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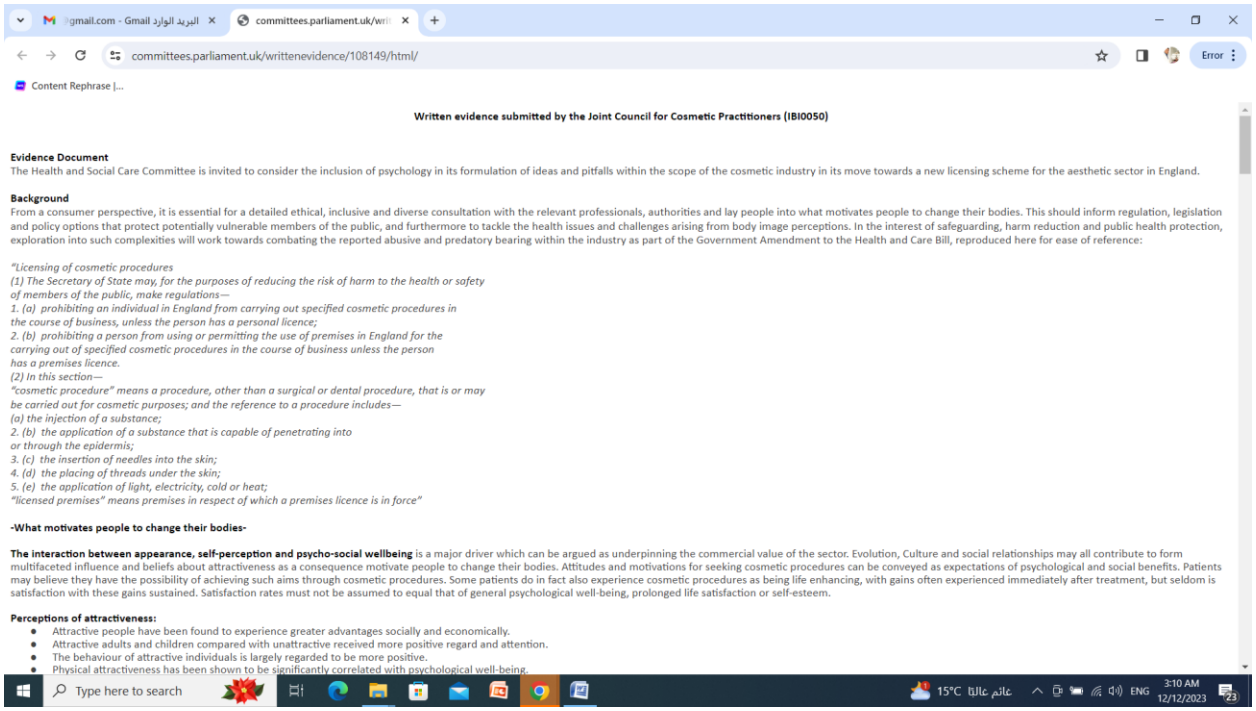

Written evidence submitted by the Joint Council for Cosmetic Practitioners (IBI0050)

Evidence Document

The Health and Social Care Committee is invited to consider the inclusion of psychology in its formulation of ideas and pitfalls within the scope of the cosmetic industry in its move towards a new licensing scheme for the aesthetic sector in England.

Background

From a consumer perspective, it is essential for a detailed ethical, inclusive and diverse consultation with the relevant professionals, authorities and lay people into what motivates people to change their bodies. This should inform regulation, legislation and policy options that protect potentially vulnerable members of the public, and furthermore to tackle the health issues and challenges arising from body image perceptions. In the interest of safeguarding, harm reduction and public health protection, exploration into such complexities will work towards combating the reported abusive and predatory bearing within the industry as part of the Government Amendment to the Health and Care Bill, reproduced here for ease of reference:

"Licensing of cosmetic procedures
(1) The Secretary of State may, for the purposes of reducing the risk of harm to the health or safety of members of the public, make regulations—
1. (a) prohibiting an individual in England from carrying out specified cosmetic procedures in the course of business, unless the person has a personal licence;

2. (b) prohibiting a person from using or permitting the use of premises in England for the carrying out of specified cosmetic procedures in the course of business unless the person has a premises licence.
(2) In this section—
"cosmetic procedure" means a procedure, other than a surgical or dental procedure, that is or may be carried out for cosmetic purposes; and the reference to a procedure includes—
(a) the injection of a substance;
2. (b) the application of a substance that is capable of penetrating into or through the epidermis;
3. (c) the insertion of needles into the skin;
4. (d) the placing of threads under the skin;
5. (e) the application of light, electricity, cold or heat;
"licensed premises" means premises in respect of which a premises licence is in force"

