

About Health TV with Jeanne Blake
Muscle Dysmorphia: Dr. Roberto Olivardia, Author, Adonis Complex
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JEANNE BLAKE: Welcome to *About Health TV*. I'm Jeanne Blake. If you think only girls and women obsess about their bodies, think again. Millions of boys and men are obsessed with the way they look and they're endangering their health to do something about it. This is the subject of a new book called *The Adonis Complex*, and it's written by a team of psychiatrists from Harvard Medical School and Brown University School of Medicine. On this edition of *About Health TV* we're joined by one of its authors, Dr. Roberto Olivardia. Welcome, Dr. Olivardia. Talk to us about your research and your newly published book, put out by Simon and Schuster, I might mention. Wow. I have to say, I was completely shocked at this book to find out there are so many millions of boys and men who aren't just thinking about the way they look, they are really, as we've just said time and time again, obsessed.

DR. OLIVARDIA: Absolutely. That's actually not a unique response. We've heard that from lots of people, even in the medical and psychological community, who have said, "I can't believe this many men are suffering with what we have stereotypically labeled as a feminine or female disorder."

JEANNE BLAKE: Exactly. One of the figures that you wrote about that ... let me look down at my notes ... 17% of those in a survey said that they would be willing to give up three years of their life to achieve their weight goal, and 11% said they would give up five years of their life. I mean, are these guys for real? Are these guys who are overweight, or just didn't like the way they looked?

DR. OLIVARDIA: This is the general guy, your next-door neighbor, your brother, your husband, your son, and just as we've heard these statistics in the past with women, the tide has changed for men. And primarily in the late 1970s, early 1980s is where we saw this uptick, but there have been surveys that have found that in, for instance, the 1970s, about 15% of men said they were dissatisfied with their body. In the 1980s that doubled to about 34%. In the 1990s it went up to close to 50%, and I bet if you survey men now it's probably over 50%.

JEANNE BLAKE: So what's going on?

DR. OLIVARDIA: Well, we think it's a lot of different things. One thing that's certain is that the marketing of societal images idealizing a specific body. We know for women, historically it has been the thin image, the thin body. For men it is more of a muscular, sort of fit look, lean muscle mass, sixpack

of abs, the V-shaped body, and these images ... boys and men are being bombarded with these images in a similar way that girls are assaulted with them.

JEANNE BLAKE: I guess it has changed in the last 30 years with the introduction of steroids. It was about 30 years ago, right?

DR. OLIVARDIA: Absolutely. The advent of steroids, which, at first, was really relegated to only elite, competitive body builders, has disturbingly been trickling down to junior high students.

JEANNE BLAKE: I think we need to be clear about the fact that this book and your research is not just about guys wanting to look healthy and well-groomed. It's really about a subset that's clearly obsessed. There was one guy you wrote about, Scott, who works at a health club, right?

DR. OLIVARDIA: Yes.

JEANNE BLAKE: And is willing to accept about one-third less pay than he could get working as a money manager, where he has his expertise and his training, because he wants to be able to work out. He says that 90% of his day he is thinking about his weight, his looks, and his diet.

DR. OLIVARDIA: Absolutely. I'm glad that you pointed that out, Jeanne, because this book is not about people who are just concerned.

JEANNE BLAKE: Or vain.

DR. OLIVARDIA: Right, exactly, or are vain. Clearly, we should all eat healthy and exercise, because we also have an epidemic of obesity in this country and it's very important to be healthy. What we talk about in *The Adonis Complex* are men who are endangering their lives in pursuit of the perfect body. They're not helping their health, they're harming it. And in the case of Scott and many other people we interviewed for the book, or who have been patients of ours or research participants, in the case of Scott, he had something that we call muscle dysmorphia, which is somewhat seen as a reverse of anorexia, except they're typically an effective percentage of body builders or weightlifters who are very large and muscular but they see themselves as too small or too scrawny. They see someone who is too thin, so they will work out sometimes five hours a day lifting weights, take steroids, engage in very unhealthy eating habits in order to gain more muscle.

JEANNE BLAKE: What are the numbers of men in this country that have muscular dysmorphia?

DR. OLIVARDIA: Well, at this point, we really don't have a hard core estimate. We actually coined the term in 1997, which is really now still in its infancy. But we estimate that at least several hundred thousand men have it to the degree that we talk about in the book, in a clinical scientific way. But we know several hundred thousand more men have it in what we call a subclinical level, where they clearly have dissatisfaction with their muscle mass and are clearly doing things like taking unhealthy supplements or taking steroids to try to get that ideal muscular body.

JEANNE BLAKE: This isn't just from watching the movies. There's something else going on in these guys.

