



Episode #242

Dr. Roberto Olivardia on Boys, Body Image, and Eating Disorders

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- Debbie: Good morning, Roberto, welcome to the podcast.
- Roberto: Thank you for having me. Always a pleasure.
- Debbie: Yeah, I should say welcome back to the podcast, this is your second appearance and you have so many areas of expertise that we could probably come back for a third and fourth, but I'm really excited about our topic today. So would you just take a few minutes and give us your, your spiel, your introductory spiel about kind of who you are and your work in the world?
- Roberto: Sure. I am a clinical psychologist and lecturer in the Department of Psychiatry at Harvard Medical School in Boston, Massachusetts. And I have a private practice where I specialize in the treatment of ADHD. I work with a lot of, particularly kids, but also adults with learning differences, and also specialize in the treatment of boys and men with eating disorders, obsessive compulsive disorder, I work with men and women with body dysmorphic disorder. And particularly within the field of eating disorders in boys and men. That's something really over the last 25 years I've been working and ever since. Actually, I was an undergraduate when I did my first study, which was my senior honors thesis, and I covered a book in 2000, called *The Adonis Complex*, which really was the first book of its kind that looked at all the various manifestations of body image issues and eating disorders that we see in males.
- Debbie: Yeah, and that's what we're going to be talking about today is treating this work that you do and treating boys and men with eating disorders and with body image problems. And I just think this is such an interesting topic, because and I'm sure you found this, obviously, you know, I grew up in the 80s. And the 90s. And there was all the conversation was this specific issue for girls and anorexia and bulimia and it was just not something really talked about for boys and for men. And so I'm curious how you even got involved in this. How did you kind of realize this is the niche you wanted to focus in?
- Roberto: Sure. So it's interesting, it kind of happened. serendipitously, I was a junior at Tufts University where I went to college. And at that point, my interest as a psychology major was in trauma, and working with children who experienced trauma. And I took a course on eating disorders. It was a seminar on eating disorders, and it fit with my schedule, and I had some interest in it. And I thought, you know, this is an interesting thing to look at seeing that you have this psychological disorder that had medical, a lot of medical implications that also had the socio cultural impact to it. And that interested me. And then during that semester, two guys that I knew college students who didn't know each other, so independent of each other had both disclosed to me that they were struggling with an eating disorder. One was bulimic, who was binge eating and purging and the other was anorexic and restricting. And I thought, this is interesting. And I tried to get them some help and resources. Now this is, you know, in the mid 90s, there was no Internet. And so looking through the Yellow Pages and calling and there was very little to no resources that were available to men. A lot of them actually, at that time I think all of the treatment centers in Massachusetts were

just for girls with eating disorders. And I thought, that's interesting. So in the class that I did, my final project was I wrote a paper about men and eating disorders and decided let's delve into the scientific literature and see what's known about it and there was very little written about it. And so that inspired me to do a senior honors thesis my senior year where I did a study looking at college men and recruited men from a lot of the Boston area colleges who had eating disorders. Now I didn't know at that time, actually that that was the first study looking at men with eating disorders that were drawn from a community sample, as opposed to in the late 70s 80s, all of the research that had been done the little research that had been done with men and eating disorders that always drawn them from clinical samples, like hospitals and men who are already in therapy. And what became very clear was that that did not capture the full range of males that are out there. Because what we know is, the data today shows that 25% of people who have eating disorders are male. And yet only about 10% of patients in eating disorder treatment centers are male. So there are a lot of men that are out there that are never seeking treatment for it. And that study was a real turning point for me professionally. And personally, just to see, I mean, I remember putting ads in the paper, my thesis committee saying you know, you might need a plan B, just in case you don't get enough men recruited for the study, or men that are going to be talking about this. And I remember my answering machine tape, which I actually probably still have somewhere, it was filled with messages from these guys who were grateful that I was even doing this study who couldn't believe that there were actually other men out there enough to warrant a research study. And it was very moving, I mean, meeting with these men, and they were just happy and relieved, probably is a better word to even talk about struggling with these issues. And then that just inspired that work. I mean, one of the things I love about my field, and the work that I do is I'm always looking to, like, how do we fill the gaps? How do we kind of put something on the radar and, and that's, you know, my interest in eating disorders, as well as you know, with things like ADHD and things like that, and, and that just transpired into a whole clinical and research interest of mine.