-What motivates people to change their bodies-

The interaction between appearance, self-perception and psycho-social wellbeing is a major driver which can be argued as underpinning the commercial value of the sector. Evolution, Culture and social relationships may all contribute to form multifaceted influence and beliefs about attractiveness as a consequence motivate people to change their bodies. Attitudes and motivations for seeking cosmetic procedures can be conveyed as expectations of psychological and social benefits. Patients may believe they have the possibility of achieving such aims through cosmetic procedures. Some patients do in fact also experience cosmetic procedures as being life enhancing, with gains often experienced immediately after treatment, but seldom is satisfaction with these gains sustained. Satisfaction rates must not be assumed to equal that of general psychological well-being, prolonged life satisfaction or self-esteem.

Perceptions of attractiveness:

- Attractive people have been found to experience greater advantages socially and economically.
- Attractive adults and children compared with unattractive received more positive regard and attention.
- The behaviour of attractive individuals is largely regarded to be more positive.
- Physical attractiveness has been shown to be significantly correlated with psychological well-being.
- Negative correlations between physical attractiveness and depression have been found.
- Awareness of the judgments of others may alter body image perception.
- Body Image development (perceptual, effective, cognitive and behavioural) may be strengthened or weakened depending upon exposure to judgements.
- Judgements that attribute an internal quality to external worth can be particularly problematic.
- Discrimination exists towards those with noticeable imperfections of facial/body differences and is related to appearance.
- Individuals with noticeable imperfections such as visible skin conditions show greater psychological vulnerability.
- Visible imperfections (or differences) may also have psychosocial implications and affect quality of life.
- The subjective perception of the individual is an important consideration since facial/body differences may not always be experienced equally and in the same way e.g scars.

- It can be argued that some noticeable imperfections are transient and driven by unrealistic beauty standards portrayed in the media.
- Affected individuals could display behaviours (such as social avoidance) associated with their difference.

Psychological characteristics and emotional aspects of consumers reveal a complex picture. Overall, findings conclude that the prevalence of psychiatric and psychological vulnerabilities to be significantly higher in those seeking cosmetic treatments when compared to the general population. Such emotional aspects range from body image concerns, mood disorders such as anxiety, depression, suicidal ideation, disordered sleep, and higher levels of alcohol and drug abuse. The specific psychological characteristics of people seeking aesthetic treatments is an evolving research area, therefore before any generalised conclusions can be made, further inquiry is necessary. An emerging picture is as follows:

- Patients seek to better self-esteem, increase confidence, achieve greater happiness, with a desire to feel better via a cosmetic procedure. Often this may be described as a 'treat' by the patient.
- Treatment demand can be triggered by life events and life-stage changes for example as a result of pregnancy, ageing, menopause, hair growth etc or due to specific milestones for example, a wedding, divorce or a new job.
- Such life stages or specific events can lead members of the public to re-appraisal where changes are made with an accompanied view of restoring, reversing or eradicating undesirable physical characteristics as a way of coping with the subjective negative impact upon quality of life or ability to succeed.
- Cosmetic procedures may be carried out to address long standing emotional conflicts such as a feature that has been bothersome since childhood.
- Patient treatment outcomes are largely concerned with the immediate effect rather than any consideration of long-term maintenance, or future financial costs for repeating or re-doing procedures.
- Pressures associated with the expectations to conform to appearance ideals such as youthfulness or being perfect exist with a heavy emotional load.
- Advertising and social media standards are implicated to represent a cause for concern as cited in the JCCPs 10-point plan.

Social anxiety is correlated with aesthetic enhancement behaviour known to carry risks.
Some studies show that social anxiety may be a greater predictor of risky grooming behaviours. It has been shown that the consideration of riskier cosmetic behaviours increases as anxiety about appearance increases. This includes self injury behaviours such as bingeing, purging characteristic of social anxiety disorders. As such eating disorders are known to have the highest mortality rate of all mental health illnesses and represented by a large comorbid dysmorphic pathology in the cosmetic consumer.