DR. OLIVARDIA: Absolutely. The media certainly has a large part in promoting a certain image for people to look at, but it would be too simple to say that the media is the cause of this, because then everybody would have a body image problem, because everybody is subjected to those ads.

JEANNE BLAKE: Everybody doesn't? Hello?

DR. OLIVARDIA: So for most of the men that we talked to, they clearly have other personality traits. They suffer from low self-esteem, a mood disorder such as depression, an anxiety disorder, sometimes things like obsessive-compulsive disorder, and have had experiences in their lives where somehow they have funneled all of their anxieties or depressions into getting the perfect body. A lot of these men that we spoke to said, "If I look perfect on the outside, then it makes up for what I'm not on the inside." So the body becomes a way to try to make everything okay.

JEANNE BLAKE: And it never is.

DR. OLIVARDIA: And of course it never is. They feel like – no pun intended – that they're on a treadmill of some sort, always trying to reach the perfect ideal. It's just like what you hear with women and men who are anorexic, I just need to lose ten more pounds and I'll be happy and everything will be okay with my life. They lose ten pounds, it doesn't happen, so they need to lose ten more. And it's the same idea with muscle dysmorphia, except they're gaining more weight, or people just losing and gaining weight.

JEANNE BLAKE: As I was reading the book, parts of it, I have to say, made me a little uncomfortable, because as I said, I didn't know this. I was actually reading it sitting in a beach chair, and I was looking around, and I was like, "Wow," and there was one guy that was really muscular, way muscular, and I knew just from reading the book and looking up, this is a guy ... first of all, I thought he was disgusting-looking, which we'll get to in a minute, and secondly it's not possible that he got that way, based on the charts in your book, without some kind of steroid.

DR. OLIVARDIA: Absolutely. There was a wonderful study that one of my co-authors, Harrison Pope, did in the early 1990s where he developed a formula, basically where, based on your height, weight, and body fat, you can determine to at least 90% accuracy whether a male has done steroids, because there's only so big you can get without doing steroids. And he had compared Mr. America and body building contestants in the pre-steroid era and found that in this formula the highest they got was a 25. So the higher you go, the more likely you're on steroids. So the highest natural limit was 25. When you compare those to modern-day body builders, they went as high as 40. Anything over 26 or 27 is indicative of steroid use, which indicates that a lot of these men are doing steroids. And we know that there are a lot of men out there that, because of the whole image of what is naturally muscular, the threshold has changed. A lot of people aren't even aware of when people's muscularity is the product of drugs.

JEANNE BLAKE: Let's take a moment to talk about steroids, because they are so dangerous.

DR. OLIVARDIA: Absolutely.

JEANNE BLAKE: About two years ago, I think, there was a lot of coverage, and there must have been some study that talked about the link between heart disease and stroke. But they're illegal and yet boys are taking steroids.

DR. OLIVARDIA: Absolutely. There have been two wonderful studies, one done by the Journal of the American Medical Association and the other done by the New England Journal of Medicine. Both found independently, looking at high school boys across the country, that 6% of high school boys have admitted to using anabolic steroids, and, like you said, they're illegal, often injectible drugs, or they can be orally taken. And these are boys all over the country. We're not just talking Miami Beach, L.A., Boston, or metropolitan cities; we're talking everywhere. Even on the Internet and writing the book, I frequented many message boards where boys as young as 13 were asking for advice on how to learn, on how to inject steroids, and things like that. So clearly this is a problem now that we're going to see

health-wise become a problem amongst young men in a way that we haven't seen previously. I mean, right now we have spoken to men who in the 1970s were doing steroids and right now have had heart attacks, strokes, triple bypass, or in some cases have died.

JEANNE BLAKE: But you say that to a 13 or a 14 or a 15-year-old and developmentally they can't even think like that. All they care about is what they look like now.

DR. OLIVARDIA: Exactly. There is a sense of adolescent immortality, that this idea that, "Oh I'm going to live forever," and then especially because at that point in puberty where development and body image is so important. But what a lot of these boys need to realize is that they're really, really playing with their health and their lives. And in fact, in one of those studies that I had mentioned about the steroid use, they found that two-thirds of those boys had admitted they started using them before the age of 16, which physically is very unhealthy, because your bones haven't even completely developed. You can stunt your growth, you could cease testosterone production, you could basically arrest your pubertal stage in a lot of ways. But there are many, many negative adverse effects associated with this.

JEANNE BLAKE: It can also lead to very aggressive behavior. Can you tell us just a bit about how that works?

