



APPEARANCE MATTERS

"Optimizing the outcomes for vocational guidance counseling and vocational training"

SYNTHESIS REPORT



Lifelong
Learning
Programme

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INTRODUCTION

This synthesis report is based upon the national reports from Austria, Italy, Lithuania, Norway and Sweden. The national reports contain information about their educational and vocational training system, current unemployment rates, how health care is provided in the country together with specific appearance related questions. The partners addressed these appearance questions via desktop research, asking their participants by using questionnaires and their own thoughts about how appearance influences their practice and the work of vocational trainers and/or guidance counsellors. This synthesis report focuses mainly upon the appearance related questions, but each national report can be downloaded on the web site: www.appearancetraining.com. The national reports also include the reference data used in this synthesis report. An important adjunct to this synthesis is the theoretical report about appearance and body image, which can be found on the web site as well.

BACKGROUND DATA: NATIONAL AND REGION SPECIFIC

The tables 1 and 2 below provide a summary of basic demographics at a national and regional level for each of the participating partners. Unfortunately, the regional data produced by partners is less comprehensive.

Table 1: National Specific Background					
Country	Size (km ²)	Population	Average Yearly Income	Unemployment	Unemployment (15 – 24)
Austria	83,170	8,457,000	€29,017	6.7%	8.3%
Italy	301,340	59,394,207	€19,660	8.4%	29.1%
Lithuania	65,300	3,043,000	€10,167	15.3%	32.9%
Norway	385,252	5,033,675	€58,152	2.7%	4.5%
Sweden	450,000	9,600,000	€31,515	8.8%	28.1%

In all partners countries the educational system and the provision of health care is government funded, but there are differences in the resources provided, in the different health care systems. For further information about this, please refer to the national reports.

Country	Size (km²)	Population	Average Yearly Income	Unemployment	Unemployment (15 – 24)
Vienna Austria	415	1,721,573	-	7.1%	-
Tuscany Italy	22,994	3,745,786	€20,100	7.8%	29% – 38%
Klaipeda, Taurage and Telsiai counties Lithuania	13,970	649,000	-	14.4%	-
Rogaland Fylke Norway	9,376	450,176	€38,666	1.7%	-
Kristianstad Sweden	1,346	80,000	€28,651	8.8%	-

APPEARANCE

Austria:

In Austria, most appearance issues were reported to exist in connection with weight and ageing, with weight being more salient than ageing. Appearance is a socially salient issue in Austria, and it is becoming more and more salient. The flood of media images of photo shopped slim bodies is constantly gathering pace and new media, such as blogs, which reinforce this effect, are becoming more fashionable and popular as well. With girls and young women, and increasingly also with boys and young men, appearance is becoming more important as can be seen in the statistics about level of satisfaction or dissatisfaction with the body and the occurrence of eating disorders. Furthermore, the choice of diet foods in big supermarket chains is also increasing, which suggests a higher consumer demand for such foods. There does not seem to be a difference as far as

ethnicity is concerned; at least the answers of the participants of an initial survey conducted with a questionnaire do not suggest a difference due to this factor. There does, however, seem to be a slight difference concerning age and gender. Generally, while men seem to be more comfortable with their appearance and weight, women exhibit strong tendencies in either the direction of satisfaction with their bodies or the direction of dissatisfaction with their bodies and especially their weight. From our sample, women around the age of 30, and women around the age of approximately 55 seem to be most content with their appearance and bodies.

The social salience of appearance can also be deduced from the result of the survey conducted by the Austrian partners. The greatest number of participants believe that their appearance will often (36%) or at least sometimes (42%) help them to get a date, and at least sometimes (42%) help them to get a job. Only 7% believe that their appearance does not influence their possibilities of getting a job or a date at all.

A different study with 565 Viennese women of approximately 47 years of age showed that 82% thought that their ideal weight was below their actual weight; 83% of the women were not content with their bodies' proportions; 80% of the women said that their self-esteem was dependent on their weight, and 82% were afraid of gaining weight.