- Social situations of varying types may trigger anxiety due to fear of being judged negatively by others.
- Both men and women to be equally affected and subsequently motivate someone to change their appearance to soothe this internal emotional conflict.
- Attractiveness beliefs offer explicit self-esteem that is associated with conscious beliefs about appearance and implicit self-esteem is tied to implicit associations about appearance.

- Distorted perceptions can exaggerate appearance assumptions that have a negative impact on self-esteem.
- An increasing negative bias towards an ageing population shows a deterioration of attractiveness is being demonstrated.
- Ageing without cosmetic intervention is considered risky and unacceptable.
- With increasing cosmetic treatment options available, intervention to target the physical signs of ageing is becoming increasingly acceptable, if not expected.
- Appearance maintenance is linked to general wellbeing and appears to promote a feeling of control over managing an ageing appearance.
- Peer groups are highly influential in making decisions about cosmetic treatment, which can lead to peer pressures and coercion affecting the process of informed consent and decision making.
- The degree of change a patient/client expects from a cosmetic procedure can predict the outcome of psychosocial well being, with those undergoing more extensive changes such as rhinoplasty at greater risk of disturbance in body-image compared with procedures for appearance restoration such as botulinum toxin injections.
- Patients/clients expectations may predict outcome, for example seeking treatment to enhance social or relationship factors as a secondary gain, rather than for 'personal reasons' usually results in poor outcome.
- A cosmetic intervention which acts on facial muscles and movement may play a role in emotional experience. More evidence is needed to confirm this e.g for clinical symptoms such as depression.

Body dysmorphic disorder (BDD) is most common in adolescents and teens and has the highest rate of mortality among all mental illnesses. BDD is believed to be increasing due to Western societies' focus on body image and the media portal of ideal beauty standards. Prevalence in the general population is thought to be 1.7% -2.4%, (approx. 1 in 50 people) and is more common than Obsessive Compulsive Disorder, Anorexia Nervosa and Schizophrenia. BDD involves persistent preoccupation with imagined or slight imperfections in appearance that can result in marked avoidance of social situations and people, depression, anxiety and suicidal ideation. Literature reviews exploring the BDD and cosmetic treatments provide some collective information, however it should be noted much literature exploring BDD considers patients who seek surgical intervention. There is less information available on patients seeking minimally invasive non-surgical interventions. Also of note is that there is value in acknowledging BDD symptomology and pathology as separate but related concepts to improve harm reduction approaches.

- 5 to 15% of individuals who sought aesthetic treatments had BDD.
- Symptoms of BDD may be seen where patients have spent excessive periods thinking about their appearance and considering changes,and investing large amounts of money to relieve their symptoms through cosmetic procedures.
- Individuals with BDD who receive cosmetic treatments rarely show improvement in their symptoms.
- Focus has been noted to shift to a new "imperfection" when satisfied with procedure results.
- The nature of BDD is secretive and most individuals seek treatments for slight imperfections which makes patient selection complex.
- There is a dangerous false belief that those with Body Dysmorphic Disorder will be 'cured' by undertaking any number of aesthetic procedures. In fact, the evidence is contrary and firm that appearance dissatisfaction will remain, if not intensify after aesthetic interventions.
- BDD is often not acknowledged until a patient reports a subjective 'failed' treatment.

- Patients/clients are at risk of internalising treatment dissatisfaction as a personal failure, that can reinforce shame and perpetuate poor mental health.
- Patients with BDD can be seen as malicious and problematic to practitioners.

-Health issues and challenges-

For constructive movement towards a new licensing scheme, consideration of Cosmetic intervention as being part of the problem, as well as the solution is necessary.