DR. OLIVARDIA: Sure. For some reason, and we're not exactly sure why some men are more affected by this than others, something that's known as "roid rage," and what that is are the psychological side effects of steroids, can include things like depression, mania, or in some cases psychosis, where people literally are broken from reality. But we have met a significant percentage of men who become extremely aggressive on these drugs, and to point out these are not men who were extremely aggressive to begin with. We studied men specifically who did not have within their families or within themselves any criminal record or history or aggressive behavior, and we had studies where we had what we call a double-blind study, where we gave some men a low dosage of real steroids and some a placebo where they thought it was steroids but it really wasn't. And neither they nor us knew who had the real thing, and by the end of the study the guys would rate their moods and so forth. We would have a significant other, either a friend or a family member, also rate their moods, and lo and behold, when we found out that the guys who were on the real thing rated themselves and by other people as more aggressive, much more frustrated more easily, and in some cases violent. And there had been a lot of high-profile cases of boys and men who have been accused of murder and battering

and assault. In fact, in England there's an organization called the Steroid Abusers Wives Association that's devoted to women who have been abused by their steroid-using partners.

JEANNE BLAKE: I think it's always important to speak to the danger of injectible drugs. I remember, I haven't thought about this for a while, but you reminded me of when you talked about kids nationally that are injecting. I remember hearing about five or six years ago, and it was some small town in, I think, Ohio, I'm thinking Midwest, where there was this population of HIV. These kids had gone to donate blood and there was this incredible high rate of HIV among these young boys. And it was traced back to all these kids shooting up in the locker room with the steroids.

DR. OLIVARDIA: Yes, I have heard many cases. We talk about that in our steroid chapters, calling "getting needle happy," in a sense that we notice that a lot of boys, just as with any transmission of body fluids, and specifically with injectible needles, the risk of hepatitis and local infections and of HIV. I spoke at a conference last year in Albuquerque and there was a woman there who works with youth, and there were two football players who both contracted HIV through the use of injectible needles for steroids.

JEANNE BLAKE: You also write about binge eating, and then when people are too thin, force feeding, all as a means of either bulking up or slimming down or whatever they want to do to achieve this perceived perfection. Can you talk just for a moment about this guy that you wrote about, Bill, who is a binge eater? And apparently this is much more frequent among men than we would ever know.

DR. OLIVARDIA: Absolutely. The binge eating is not simply overeating. All of us can relate to overeating on Thanksgiving or things like this, but in binge eating we're talking about eating an incredibly large amount of food in a short amount of time, faster than normal, where you feel completely out of control, and it's often done in a very primitive way where sometimes people aren't even chewing their food. They're literally shoving it down their throat. Some people can go through 20,000 to 30,000 calories in one binge in less than a two-hour period of time, to the point where they almost pass out. And when you speak to these men, men like Bill, they will say that what triggered the binge was that they felt angry or guilty or lonely or depressed and food becomes a way for them to cope. All of us can probably relate to some idea of eating certain comfort foods when we're not in a good mood, but with these people they depend entirely on food as a way to sort of cope with whatever negative emotions they're feeling. And in the case of Bill, he would eat just extraordinary amounts of food, gallons of ice cream, pies, pizzas, bags of Doritos, just on and on, and this would be something he would look

forward to as a way of coping with his emotions.

JEANNE BLAKE: And then he would exercise for hours and hours to get rid of it?

DR. OLIVARDIA: Right. Then he would purge, and by purge we typically think of vomiting or laxative use, but you could use excessive exercise as a way to try to compensate for the binge. And he would do things like go out at two in the morning and jog off the binge. And he was married at the time and his ... I mean, he didn't tell anybody. I was the first person that he had ever told that he had been struggling with this. And what is his wife supposed to think? That he hides his food, he's depressed and lethargic, he's going out at two in the morning, he had completely lost interest in sex, not because he didn't love his wife but because he was so dissatisfied and disgusted with his body.

JEANNE BLAKE: Was he overweight?

DR. OLIVARDIA: He was slightly overweight, only due to some of the binge eating, but he was not the image ... he saw himself as this hideous, disgusting slob and he was far, far from that. I mean, he was an average, very healthy, attractive young man.

JEANNE BLAKE: I think one of the description in the portion of the book, and it's actually in a few places, where you talk about – and this is the obsession – with the looking in the mirror, like 20, 30, 40, 50 times a day, and that there are massive numbers of men that do this.

DR. OLIVARDIA: Yes, that's called body dysmorphic disorder, or BDD, and BDD has really been recognized, again, only in the last decade. Compared to other mental illnesses, it's really an emerging disorder. And just as many men as women are affected with BDD, which surprises people. What that is, is you're preoccupied with a specific body part, such as your nose, your eyes, your penis, your skin, your hair, and preoccupied to the point where it's totally impairing your lifestyle. You might look in the mirror and see your nose as 10 times larger than it really is, or your hair is thinning when it really isn't, or your penis is too abnormally small, and things like mirror checking. You might check mirrors 30, 40 times a day, you might constantly camouflage that body part. If you're obsessed with your hair, you'll wear hats all the time. If you're obsessed with your skin, you might wear too much makeup to try to cover it up.