Debbie: Yeah, I can just imagine the relief for so many people because I mean, there's a lot of stigma and misunderstanding surrounding eating disorders in general, and then compound that with being a male and what that means and what society thinks is okay, and isn't okay. And I just imagine, there were just so many people and still are, who are ashamed or afraid to talk about it. So I can just imagine what a beacon who you were when you started doing that work? No. So you mentioned earlier that you wrote the Adonis complex. But is that what I mean? Not not just the book, I want to hear about the book. But really, what do you mean by that phrase?

Roberto: Sure. So when from there and going into graduate school, my one of the co authors Harrison Pope who's a psychiatrist at McLean hospital, which is a psychiatric hospital in the Boston area, and where I did all of my clinical training, and Dr. Pope was basically a mentor. When I was an undergraduate, I had contacted him because he had written a paper about men and eating disorders. And they just started this great collaboration and relationship. And we started doing a lot of other research on looking at men with eating disorders, men who are weightlifters and bodybuilders who are really big and muscular, but they see themselves as too small, something that we first called bigger exia but now is

called muscle dysmorphia. And so we had all this collection of studies and we thought, you know, we should put this in a book and kind of put this out there in the public domain. And, as opposed to just the scientific, you know, clinical community. And so we wanted a title that sort of captured all the different manifestations because we didn't just talk about eating disorders. We talked about steroid use, we talked about cosmetic surgery and men, we talked about media imagery that's geared towards boys and teen boys. And so we thought, well, what's the kind of ideal body and Adonis is a Greek mythological character, and he represented he was half man, half God, and He represented the ideal and masculine beauty. So he was the envy of all the men he was the object of desire for all the women. And we thought that'd be a catchy name. It's not a clinical term Adonis complex, but we thought it would be an interesting way of capturing this pursuit of the ideal body that we, that was captured in a lot of these studies that we see with boys and men and then the complex being the sort of insecurity and this dissatisfaction that a lot of men Boys carry around that people don't realize And to your point, you know, it's an eating disorder is an incredibly, incredibly difficult thing to struggle with and to have. And so there's a lot of shame for men and women who struggle with eating disorders. But for men, and definitely what I got from that very first study was the profound amount of shame being a male, because there's this conception that only women struggle with it. And so when these men who struggle with it and boys that I work with, they often think Well, what's what's wrong with me and they feel it's almost like an assault on their, their sense of being a boy or a man, their masculinity, all of those things have always been sort of issues that I deal with in treating boys and men.

Debbie: I want to get to talking about differently wired boys, but I'm so fascinated in your work. So just one more question on this. I, my longtime listeners know that I'm a reality show viewer, and recently on the show The Bachelorette, they're one of the kind of top male pursuers, who was a, you know, former military Ranger, handsome, muscular, you know, just seemed to be the perfect package right in the context of that program. And he disclosed that he had suffered from an eating disorder for many, many years. And it was such a, it was such a surprise, and it was such a vulnerable thing to do. And there was a lot of just conversation about how important it is to talk openly about that. So that's some context just for this question. Like you wrote this book. And I think you said early 2000s It seems to me like with social media, and, and even cosmetic surgery that things have gotten even more intense, like how have things changed, since you've written the book in terms of the pressures or expectations placed on people in general, but men especially?

Roberto: Oh, without a doubt, absolutely. I mean, that that's one of the things that we ever do a second edition would be a whole body of research and social media, because when we wrote the book, there was no social media. And it absolutely has exacerbated these problems. For for young people in general, and what the studies show actually is that with social media, that the impact that it has on body dissatisfaction is actually just as much for boys as it is for girls, that there are apps that you can kind of have a picture in Photoshop, I'll your acne, and you could make your eyes bigger and bluer, and browner, and all of these things. And if, if you check out these apps, they're marketed just as much to teen boys as they are to teen girls. The idea that we can't even have, you know, a picture that looks