- Cosmetic interventions are reported to be the cause of facial disfigurement, and a more noticeable difference, especially the case for 'botched treatments'.
- Consumers and members of the general public are being subject to health risks and as a consequence falling victim to predatory and misleading marketing promotion and advertisement without forewarning or apology.
- Consumers, and industry stakeholders are reporting an increase of incidents involving psychological trauma, and post treatment psychological harm associated with maladaptive, problematic cosmetics intervention or by failing to meet treatment expectations. Such concerns have been aggravated and exacerbated by the 2020 Covid-19 pandemic.
- Misleading advertising and the use of edited imagery preys on psychological vulnerabilities for commercial gains, posing a threat to public safety.
- Social interactions can be affected in those with appearance anxiety due to feelings of poor control, appearance preoccupation and due to an anticipated negative response from others.
- Social withdrawal and isolation, limited job prospects, denial of positive interrelational behaviours lead to detrimental consequences of overall mental health. This must be regarded as a part of the significant health issues and challenges facing the consumer, even in the absence of pathology or diagnosis.
- Outwardly influenced perceptions of others' assumptions and subsequent perceived judgement of appearance become reflections of changing cultural norms. These are believed to be widely valued with the suggestion that an aesthetic procedure is a commodity to enable conformity.
- Appearance related suicide is increasing with 1 in 8 British adults having experienced suicidal thoughts due to concerns about their body.
- It has been shown that the more formally educated a patient's/client is, the higher their expectations of intended treatments outcomes. Whilst this may be a detriment to a consumer's own wellbeing (i.e perfectionism). This has the potential to compromise care standards, exacerbate health issues and create disparity among health outcomes for the less educated, those from lower economic status or marginalised groups.
- Diverse and inclusive lived experiences, psychology and body image drivers must be included in this discussion. It is a misconception that cosmetic intervention is a peruist of vanity and an outdated belief that it is only for the rich and famous. Evidence from the self injection and self modification market informs this discussion that remains a taboo comparable to brutal mutilation in practice.
- Extensive waiting lists for NHS mental health services puts the public at risk of seeking cosmetic interventions as a way of self soothing mental ill health.

Legal definitions as informed by stakeholder and literature review would benefit inclusion into a licensing scheme.

- **'Cosmetic intervention':** Any such intervention should be regarded as having an overriding objective to alter appearance to provide a positive contribution to physical, emotional and psychological health. This assumption is empirically informed and should not be dependent upon, or lose such weight if further categorisation determines a patient/client cosmetic pathway as 'purely cosmetic', 'medically related', 'medical' or 'surgical'. Psychology should not be removed, or considered as a separate issue when defining a route of cosmetic intervention. Psychology and psychological welfare findings can be used to effectively inform the insensitively regarded and dismissive concept of 'purely cosmetic' practices. It should be rejected that 'purely cosmetic' interventions lack meaningful health components.

Other common terms that pose threat to health outcomes include:

- **'Personal reasons'** are arbitrary and appear to determine a 'right' or 'wrong' pathway for decision making based on largely uncontrolled, subjective factors. Access to cosmetics would benefit from an industry safeguard that would reject a dichotomy to reinforce open access, nor preclude access. Licensing may attend to an agreed, value added, continuum model, which supports this insecure space.
- **'Informed consent'** would benefit from the integration of psychological risk management and give rise to the necessary parity of the physical and the psychological consequences of treatment. Any benefits, pitfalls and redress must assist significant event reporting, complaint management, and referral for specialist support. Such improvements to Multidisciplinary working have the potential to inform best practice, create positive industry progression and challenge as well as acting as a preventative health measure industry wide. Ideas such as central patient/client note keeping, a self limiting/withdrawal from treatments (similar to the gaming industry) could be beneficial to the licensing scheme protecting the most vulnerable patients and practitioners. Informed consent via an improved and meaningful process of patient selection beyond a dichotomous diagnostic tool of BDD or major depressive episode can include offering psychoeducation regarding the divergence in appearance norms, and perhaps challenging patients' beliefs about the role of appearance and self-worth.
- **'Unregulated practitioner vs Qualified Practitioner '** are both largely misunderstood terms, are not mutually exclusive and threaten public health protection via claims of exaggerated training and qualifications. The public would benefit from greater clarity and transparency of multi disciplinary collaborations that have the potential to maximise genuine health benefit from cosmetic intervention, contrary to the current landscape that can be seen to be commercially corrupt, with scapegoating and engagement in predatory practices including collusion and cover up, and the exploitation of the psychologically vulnerable through unethical practices or otherwise deception whereby the faith in medical professionals is being negatively affected.
- **'Improved well being'** is an ambiguous, complex, and emotionally loaded subjective term that is often exploited in blanket application to consumers' expected experiences of a cosmetic intervention. This largely disregards the evidence base. Clarity for the use of this term in marketing, promotion and advertising may wish to be considered as part of licensing. A 'one size fits all approach' should be avoided or used with extreme caution at best. .

-Harm reduction approaches-

Cosmetic interventions combined with psychological support to enhance satisfaction of physical attributes is needed for the protection of the consumer and members of the public. Ending abuse of vulnerable people and ensuring a psychological safety net is interwoven to a code of ethical conduct to release a trusted message of 'do no harm' for those electing into cosmetic interventions would be

welcomed. The promotion of healthy body image and enhanced psychological representation beyond pathological discussion is a direction the licensing agenda may wish to consider through a trauma informed approach to determine the cosmetic industry as a trauma responsive community. Trauma informed approaches will serve to provide preventative, crisis, and complex case management systems to counter the current harm within the cosmetic industry and subsequently the wonder community exposed in the absence of statutory regulations and governance.