Italy:

In Italy, appearance is an important issue that has a heavy influence on societal aspects. According to one recent survey conducted by Ipsos on behalf of Save the Children, 4 out of 10 children are victims of bullying online because of their "different" physical appearance (67%), sexual orientation (56%) or because they are foreigners (43%). Barbara Spinelli, who is coordinating the study group on gender and family law of the Italian Association of Democratic Lawyers, confirms

“The requirement of "good looking", often becomes a determining factor in access to employment. In many cases it is a real gender discrimination for women, because it expresses the prejudice that to be considered "good looking", a woman necessarily must correspond to the dominant aesthetic. The requirement of "good looks" often becomes an unwritten criteria in determining selection, especially in professions that require contact with the public. The persistence of this form of discrimination shows that it is rooted in cultural idea of the female body. This is expressed in advertisements that use a woman's body or its eroticized image to sell any product. "The basic idea of this bias is that the one who sells the product must be able to know how to sell, first of all, herself, her image, in order to captivate the consumer. Clearly overweight or obese women are considered to be persons who do not take care of their image."

Another study on discrimination in work explains how appearance is related to personnel and resource selections. Researchers at the University of Milan have investigated the causes of discrimination in the companies by physical appearance and ethnic background. The results of the study show that the discrimination by age is a problem for 52% of the employees, while discrimination by gender for 44%, by type of degree for 32%, by physical appearance for 27% of the employees.

The Fondation Rodolfo De Benedetti also confirms that discrimination exists in an exploration of dimensions of discrimination by religion, homosexuality and physical appearance in Europe. In January-February 2012 they interviewed hundreds of companies that offered work in Milan and Rome through the websites Monster and Job Fast. To assess the impact of the physical appearance, every curriculum has been associated with a photograph of a hypothetical candidate (age appropriate to the duration of the work experience and studies reported), which had been

previously assessed in terms of "beauty". Results demonstrated that for women the beauty weighs much more than that for men.

A study from the year 2000 showed that from 718 Italian girls and 428 boys, 44% of this girls thought they were overweight, even though only 6% really were; 52% of the girls and 14% of the boys had already dieted; moreover, 80% of the girls and 40% of the boys were scared of gaining weight and as many as 89% of the girls and 65% of the boys were not content with their bodies. The study we are referring to here was conducted in 2000 and generalizing from the fast increase in cases of anorexia, it can only be assumed that today, these numbers are higher as well.

A large scale study conducted in 2007 investigated the motivations for dieting and reached the following results: 59% of the women diet to feel more attractive, 56% to raise their self-esteem and only 43% to improve their general health.

In Italy, the First Report on the Conference "Eating Disorders. Social disease, illness gender " organized by the Equal Opportunities Committee of the Institute of Health announced that 43% of males and 56% of females declare themselves dissatisfied with their physical appearance, and are often heavily self-critical of their appearance. A study conducted by two psychiatrists of "Ospedale Maggiore" in Milan on Italian girls aged between 14 and 18 years, shows that the young people of the north are more dissatisfied with their physical appearance than those of the south. Another study, based upon a sample of 1024 people emerges that seven out of ten Italians consider themselves ugly and are dissatisfied with their physical appearance.

The QUOVADIS Study in Italy, evaluated the effects of obesity treatment on body image in the patients with obesity who have sought treatment. The body dissatisfaction in both males and

females was negatively associated with binge eating and psychological distress. The main conclusions of the QUOVADIS study on the effects of obesity treatment on body image were as follows:

- Patients with obesity have higher levels of body dissatisfaction than those of normal weight
- Obese women have higher levels of body dissatisfaction than obese males
- The basal levels of body dissatisfaction are negatively correlated with age and positively correlated with BMI, psychological distress and binge eating.
- Patients with obesity, especially women, have low levels of body checking in the mirror.

A three-year long investigation carried out by the Service for Eating Disorders IRCCS E. Medea (Our Family of Bosisio Parini (LC)) at two public high schools of Grass demonstrated that 30.5% of the 128 participating students showed relative dissatisfaction to their body. This percentage increased to 40.6% after one year and even to 41.4% after two years. The figure is even more impressive when you consider that only 8-10% of girls were objectively overweight, while 71-78% had normal weight and 15-20% were underweight. The widespread body dissatisfaction was attributed mainly to cultural and social aspects (the "myth of thinness").

Norway:

In Norway, appearance is also very important to young adolescents. Studies focus mostly on ethnic Norwegians and very few studies, if any has taken ethnicity into consideration. Most of the research in Norway has been conducted within the Anorexia spectrum. A study conducted in 2005 clearly indicated that that the dissatisfaction with appearance has increased significantly from 1992 to 2002.