kind of mediocre anymore, you know that for a lot of these young people, everything they post, they want to make sure they look their best and that they look good. And it's almost an obligation to fine tune it, Photoshop it, put different filters on it, and the boys that I work with in adolescence, they're doing it too now they might not be as open about doing it. And they're certainly, you know, there's this different dialogues, certainly amongst boys and men where they don't talk about it. So unlike, you know, women who, you know, we have, historically I mean, back in the 1600s, we've seen accounts of eating disorders with women, and that there is more of a sense of community and dialogue, which is good, where women can talk about these issues. And and you know, more so, I mean, there are still lots of women that suffer silently with eating disorders. With boys and men. I mean, again, it's even today in 2021, I am often with the adult men that I work with, with eating disorders, I'm often the only person that knows that they have an eating disorder. I mean, there's some men who have been married 20, 30 years and their wives don't know that they binge and purge, or that they're using laxatives, or that they're, you know, when they're at the gym, they're compulsively you know, working out. There's so much shame and there isn't that kind of dialogue. So hearing that about, you know, The Bachelor, I mean, I think it's important and and I praise that individual for being open about it, because the more visibility that people have, I mean, there's some YouTube videos, there's an athlete named Mike Marjama, who was a baseball pitcher, and he has a wonderful YouTube video, where he talks about his struggle with eating disorders, and he left baseball to basically be a spokesperson for an eating disorder association to really bring awareness to it and, you know, getting visibility of just, you know, men, athletes, white men, black men, Hispanic men, you know, people have different sort of baggage And understanding, you know, gay men straight men, that there is there's a lot of different sort of representations out there. So I think the more that we hear about it, the more it opens people up to Oh, okay, I guess I'm not the only one and maybe I could get treatment. Right.

Debbie: Wow. Fascinating. Well, let's talk about kids. You know, you work with a lot of kids with ADHD and learning disabilities are differently wired boys more susceptible to body image issues or eating disorders?

Roberto: Yes. So what we know is that so with eating disorders, you have anorexia, which is where people are restricting their calories and starving themselves. They have Ballymena where they're binge eating. So they're eating a tremendous amount of food in a short period of time. And then they're compensating for that binge by purging. So that could be self induced vomiting, laxative abuse, it could be over exercise, or it could be fasting for days. And then there's binge eating disorder, which is where you're bingeing without the purging and then there are other categories avoiding food restrictive related intake disorders, where you know, people don't have to fit so neatly into those categories. Now with ADHD in particular, I do a lot of work in the ADHD community as well as in the eating disorder community raising awareness about ADHD because there's a very high what we call comorbidity, which means that we often will see ADHD, and binge eating disorder together, or ADHD and believe me and Nervosa together, and in my practice, I mean, I would say the majority of individuals on the men boys that I treat, who have bulimia or binge eating, would also have ADHD. And it wasn't a surprise, the only FDA approved medication for binge eating disorder is vyvanse,

which is an ADHD medication, it's a stimulant, and vyvanse doesn't suppress the appetite and people with binge eating disorder. It regulates the appetite, it basically helps people become more mindful of, you know, their hunger cues, like am I actually hungry, or am I bored? Am I stressed? Am I eating just because food is there, managing our impulsivity and having ADHD places, you know, I have ADHD, anyone with ADHD, it places us at higher risk for obesity for binge eating behaviors, for impulsive eating in general, with anorexia less. So I have worked with people who have ADHD who have anorexia, but that's less though now with anorexia, what will often, it's rather, it's not uncommon to see autism spectrum disorder in people with autism. And it's not always in the vein of, I want to be skinny, I want to, you know, I feel like my body is fat. And those kind of traditional ways that we think of, it could just be that somebody might have some sort of food like sensory defensiveness around food and be like very picky eaters to the point where they're only eating like two different things. And so that's why it wouldn't neatly fit into anorexia nervosa. But there are these other categories like arfid, that food intake related disorder, that would be sort of that category. So there is certainly disordered eating, and it can still have the same medical implications to it. And yes, and then from a self esteem issue, having ADHD being differently wired learning disabilities, autism spectrum, that these are individuals that often will get a lot of negative messaging about how they learn or how they are in the world. And that can place one at risk for feeling very, particularly if those issues are not managed or accommodated remediated. If you're not getting the proper support in school or academically, it's very easy to feel very out of control in the sense of, you know, I'm trying three times harder than everybody else. And I'm getting 50% of the reinforcement back that it's for a lot of people who struggle with eating disorders in this notion of control that I can't control X, Y and Z that's going on but I can control what I put in my mouth. And then sometimes even with binge eating, you can start off with being very restrictive and over-eating, but then your body sometimes you know, get can't take that starvation, and then people just sort of go overboard. So there's this dysregulation around food and eating that. Even for people that don't have a clinical eating disorder, many people with ADHD, for example, will report having very impulsive eating habits. I mean, there are studies that show that kids with ADHD when they were in a Food Lab That they ate significantly, much more than the kids without ADHD, even in foods that they didn't like, simply because they were just there. And so that's something that just from a eating healthy eating perspective that parents can be aware of,