- **Psychological Assessments** and the use of psychometrics can be regarded as an industry controversy that are often dismissed in practice. This is despite the general acceptance that all patients must be carefully assessed prior to the provision of any aesthetic treatment to identify emotional or psychological disorders or vulnerabilities that promote inappropriate motivations and/or unrealistic expectations. Such aversion to traditional psychological assessments includes practitioners who report 'they take too long', or proclaim that they possess a lack of confidence with asking 'intrusive questions', practitioners report not knowing what to say or what to do if a patient discloses psychological pathology, or mental health concerns either past or present. There is risk of exposing practitioner incompetence amongst practitioners as there is a total lack of training to 'diagnose' or 'label' people with mental health disorders. In addition, patients can be dismissive of their own needs, reporting 'it's not that deep' leaving patients with the capacity to 'reassure' practitioners that they will 'be fine', and 'will feel better' once they have treatments. Licensing may wish to consider this 'role reversal' as a catalyst to curate an innovative approach to safe patient selection through psychological screening or triage that can be utilised as a protective factor across the sector that includes a broad range of emotional and psychological vulnerabilities, whereby the person assessing is fully qualified to understand the complexities, sensitivities of nuance as well as make the critical decisions that are involved in such assessments. Perhaps considerations of Patient Reported Outcome Measures (PROMs) as a harm reduction approach for all may be a valuable tool for those seeking an aesthetic treatment.
- **Psychology training** must guarantee the use of any valid and reliably accurate assessment tool. Psychology undertakings can only be relevant if applied and conducted by a suitability equipped assessor. Such evidenced based practices have the scope to guide clinical processes and operations and it is vital that any psychological assessment is underpinned by mandatory training and education standards of competencies.
- **A holistic approach** that provides greater clarity to this complex landscape that includes the formulation of psychological informed discussion. This must exist for greater coordination, that could lead to unwarranted variation in practice and as a consequence lead to public harm from the manufacturer, supplier, responsible purchasing and lending solutions for personal finance, to practitioners insurance and the prospective patient/client. All consumers and stakeholders must be regarded as part of the solution to implement emotional and psychological concepts, principles to successfully close the gaps and remove any overlap or duplication in view of their unique insight and privileged positions.
- **Multi Disciplinary Teams** can provide access to informed specialists, advocacy and positioned information to ensure that any prospective patient is afforded appropriate care that is suitable to their individual needs and is recommended alongside any relevant assessment at consultation. The landscape for MDT working may be considered by licensing as providing assistance in making informed decisions (e.g GPs) on whether procedures will be of benefit to the patient, to minimise psychological risk and the abuse of vulnerable members of the public as a key position in promoting the best outcome for health preservation.

-Conclusion-

Psychology provides clear scope and warranted position within a new licensing scheme for the aesthetic sector in England. Complex body image constructs need to be fully understood to inform any positive change in the interest of public health protection via the Health and Social Care Committee inquiry.

Written by Kimberley Cairns for Professor David Sines CBE PhD as requested for parliamentary appearance, Tuesday 26 April 2022: Oral evidence before the Committee as an expert witness in the upcoming second session of the inquiry into 'The impact of body image on physical and mental health'.

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Cookies are small files saved on your phone, tablet or computer when you visit a website. They store information about how you use the website, such as the pages you visit. They are used to make websites work and improve your experience.

We use three types of cookies. You can choose which cookies you are happy for us to use.

Read our cookie policy for more information

Essential cookies

These cookies always need to be on as they help to make our website work. Essential cookies are a site's basic form of memory, so they do things like remember if you are logged in to a part of the website.

You may be able to block these cookies by changing the preferences on your browser, but this can limit you from accessing our online services.

Analytics cookies

☐ On

We use analytics tools to collect data on how people use our website to help make improvements.

These cookies let us understand how people access our site, where they are accessing from, what pages they visit and what technology they are using.

Marketing cookies

☐ On

These cookies may be set by third-party sites and help ensure our marketing content is relevant, timely and interesting to you.

It also helps to measure and improve the effectiveness of our advertising campaigns.

Save cookie settings Close cookie settings