Sweden:

Appearance is also an important aspect to Swedes, as illustrated by the following outcomes from the a study conducted by the Swedish organization SIFO:

- Women spend more managing their appearance than men
- Women 18-34 years old spend the most money on their appearance
- People in Stockholm spend, on average the most money on their appearance per month
- North Mid Swedes spend the least amount of money on their appearance per month
- Married / partners spend more money on their looks than separated / divorced
- Overall Swedes think that clothes the most important part of their appearance.
- Women find their hair as one of the most important part of their appearance, but for the age group 18-34 think that clothing is the most important part of their appearance
- Men aged 18-34 think that the body is the most important part of their appearance

THE ROLE OF THE MEDIA IN APPEARANCE DISSATISFACTION

Appearance and body image is often covered or represented in various Austrian media. On TV, the amount of shows dealing with appearance-related topics is constantly on the rise, especially since private, commercial TV stations were allowed to broadcast in Austria; programmes about these topics are rare in public service broadcasting. 'A life for beauty' (orig. *Ein Leben für die Schönheit*), e.g. is a programme about plastic surgeons, their daily life and the operations they offer. This programme does however also question the practice of plastic surgery on young adults. Another programme, which focuses on the appearance and body image of girls and young women, is the programme 'Austria's Next Top Model'. The programme has regularly been under scrutiny and criticism because of utterances about already slim girls being 'too fat', not having a model-like (i.e. too rounded) body, etc.

Another documentary, which has already sparked great controversies in other countries, follows people who have severe problems with their bodies and appearances along their journey of plastic surgeries to a 'beautiful' appearance. Additionally, they undergo a make-over. It is called '*Endlich schön*' (EN 'beautiful at last'). In Germany, it was called 'The Swan'. The women starring in the series have turned away from social life ostensibly as a consequence of their bodies and their appearance; the series aims to reintroduce them to the social life. The participating women undergo a psychological assessment before being operated on as part of the show.

Some Austrian magazines for women, such as *Woman* or *Wienerin*, sometimes denounce the body image and 'norm' created by very thin models and designers who book these models. They spark discussions about these issues and print critical opinions and reports on the repercussions of the ideals on the girls and young women, and sometimes use 'average' women as models. While this is praiseworthy and definitely of utmost importance, the magazines nevertheless regularly continue to print pictures of thin models, which again reduces the effects of the measures against such a body 'norm'.

The study "MASS MEDIA AND BODY IMAGE" directed by Dr. Arianna Banderali, Italy, investigated the sources of information, such as magazines, television, radio and multimedia, to find out the extent to which the content is based on the world of appearance and exteriority together with messages aimed at influencing consumers sense of self. The models that appear in the newspapers and the characters appearing on TV shows provide aesthetic ideals which are often unattainable for the majority of the population. The thinness and the strict weight control are openly "glorified" while the fat is debased to the point of being called unhealthy, immoral and ugly.

The media have a clear bias in favour of the identification of femininity with outward appearance and other aspects of sexual objectification. Women looking for a directive of what it means to be a "real" woman can easily extract the media pressure towards thinness; here are some examples of common messages:

- Beauty is the main goal in the life of a woman.
- Thinness is crucial to achieving success and well-being.
- Image is very important.
- It is natural for women to be aware and critical of their own bodies.
- Being overweight is linked to personal responsibility in women, who are depicted as being weak, powerless and morally bankrupt.
- A "strong-willed" and "winning" woman can renew and transform herself through fashion, diet and strict exercise.

Research study done in 1999 – 2000 performed in Lithuanian cities revealed that among factors influencing appearance among adolescents, the mass media had the most influence: 60%-80% of adolescent girls reported that TV or press influenced their opinions about their appearance problems. Higher differences between real and desired weight were related to less control of weight and to more anxiety.

EXPENDITURE ON COSMETICS AND BEAUTY PRODUCTS

A recent study has shown that the majority of Austrians spend approx. 30 Euros/ month on cosmetic and beauty products. This amounts to approx. 360 Euros/ year. About 25% of the participants in the study conducted, by the Austrian partner spend between 31 and 75 Euros/ month - which amounts to max. 900 Euros/ year. 18% spend less than 10 Euros/ month, which would be less than 120 Euros/ year on cosmetics and beauty products.