Debbie: Is there an age when this becomes something that parents should be keeping an eye out for? I mean, I want to talk about the signs in a minute. But even I imagine that our kids' eating habits are formed from a pretty young age. So I imagine there are things we can do when they're younger to support them. But at what age would a adolescent boy typically start to manifest some of this disordered eating you're talking about?

Roberto: So in terms of where we see we start to see it at clinical levels is usually usually around puberty, then that would be this thing for girls as well that typically the boys that I see that are at the beginning stages are like 1011, I have worked with younger though, I mean, sometimes you do see a nine year olds, but I would say the majority, it starts in around adolescence. And if you think of that time, you know, all of us can relate to how weird that period is, your body's changing. And

all these ways you have absolutely no control over. And for boys, in particular, because their body is getting ready for a growth spurt. It's very common for boys to gain a certain amount of weight, even boys that never really had to wait on them to kind of be a little chubby, right before their body is going to elongate into a growth spurt. And that can really freak out some of these boys because they're like, Oh my gosh, I'm gaining all this weight, I need to really do something about this and then there starts this kind of pattern. However, when I talk with parents, many of them can look back even before then, and see, you know, these traits around what so if it's somebody that's more falls into anorexia or restrictive eating, they will often say that even as a child, they noticed their their child being very picky selective, having oftentimes, you'll also see obsessive compulsive disorder, amongst people with anorexia or more restrictive eating, they had to separate their food, their food, couldn't touch that there was a lot of rules around food and eating, they were not adventurous with eating more when it comes to binge eating bulimia and binge eating, parents will often say, you know, looking back, I remember, you know, my, my son in the high chair is a baby and he would stuffed food in his mouth so much that he would choke up. And so I had to learn to literally put very small amounts of food on, you know, the table for him to eat. And like it was almost like this dysregulation from the beginning. And that's, you'll often hear that particularly with differently wired kids with kids with ADHD. You know, one of the sort of humorous, but poignant, you know, examples I think about in my own life is that I remember when I was 10, and I was at a birthday party at Chucky cheese, which, you know, at that time was a cool place at birthday parties and arcades and pizza. And I really like food. I mean, I love that I came from a family where we, you know, food is very cultural. And we like the smell of it, and the taste of it. And just, we celebrated and, and pizza is my favorite food. And I remember, you know, we ate pizza, we ate cake playing arcades, and I'm running around and my friend's mom said, Oh, you know, kids eat more pizza. Because I don't want to waste it. We have a lot leftover. Now we had eaten and gone through a lot of pizza. And I remember there were a couple kids that were like, Oh, no, I'm fine. I'm full. And I said, Oh, you don't like pizza? And they said, No, I like pizza. I'm just Bo. And I was like, Oh, you didn't like this pizza? And they said, No, I like this pizza. I'm just, I'm not hungry. I'm full. And I'm not kidding, Debbie. Like, I mean, now it's, I laugh at it. But I did not understand the concept. I like pizza. It's in front of me. Of course, I'm going to eat it. It's almost like, and I joke that but it's true that people with ADHD and you'll see this with kids are on like a seafood diet. Like they see it, they eat it like it's just that simple. So the idea that I would tune in and have that mindfulness of Am I hungry, and then have that inform my behavior. We know with ADHD, it can work the other way around that. It's almost like those internal cues are just not even on the radar. It's what is external in front of me. And we see that with lots of things. I mean, food is one thing. We say that with sleep. You know, I remember when I was younger in college, like my idea of when it's time, it's time to Go to bed when there's no more fun to be had was how I saw it. And I didn't even like a joking philosophy. Like, that's literally how my relationship with sleep at that time. And so that, you know, now I understand how much that's part of my ADHD. And I had to learn how to work with that and realize, Oh, no, like, even if there is fun to be had, or another show that can be watched or more work to be done, I need to go to sleep, I need to pay attention to those internal cues. And so with eating, that's a lot of the work and and with parents, I you know, recommend even at young ages, because parents are also nervous, because you

