed in terms of reducing negative risk factors (eating attitudes, negative body attitudes, objective body dissatisfaction, thin ideal internalisation). A successful programme, whether it is based in schools or in voluntary/commercial sectors, must show increases in participants' positive body attitudes, and the positive self-care behaviours associated with it, in the months and years following participation.

Links to example body image campaigns

<https://www.girlguiding.org.uk/making-guiding-happen/programme-and-activities/peer-education/what-is-peer-education/free-being-me/>

<http://www.ymca.org.uk/about/what-we-do/be-real-campaign>

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