The recent report by Unipro, the association that unites the enterprises of cosmetics, confirms that in Italy the expenditure on perfumes, creams and cosmetic fixes is in third place (after expenses for food and health) of the ranking of consumption and that these expenses are seen as essential.

In 2011 Italians spent more than 10 billion euro on cosmetics and beauty products.

In Norway, the average person spends about €232 per year on cosmetics and beauty products. In Sweden according to the SIFO survey, 1,000 people aged 18-65 years were asked what part of their appearance is most important to them and how much money they spend on their appearance per month (including apparel, accessories, beauty products, exercise etc.). The results show that Swedes in this age group think that clothing is most important and that they on average spend about €70 a month on how they look.

GYM AND HEALTH CLUB MEMBERSHIP

Concrete numbers of how much Austrians spend on gym and health club memberships per year could not be discerned, but two opposing trends could be discovered: the first trend is the quick expansion of 'discount gyms', such as the chains FitInn or McFit, which offer memberships starting at approx. 20 Euros/ month. The second trend is towards 'luxury gyms' which offer all-around support with individual training programmes, wellness areas, etc. and cost approx. between 80 and 135 Euros/ month. A recent survey has shown that Austrians want to spend more on fitness in 2013.

According to Istat's data, the turnover of fitness centers in Italy is over 3 billion euro per annum, to which is added the turnover of its offshoots, which includes clothing, accessories and food

supplements the value of which is estimated at 2,5 billion euro.

Italy is in the fourth place among the European markets of fitness after the United Kingdom, Spain and Germany (11 million Italians spend about €1.200 a year to be in shape, 60% of Italians enrolled in fitness club are women) and has primacy in Europe in relation to the number of fitness centers (about 8 thousand).

In Norway, 1 million people are members of gym and health club. This represents 20% of the population.

COSMETIC SURGERY

Dissatisfaction with body image also increasingly lead to seeking appearance altering interventions and all around the world. Young people and adults progressively see cosmetic surgery as the intervention of choice to address poor self-esteem and poor body image. In Lithuania, a register of plastic surgeries is still not available, because most of them are performed in private sector. Unofficial data from private sector indicate that during last ten years number of plastic surgeries increased three-times and number of esthetical procedures up to five times. Dissatisfaction of the body image could be the main cause of this growing demand on appearance altering interventions.

In Austria cosmetic surgery is accessible to every adult and teenager however, it is forbidden for children and teenagers up to the age of 16 years, (with the exception of surgeries such as ear corrections practiced on children as they are thought to prevent teasing and ease psychological distress). The Health Insurance Companies do not pay surgeries that are not necessary from a medical point of view, constituting an economic barrier to access. Furthermore, there are strict legal regulations, which further restrict cosmetic surgery (regarding, e.g. psychological issues, etc.). At the beginning of 2013, a new law regarding cosmetic surgery in Austria came into force; it

regulates cosmetic surgical procedures performed without a medical indicator. It decrees that only specialists in plastic surgery, aesthetic and reconstructive surgery other appropriately qualified specialists and general practitioners with relevant qualifications are allowed to perform cosmetic surgery. All doctors allowed to perform such surgeries must have their details published on the website of the General Medical Council. Cosmetic surgery is forbidden for people under 16 years of age. Teenagers between 16 and 18 years need parental consent and documented psychological counselling if they want to undergo cosmetic surgery. Furthermore, specialists need to inform patients thoroughly about the procedure – the amount and kind of information, and the issues to be covered are prescribed by the new law, (this includes photo-documentary evidence of the person's existing appearance and of the anticipated results of the surgery; full information about the costs of the surgery). Patients need to sign a statement of agreement 2 weeks, and in the case of 16-18 year olds 4 weeks prior to the planned surgery. If specialists suspect a pathological mental disorder, the patients need to be referred for psychological counselling. The new law moreover regulates the advertising methods for cosmetic surgery. If there is a suspicion about medical malpractice, the insurance company needs to inquire about possible claims for compensation. In case of infringements, administrative penalties up to 15.000 Euros (for a one-time infringement), or up to 25.000 Euros (in case of recurrence) need to be paid.

In a Global Survey of aesthetic cosmetic surgery procedures, sponsored by the International Aesthetic Plastic Surgery Society (2011). Italy was ranked sixth in the world in both the number of plastic surgeries and the number of professionals.

In Italy, about 315 thousand surgeries and 388 thousand aesthetic medicine treatments are performed yearly.