hear you know, one piece, you know, saying, Hey, don't micromanage your kids food, don't be the food police, you can set them up for an eating disorder. And at the same time, when it comes to differently wired kids, especially parents are like, if I don't manage it, oh, no at all, either my kids not going to eat anything, or they're going to be eating way too much, that's really going to set them up for really poor health. And so they feel, they don't know what to do with that. And, and this is a good example of where we're differently wired kids, it is a different approach. Just like with a lot of other things with parenting. We don't want to be, you know, shaming certainly about food and say, Oh my gosh, like, how can you be eating so much? Like, that's disgusting, or that sort of thing. It's more saying, you know, I understand how you like this, this is really yummy. And we want to be healthy. And so, you know, let's work together on, you know, understanding portion sizes and understanding, like, are you hungry right now? or Are you stressed or bored? Is it because you know, we have some chips in the house? And that's why you're eating them? Or is it that you just want something salty, and just engaging in that dialogue, even at young ages around? How much they're tuning into their bodies? And that's true with eating with sleep, you know, with lots of lots of things, you know, and managing that impulsivity.

Debbie: Yeah, it sounds like it is really that ongoing conversation, at any opportunity, but just make that be more of a culture in your family, that you're learning how to tune in, listen to your body, and really setting them up so that they, they can do this, you know, we don't want to have our 25 year olds and be like checking out their portion sizes. Like we want them to learn how to do this for themselves.

Roberto: Right? Exactly, exactly. Because, you know, if we, if we micromanage it, then you know, okay, we're doing that. But then what happens when our kids get old enough that they go into their friend's houses, and they can or they go off to college, and they have no sort of internal, so it can be difficult, especially, you know, if you're, if you're wired in a very different way, you know, to be like, well, you just stop eating when you're satisfied. Well, that's easy for somebody to just say, if they're not, if not wired in that way. And the same way that, you know, we know, with the, you know, people with ADHD are at higher risk for addiction. And, you know, it's easy for someone who doesn't have any of that wiring to say, well just don't drink or don't do drugs or stop gambling. And, you know, it's that simple, it's like, well, it's not that simple. Because, you know, they're the reward that, you know, someone could be getting from food could be a much higher reward, it could be really stimulating to them in that way. So we never want to shame people, and rather have them understand, however, that, you know, we will also want to work at this because this can have long term implications and with eating disorders, you know, boys struggle with just as many of the medical complications as girls do. And because men in general are less likely to seek treatment, the prognosis is worse. I mean, the longer that you have an untreated eating disorder, the worse the prognosis is going to be. Now, what's good is that in the 20 years since I wrote Adonis complex, the visibility, the outreach treatment, men seeking treatment, the boys that I see, you know, parents are bringing them right at the beginning of the eating disorder, which is a good thing versus when there's, they're like six feet deep into the eating disorder. I have consulted with colleges like Harvard, where they have an amazing, something called Echo, it's an eating concerns hotline outreach. And for years, they have me as part of their training to help them spread the message so

that male college students on campus can feel comfortable talking, calling them and that they can be equipped in facilitating those conversations and they've seen a real increase of men calling and not because not just because there are more men that might be struggling but because they feel more comfortable. And, and so that's what we just need to keep doing. And that's why I appreciate us even having this dialogue because just for people out there, and for parents to to know that, you know, we were, and I don't even think we're 100% there yet even with girls, but I think there's certainly more of a normalcy of understanding that how we talk about our bodies, and particularly how moms talk about their bodies and body image around their daughters, but also for people to understand even for dads how they talk about their bodies, and body image and food in front of their daughters is impactful. And likewise, how moms and dads talk about their bodies around their sons is very impactful. Because there, there's messaging there. And if you're, if you're a parent that struggles with negative body image, you know, please get support, and please get help for it for yourself. But also to know that when you're saying, Oh, I'm a fat pig, I'm not going to eat that cheesecake today, that there's an unintentional message. I mean, obviously, it's not that you're intending for your kid to then think that they're a fat pig if they eat that cheesecake. But that's the messaging that can come through. So we have to be very conscious of our own relationship as parents with food and with our bodies, and what we say you know about bodies, because you can have the conversation of saying, look, you know, obesity has many negative health problems associated with it. And at the same time, people who are overweight are not any, there's, they're no less than anybody else. We don't want to bully or discriminate or body shame, anybody, you know, in any way, and it's holding those two truths. And at the same time, the goal is to really just have a healthy regulation of food, and wage and, and have food be something that we enjoy. And that way.