Five percent of the Norwegian population -7% women and 3 % men- between 18-65 years had cosmetic surgery in 2008. Such procedures are easily accessible from private clinics. However, many also travel abroad for cosmetic surgery. Presently, about 25,000 cosmetic surgeries are conducted each year in Sweden and this is a figure that increases 15% year on year. About 85% of the procedures are performed on women but the number of men undergoing cosmetic surgery is increasing rapidly. Cosmetic surgery is most common for people aged 25-45 years of age; the majority who undergo the procedure are women. About 15% of the procedures are conducted on men, but this is believed to be increasing since in the past few years' appearance issues have become more prominent for men as well.

In Austria, there are no exact statistics about the number and kinds of cosmetic surgery performed, as these surgeries are not subject to registration and are not funded by the health insurance companies. An estimate from the year 2011 however suggests that around 50.000 cosmetic surgeries are performed in Austria per year. The most frequently performed cosmetic surgeries in Austria are lid corrections, breast augmentations, liposuction, and hair transplant or hair restoration surgery.

In 2011 in Italy 11,300 breast augmentations were performed, with 10,267 operations for liposuction to remove excess fat and 8,121 for blepharoplasties to rejuvenate the eyes. Among the non-surgical interventions, the injection of hyaluronic acid is the most requested (46.909), followed by botulinum toxin (40,394) and laser hair removal (13,374). Compared to the previous year, in 2011 the respondents reported a decline (equal to 8-12%) in plastic surgical procedures, while non-surgical procedures increased by 7-9%.

The majority of people undergoing procedures are women aged between 35 and 55, drawn from

all levels of society. The proportion of office workers and teachers is increasing. Also increasing are the numbers of men, mostly in their thirties, who are increasingly seeking procedures for the face, including injections of botulinum toxin, the endoscopic face lift and blepharoplasty. In particular, they want to correct the lower eyelid bags and wrinkles between the cheeks and nose.

The five most common cosmetic surgical procedures in Norway are removal of warts, eyelid lifts, fat removal, nose corrections and breast operations, while in Sweden the most popular is breast augmentation, followed by liposuction, tummy tuck and eyelid surgery.

HEALTH STATISTICS

APPEARANCE/BODY IMAGE CONCERNS

The number of appearance or body image concerns in Austria, especially in women, is very high. In a recent study in Vienna, Austria's capital (date?), 82% of women thought their weight was above their ideal weight, 83% admitted that they were not happy with their proportions, 82% were afraid of gaining weight and 80% stated that their weight was the basis of their self-esteem, i.e. weight gains would result in a lower self-esteem. The percentage of young girls and boys who have appearance and/or body image concerns is even higher, with 89% of girls and 80% of boys being not content with their bodies.

In Italy, 43% of males and 56% of females declare themselves dissatisfied with their body, often exceeding in self-criticism.

There are very limited investigations in Lithuania on appearance matters. More than ten years ago a research study was conducted on the attitudes of school age children towards their appearance.

Research results revealed that these attitudes were a strong influence on psychosocial development and the development of identity, particularly in adolescents.

EATING DISORDERS

The incidence of eating disorders has risen dramatically in Austria during the last few years: in 2000, approximately 1,471 cases of eating disorder were admitted to Austrian hospitals, in 2011 the number had nearly doubled to 2,734 hospital admittances, and these are only the severe cases where treatment in hospitals is necessary. About 6500 women (between 20-30 years), i.e. 2-4% of the population group suffer from bulimia, and about 1% of young girls (15-20 years) suffer from anorexia nervosa. About 5000 young girls (15-20 years) suffer from subclinical eating disorders. The ration of male to female is 1:10.

In Italy, about 3 million people, equal to 5% of the inhabitants, suffer from eating disorders: 95% of them are women, although more and more men are experiencing these symptoms and are turning to specialized facilities. The age of onset of these diseases lies mainly between 12 and 25 years: 8 - 10% of girls and 0,5-1% of children suffer from anorexia - bulimia, and in this age group, eating disorders are the leading cause of death.

According to the latest report of Eurispes there are about two million young Italians, aged between 12 and 25 years, who have eating disorders, nervous anorexia, nervous bulimia and eating disorder (BED). The majority of cases are in women with about 5% of young people between 13 and 35 years, but the incidence is growing amongst women in their forties and among men. According to data from CIDAP (the Center of Italian Eating Disorders) in Italy there are currently about 750,000 – 1,450,000 girls with anorexic and/or bulimic.

In Sweden Anorexia nervosa occurs in approximately in one per cent of girls and young women aged 13 to 30 years. In the case of bulimia nervosa the rates are probably slightly higher, approximately 2% of girls and young women in the same age group. Anorexia nervosa tends to be more common than bulimia among teenagers, while bulimia is more common than anorexia nervosa after adolescence. The incidence of other, unspecified eating disorders is probably at least as common as anorexia nervosa and bulimia nervosa together. If these figures are applied in relation to Sweden's population, the implication is that there are probably now about 10 000 people in the risk age (13 to 30) who meet the criteria for anorexia nervosa, 20 000 that meet criteria for bulimia nervosa, and 30,000 who suffer from unspecified forms of eating disorder. If men and older women are included the total affected by the eating disorders in Sweden would probably reach around 100,000. In Norway, it is estimated that 120,000 individuals are affected by eating disorders.

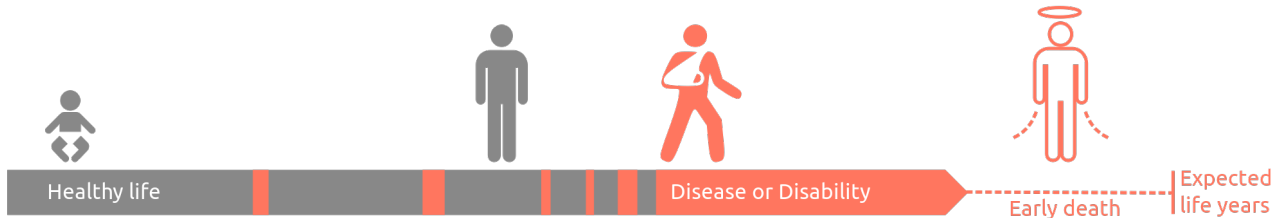
DEPRESSION AND ANXIETY

As appearance dissatisfaction has been linked to psychological distress, including depression and anxiety, and as depression and anxiety are considered to have an influence when making calculations about disability-adjusted life years (DALY), (as explained in the following diagram), partners were asked to collate information about levels of depression and anxiety in their own countries.

DALY

Disability Adjusted Life Years is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death

$$= \text{YLD (Years Lived with Disability)} + \text{YLL (Years of Life Lost)}$$



http://en.wikipedia.org/wiki/File:DALY_disability_affected_life_year_infographic.svg

The impact of depression and DALY together with suicide rate in the partnership countries can be seen in the table 3 below.

Country	Age-standardised disability-adjusted life year (DALY) rates per 100,000 inhabitants for depression		Suicides per 100,000 people per year		
	DALY rate (lower rate = better)	Ranking in the world (1=worst)	Male	Female	Year
Austria	1,108.30	34	23.8	7.1	2009
Italy	776.37	138	10.0	2.8	2007
Lithuania	855.36	129	61.3	10.4	2009
Norway	996.78	70	17.3	6.5	2009
Sweden	1,060.42	59	18.7	6.8	2008

World Health Organization (WHO). Age-standardized DALYs per 100,000 by cause, and Member State, 2004
WHO: "[Suicide rates per 100,000 by country, year and sex \(Table\)](#)". World Health Organization.

In a representative study of statistics from the early 2000s, it was found out that approx. 17.5% of women and 15.5% of men suffered from depression and anxiety in Austria. The rates decreased with age and were higher for men than women. Currently, it is thought that approximately 650,000 Austrians suffer from depression, with the percentage of women being twice as high as

the percentage of men. This number amounts to 7.7% of the whole population, and numbers are constantly rising; in 2006, 'only' 400.000 cases of depression were registered.

According to the National Observatory for Women Health, about 15 million of Italians are currently by depression (25% of the population) and this number is constantly growing, since in 2000 the depressed rate was "only" 10 million. Among the cities, Milan seems to hold the record, with the highest prevalence (85.000 cases in 2009). In 2011, the data from the study promoted and coordinated by the Higher Health Institute (ISS) as a part of the National Mental Health Project, reported that 4% of the Italian population (about 2 and a half million people), especially women, suffering from anxiety, panic attacks and agoraphobia. Major depression and specific phobias were the most common ailments: about 10% had experienced major depression in the course of their lives, and 3% had suffered from it in the 12 months prior to interview. In relation to specific phobias, about 6% met the diagnostic criteria for them in their lifetime, while a little less than 3% of respondents suffered from them in the previous 12 months. 1.9% of Italians had been diagnosed with generalized anxiety disorder in the 12 months prior to the study.