Debbie: Yeah, I really appreciate you just reinforcing the idea that we are constantly messaging as parents, and, you know, going back to what you said before, about listening to your body when you're full, like I think that is a skill many, many, many adults do not have. And, you know, clearly in the US there, there's a huge obesity problem and, and you know, just having lived abroad for a number of years, the portion sizes are so different. When we came back we were like, Oh my gosh, everything feels supersized. Like, you know, we live in a culture where I think, parents, it's worth us doing our own work and thinking just being more conscious, as you said, of the way that we're talking about our weight our body, our muscles, like whatever things we're saying, Our kids are hearing it all, and they're gonna internalize that in one way or the other.

Roberto: Absolutely, and, and, you know, to know, too, that, you know, along with social media that, and Adonis complex, and just some of the studies we looked at is that, you know, if you look at everything from action figures, and seeing how muscular you know, they are now how athletes wrestlers, and you know, the sort of emphasis on body build, and that with boys, it's not just the messaging, like with girls, the messaging is very much around being thin. And with boys, it's about being lean, but not skinny, necessarily, it's being lean, and having muscle and having the six pack have the muscles, but don't have the body fat. So it doesn't matter how much you weigh, it's really how much body fat percentage you are. And that can also be confusing too for males who are struggling

themselves to understand that there's a problem because maybe their weight is in the quote, unquote, normal range. And yet, they're their cognitions around it, they're obsessed with everything they put in their mouth, they're obsessed with, Oh, my gosh, I just ate this, I now need to run two to three hours after that it's really ruling their lives and eating disorders. One of the misconceptions is that everyone with an eating disorder is either underweight or overweight, there are many people who, you know, are considered when I quote unquote, healthy weight, meaning that their number is not the sort of problem. However, they can be very unhealthy even having this sort of typical average weight because of the strain that they're putting on their heart, and the anxiety that they have around it. And so we need to, you know, conceptualize to that for eating disorders, that there are people that could look healthy, but are really struggling, you know, with that, and I think that's especially true for the boys that I work with who might be into like lifting weights and working out, but especially, I mean, over this in 2020 with the pandemic. I mean, studies show that all over the place, that eating disorders really got exacerbated over this pandemic. And for a lot of the men that I treat with gyms being closed, they are really really put them into states of panic where they're like, Oh my gosh, now I'm gonna lose my muscle and I'm gonna gain all this fat. And that's awful. And I'm, you know, overeating and I don't have my typical outlet. And they feel like they're just losing so much control in that way. So we see that manifestation too. And if you just go to any supermarket, you see the magazines that are geared towards young men, all these muscle magazines and everything. I mean, guys with six packs, most of the cover models of those magazines are steroid users. So it's not even like you can get half of those bodies naturally. But that's what boys, that's the ideal. So we're kind of feeding boys, this ideal of, you know, many of the bodies that they're seeing are the result of anabolic steroids and very unhealthy practices, just as girls have been subjected, you know, for decades with imagery of, you know, very unhealthy weight control practices.

Debbie: So you mentioned, restrictive eating, which, you know, is something that is apparent, especially during COVID. When we're living with our kids and seeing everything that they're doing for the most part might be a little more obvious to notice or, you know, an obsession with lifting weights or working out. You know, are there other signs for things like body dysmorphia, or muscle dysmorphia? That may be not as obvious that parents can be kind of trying to look out for if they're concerned?

Roberto: Yes, so with body dysmorphic disorder, which is a body image disorder in which people have a preoccupation with a part, or parts of their body that they think, look ugly, or look defective, they're really unhappy with it. And it's often coupled with a lot of thoughts and preoccupation around it. And then behaviors or compulsions, like mirror checking, or mirror avoidance or picking, let's say, if it's at the skin or avoiding getting pictures taken, not going out for days, sometimes unless they feel like they look good enough. So the signs would be if you're hearing your child say, Oh, you know, like having very negative talk around their body image now most adolescents have will have negative talk around their body image with BDD is how much of it is really kind of infiltrating and their self esteem, and how much worth and value they feel, is it that they could be a straight A student and a great athlete, but because they have acne, they feel like those accomplishments mean nothing. And those are the patients that I work