In Lithuania, due to biomedical traditions inherited from Soviet Russia, there is a low level of recognition of psychosocial dimensions of health problems, however existing results Lithuanian studies indicate that appearance dissatisfaction may be a real problem, which is currently unaddressed in the health care sector. As an example, statistics collected from health care institutions indicate relatively low prevalence of depression and anxiety disorders, but Lithuania is the leading country in EU in relation to its suicide rate.

DISFIGUREMENT - FROM THE PERSPECTIVE OF VOCATIONAL TRAINERS AND GUIDANCE COUNSELORS

Partners conducted discussions with vocational trainers and guidance counsellors to ascertain their views on the impact of a disfigurement on affected individuals. In Austria, participants considered that people with obvious or visible disfigurements may not necessarily be excluded from society, but that they certainly face a number of stigmas. Even if a disfigurement is not making a big difference in everyday life, it can constitute a big disadvantage when it comes to obtaining a job. If a person with a visible disfigurement applies for a position with customer contact, the prospective employers will consider that the person's appearance may negatively affect the customers. Unless the employer is committed to, inclusive employment this may certainly be a hindering factor. For positions without customer contact, disfigurements were considered to be less of an issue. When it comes to vocational training, these persons may experience initial prejudice from the course group, which may hinder the person from attending training. If the disfigurement also results in low self-esteem and self-confidence, then the individual will have additional challenges in training situations and also when looking for a new job.

As with a negative body image, which can also lead to low self-confidence and self-esteem, socially excluded individuals may become even more excluded because of their low self-esteem and as the result of withdrawal from social activities. This may further contribute to a low self-confidence and esteem. As with social exclusion, disfigurement may have the same repercussions in relation to the completion of training or education as a negative body image. The same kinds of psychological or social support would be relevant and needed.

In Norway, even small defects in face or hands are a focus for attention. Participants were not sure whether individuals with disfigurement are necessarily excluded from society, but they definitely experience stigmatization, despite a reasonably high tolerance of disfigurement. Even though guidance counsellors have a good education in psychological health, participants did not feel they had sufficient understanding about appearance concerns. Participants felt this would be necessary to fully understand the student's perspective.

Participants agreed that socially excluded individuals (for example; unemployed, ethnic minorities) who also have a disfigurement at risk for even more social exclusion and stigmatization, especially as "negative" factors can be cumulative when we judge people. Furthermore, this can result in difficulties for an individual with disfigurement in completing their training/education, especially if the disfigurement is compounded by psychological problems like social anxiety. Often social anxiety (fear of what other students say or think, or might express using social media) is one of the factors why adolescents choose to stay home instead of going to college.

Within the Swedish education system and the job market there is a lack of knowledge of various disfigurements but also how to handle different situations and problems related to disfigurement.

Some questions that were highlighted by participants included:

- How do you help and encourage people with disfigurement?
- How do colleagues and the other students react?

Disfigurement may also result in low self-esteem and social exclusion and this can affect their results in education, their chances in the labour market and social activities. As a teacher/trainer/coach participants felt they should be aware of how to increase the motivation of students and to avoid social exclusion. Trainers and counsellors should also be prepared to deal

with reactions from other students and people, and to help others see people affected by disfigurement as individuals and not as objects without emotions.

THE IMPACT OF BODY IMAGE CONCERNS - FROM TRAINERS AND GUIDANCE COUNSELORS PERSPECTIVE

Participants felt it was important to determine how body image affects people in vocational training, education, guidance and in relation to obtaining a job. Participants assumed that a negative body image has a negative influence on the person's confidence and that this low self-confidence has a variety of possible repercussions. Including for example, not feeling confident enough to carry out action plans that were decided in guidance counselling, believing that they cannot complete their vocational training or education, and perhaps not even making use of guidance counselling because they feel ashamed of themselves and their accomplishments up to this point.

Participants expressed the view that a negative body image is not necessarily a consequence of disfigurement or physical handicap: among our trainees, there was a woman, in her early thirties, who has been bound to a wheelchair for most of her life, because she is paraplegic. She does face the obstacle of a wheelchair as far as prospective jobs are concerned, but consistently continues her vocational training and has a good level of self-esteem.

Based on the experience of participants those with negative body image and a resulting low self-esteem and self-confidence needed a different kind of attention and support than trainees whose self-esteem and self-confidence are at a healthy level. Alongside improving their employment prospects through appropriate qualifications, they need help to improve their self-confidence. This should play an important part in vocational guidance counselling. To carry out their action plans, they need enough self-confidence to actually believe that they are good at something, and with

more severe cases, this requires the counsellor to have appropriate knowledge and skills. Of course, guidance counsellors must not be mistaken for psychotherapists and if appropriate, will need to refer trainees to a psychotherapist or psychosocial specialist in order to not exceed their expertise and the limited time they have at their disposal for each participant. Some guidance counsellors may have the appropriate training and background to deal with such trainees, however, this very much depends on the background of the counsellors. The opinion was expressed that, there should be further training courses that counsellors without such a strong background can attend to attain the necessary knowledge.

In Austria, specific staff members who are psychologists can provide psychosocial counselling for participants who need it. These staff members are frequently also trauma-specialists and can be approached in cases of emergency. They can also direct the participants towards other, external, psychologists or help centers when they feel that they need long-term support. If they are not available, there is always the Crisis Intervention Centre of the City of Vienna, which can help in cases of emergency.

In Sweden, vocational trainers and guidance counsellors felt they had some awareness of the importance of appearance in relation to the chances of their trainees being successful in obtaining a job. A recent survey of 900 employers, who were asked if appearance has an influence for an applicant in the job interview, the most important aspects for the employers were as follows:

- A refined language 95 %
- Good physical shape 68 %
- Not carry political or religious symbols 61 %
- Do not smoke during working 60 %
- Neat clothing 60 %

- Tidy hair 48 %
- Not wearing too distinctive jewellery 40 %
- Not overweight 24 %

It should be noted that the importance of appropriate clothing choices was almost the same as having appropriate qualifications (57%).

In Lithuania, in a survey conducted by Klaipeda University for this project, 28% of respondents considered that a good appearance would help them to get the job.

THE IMPACT HEALTH COMPROMISING BEHAVIOURS RELATED TO APPEARANCE DISSATISFACTION

Vocational trainers and counsellors were asked about the potential impacts of health compromising behaviours associated with appearance dissatisfaction. Health compromising behaviours such as dieting, not exercising enough or over-training can influence educational outcomes primarily due to concentration problems and constant sleepiness or tiredness because of undernourishment or poor physical health. In order to fully profit from educational programmes, trainees would benefit from being mentally alert and able to participate in the activities. Lack of concentration could lead to the need for the trainer to often repeat the contents of lessons, which may be boring for other participants and also reduce the achievement of learning outcome because a reduced amount of content could be dealt with in a learning unit.

Behaviours such as smoking can also interrupt the flow of the learning units, because especially heavy smokers have the predisposition to become restless, shift around in their chairs and articulate the need or wish for a cigarette break. This can be quite disturbing for non-smoking participants or the trainers and draw attention away from the learning content. Moreover,

frequent breaks also reduce the lesson time and thus negatively affect the achievement of learning outcomes.

At the moment, vocational trainers do not engage with appearance issues directly in the classroom as they wish to avoid compromising or contributing to the participants' status within the course group. Rather, they talk to the guidance counsellors who are responsible for the group and who may be able to interact with the participants in a one-to-one setting, so they can approach the topic on a more personal basis. If, for any reason, this is not possible and the issues influence the participant in the course room, then the trainer would consider when and how to best approach the participant him or herself.

Generally, these issues manifest themselves in the same way as for people who are or are not migrants and who have or have not experience social or cultural change. However, participants felt that migration and social change can exacerbate issues of low self-esteem and self-confidence, and make them more prone to appearance dissatisfaction as they feel they do not 'belong' to the mainstream. This may put students at greater risk of drop-out from vocational programmes.

CONCLUSION

Having compiled their national reports all parties agreed that appearance dissatisfaction is a growing social problem, and that there are potential consequences of this in the context of vocational training and vocational guidance counselling. Partners agreed that efforts to improve knowledge and understanding through training was an important priority.