with with BDD. If they're checking mirrors, if they're in the bathroom for a long time, and you know, they're just mirror checking and just engaging in, you know, taking a long time sort of getting ready in the morning and BDD is a 5050 gender distribution, meaning just as many men as women have body dysmorphic disorder. So unlike eating disorders, which we know that more women have eating disorders than men, although there are more men that have it than people think. But with body dysmorphic disorder, it's 5050. And it could be any body part. It could be the hair, the skin, genitals, muscles, legs, and it could be any manifestation of those things. I've worked with people who, you know, men who think that their nose is too small, others who think it's too big, others think their hair is too thick. Others think their hair is too thin. And sometimes these body image perceptions can be wildly distorted. I mean to individuals where you're like, What are you talking about, like you, you, your skin is? flawless, it's smooth, what are you seeing, and then other times they might be noticing something that you might see, but their reaction to it and the impact that it has on their life is quite severe. They are socially isolated, they don't feel, you know, comfortable doing certain things. And so when you start to see your child's activities being limited, like one of the first signs with a patient I'm working with now, the mom said that, you know, he always loved to swim and you know, going into a pool or Beach was always a highlight. And he started to have Body Dysmorphic Disorder around his chest, he thinks that his chest looks like, like there's a condition called gynecomastia, where males have excessive breast tissue. And he thinks he has that he does not that his pectoral muscles are very anything his doctor said is very defined. But he didn't want to go to the beach and she's like, why why wouldn't you want to go to the beach? And it turns out he said, Well, I don't want to take my I'll go but I'm not taking my shirt off. And that was sort of the first time but then it was no I'm not even gonna go because then I look weird not taking my shirt off. I'll just stay home. I never liked doing the beach anyway. And then it was I'm not gonna hang out with friends because they can see My breaths through even the shirt that I'm wearing. And so he would wear like multiple shirts to try to like, flatten what he sees. Again, this is not even there, he doesn't have this condition of gynecomastia, but he thinks he has it. So they're all these sort of behaviors, avoidant behaviors, compulsive behaviors, and that's quite tormenting BDD. So when a parent starts to see that, but even just the negative talk, you know, certainly everyone has had like, a bad hair day or no one likes having zits and like things like that. But it's really when that talk is, you hear it and you're thinking, Oh, wait a minute, they're really seeing themselves as less than because of that, or they're not highlighting the strengths that they have. They're not understanding, you know, that this, this will pass and I get it, it's very, very hard to tell a teenager because in that moment, that's their life. So you don't want to just dismiss it as Oh, that's just a phase like, you'll be fine. You won't even care about this or, or worse. So you never want to say, Please, like, there are people dying in the world like and you're just caring about your hair, like, body dysmorphic disorder is not an issue of vanity. And in fact, a lot of people who struggle with it, feel shame that they sound vain. And they'll say it, they'll say, you know, I, I feel so stupid, or I feel so self centered when I know there's so many big problems in the world. And I can't leave my house, because I think that, you know, my hair looks too thin, and I and they recognize that yet. They still can't do it. And so we never want them to feel like they're being superficial or vain, or that's not what it is.

Debbie: For burnout. This is just so fascinating. And I have so many more questions, and I am not going to ask them because I want to be mindful of the time. But I am going to just ask this because maybe this is something we'll talk about down the road. I'm just curious, because we're talking about binary gender identity, is there an intersection between, you know, especially adolescents who are questioning their gender identity? Who are gender non conformance and, you know, body image issues?

Roberto: With absolutely, and that's a whole other, you know, body of research that you know, now is really taking off, because, you know, we have a younger generation that's embracing, you know, the idea that it doesn't have to be, you know, one thing or another. And at the same time, there are different implications in terms of body image. So for example, when somebody identifies as trans, now, it's not just about, you know, looking good or looking perfect. It's looking and having their appearance match their gender identity. And there are nuances to that I remember years ago doing was a television show, and they had featured people who had body dysmorphic disorder and eating disorders. And one had anorexia one had was a woman who was obsessed with getting very, very large breast implants. But they featured a trans individual who wanted to get facial feminization surgery, so have this individual's face match her gender identity, which is being female. And I, I did not like that that was included in the sort of cases because that was a little bit different than somebody that's not somebody who has body dysmorphic disorder, per se, it's, it's really looking at a lot. And this was in defense of them, I guess this was done years ago. So I think even in the kind of dialogue around body image around non binary, I mean, that was a, that conversation. And those terms weren't even, you know, popular back then. Um, but there are these different issues of making sure that we're not, you know, necessarily pathologizing, that pursuit of body image when somebody is trying to sort of match their gender identity. And at the same time, individuals who are in the LGBTQ plus community, there are body image problems, eating disorders, and things like that, that Now interestingly, with men and with boys, in the late 70s, early 80s, all of the research on men with eating disorders found that being gay was a risk factor that they found. In fact, it was, you know, that gay men were more at risk for eating disorders, and most men with these disorders were gay. And that's actually not true that in the first study that I did, which again, I didn't even know it was the first community sample But since then, there have been many studies drawing men from the community and find that most men with eating disorders are not gay that they are non binary, they identify as being heterosexual. However, what I did find is that gay men or gender non conforming individuals are more likely to seek treatment and how have more of a sense of more of a community to talk about this. And I think that, you know, part of it is when you don't identify as the sort of majority in a sense that and you come out, you're already facing societal notions of homophobia and transphobia, and all of that. And so when you can get through that, and you find a community to talk about body image problems is less of a sort of personal indictment, I think, then for men who don't, you know, who are who basically identify as straight, who never have had to sort of work through that. They feel Oh, my gosh, I can't talk about having an eating disorder, because it's people are gonna think I'm gay people gonna think I'm less of a man, and they've never sort of had to confront that in some way. So yeah, so there are definitely special issues that come along, in terms of body image, and always having that conversation of, you know,

distinguishing what part of it is almost normal, like meaning that if you identify as a woman, then you want your body, your physicality to match that, that that's not a pathology, that's not that's very different than somebody who, you know, thinks that their nose looks too big and ugly, and subjects themselves to, you know, 10, rhinoplasty or cosmetic surgeries. And at the same time, people who are trans, nonbinary can also have those problems you know, in addition to sort of just some of the other body image, relationships and concerns that they have.

Debbie: Thank you. Thank you so much for, for answering my, my last question, which I know took us in a whole other direction. But I so appreciate you sharing all of this with us today. And yeah, I would love it if you could just tell listeners, if there's a way that they can learn more about your work, or if you're on social media, they can connect with you.

Roberto: Sure. So I am in the dark ages in the sense that I don't have any social media. And I don't have a website, I have a good old fashioned email address, which I do welcome anyone to email me I will respond to it might take me a little time to respond to it. But I will. My email is Roberto_olivardia@hms.harvard.edu. If you put my name and Google, like, you'll come across YouTube videos that I've done webinars in both this topic of eating disorders, and also a lot of content on ADHD, I'm on the board of attitude, add it up. And there's a page. If you put my name in that search box, it'll come up with a page of just articles and webinars and talks that I've given, you know, through then. But if anyone has any questions, feel free to email me.

Debbie: Thank you and listeners, I have a show notes page for this episode. I will have Roberto's email address on there and some of those YouTube videos he mentioned. And also, Roberta was on the podcast almost a year ago for a conversation about sleep challenges and kids with ADHD. And so I'll include a link to that it was another fantastic conversation. So thank you so much. I will let you get on with your day. I took up more time than I intended to but I really appreciate you chatting with us today.

Roberto: Absolutely. And thank you Debbie for doing this topic because I'm so passionate in getting that messaging out there and it's things you know, podcasts like this that you know people hear about for the first time and that can set them off into a great journey of getting help and treatment and ultimate recovery.

RESOURCES MENTIONED:

- [*The Adonis Complex: How to Identify, Treat and Prevent Body Obsession in Men and Boys* by Dr. Roberto Olivardia](#)
- [Dr Olivardia's email: roberto_olivardia@hms.harvard.edu](#)
- [Dr. Roberto Olivardia Talks About Kids with ADHD and Sleep Challenges \(Tilt Podcast episode\)](#)
- [Dr. Roberto Olivardia on Additude Magazine](#)
- [Sleep and ADHD: How to Manage Sleeping Challenges with Dr. Roberto Olivardia \(ADHD Support Talk Video\)](#)
- [Dyslexia and ADHD, with Roberto Olivardia \(ADHD reWired video\)](#)
- [Harrison Pope](#)
- [Mike Marjama YouTube Video about having an eating disorder](#)