JEANNE BLAKE: Men?

DR. OLIVARDIA: Men. Absolutely.

JEANNE BLAKE: Wait a minute. When I looked at the chart in the book, and it's got the percentage of men with BDD that are obsessed about a body part, the highest number was skin. What is that? I told a friend and she asked, "Well, is it too much hair?" I told her I'll ask the good doctor, I don't know.

DR. OLIVARDIA: It's actually, you see it all, really. For some men they think they have too much hair, for other guys they don't feel they have enough facial hair, for some men they don't feel their skin is as smooth, for other men they feel it's too smooth and it makes them look too young and like a baby. For some men they feel they're obsessed with wrinkles on their face and crow's feet. And mind you, with many of these men ...

JEANNE BLAKE: Wow, this is exhausting.

DR. OLIVARDIA: It's very exhausting. And with many of these men, they don't even have what they see. Like, they'll see their face as just one big wrinkle, and it looks fine. And even if they have a wrinkle, they magnify it to such a degree that it literally has, in extreme cases, made these men housebound, where they haven't left their houses in years.

JEANNE BLAKE: Okay. So there's clearly a lot of suffering that's going on.

DR. OLIVARDIA: Oh, absolutely.

JEANNE BLAKE: So how do you begin to help ... I mean, I'm sure the treatment for the various disorders that we've discussed is all different, but how do you help these men?

DR. OLIVARDIA: I think initially it's shows like this that bring out awareness that these problems exist in men.

JEANNE BLAKE: And that you're not alone.

DR. OLIVARDIA: And that you're not alone. And it sounds like a cliché in some way, but it's so true. With these men, we have been struck – myself and my two co-authors – of how we have often been the first people that these men have ever told these secret obsessions to.

JEANNE BLAKE: Well, I can imagine there's so much shame, because in our macho society, how dare you even mention it to anybody that you care about any of it.

DR. OLIVARDIA: Absolutely. For men to admit that they're depressed is just such a taboo, that to admit that you're depressed about your body image, which is typically associated with women, is an assault on one's masculinity for men. So I think for men to realize they're not alone, and to even seek treatment, because with something like body dysmorphic disorder, cosmetic surgeons might see these patients before we do, because they think the only way to cure this is by altering their body part. And we've met men who are what we call poly-surgery addicts, where they have gotten six or seven rhinoplasties, or nose jobs, just consecutively over the years and are looking for that perfect body part. So for every man that comes into treatment, there are just so many more that don't come in. But once they do come in, it's not that different from treatment with women, where you would do a combination of psychological or psychotherapy, looking at how this disorder developed in the individual, and people have very different stories as to where it comes from. Sometimes people have histories of trauma, child abuse, other people come from very good families but always felt this high need for perfectionism in every area of their life, academically, occupationally, and their body becomes just another way of expressing that. Some men have had very harrowing peer experiences where they were teased or harassed about being too skinny, too fat, having too big of a nose, too small of a nose, being not muscular enough. The list just goes onward. So we tried to deal with looking at how this developed, but then we also look at the here and now as well. We notice that these men think in a very different way than men who don't struggle with this. For example, one thing we call black or white thinking, where these men tend to think in black or white terms. You're either perfect or you're a failure. You either have to look like the Adonis or you look like a complete loser, or whatever. But they never see the gray. If I eat a bite of cheesecake, I might as well eat the whole thing, because it's just as well. So I either have to fast or I have to eat the whole thing. So we try to help them get to that gray area and realize that the world is made of many shades and colors. It's not just their either/or system. So we try to work at restructuring their thoughts, which are very ingrained for them.

JEANNE BLAKE: Sure.

DR. OLIVARDIA: They've been struggling with this for years. As well as behavioral techniques for men who are checking the mirrors 30 times a day. We try to limit that. For men who are binge eating, we try to do things like limit the amount of food they have in their house. Simple things even like not going to the supermarket when you're hungry, things like that to try to reduce the amount of binge

eating. For many men that we've treated that are extremely depressed, or in some cases suicidal over their body image, we would prescribe antidepressants like Prozac or things like that, that don't eliminate the problem but certainly help them enough that they can engage in other forms of therapy. And then for other men who are married, we've done couples therapy or family therapy, because clearly this affects people in their lives.

JEANNE BLAKE: Sure. No wonder it's a billion-dollar industry.

DR. OLIVARDIA: Absolutely. I mean, without sounding too cynical, if you think about all the industries who really profit off of the dissatisfaction of one's body, if everybody was perfectly happy with their body image tomorrow, think of all the industries and occupations that would just completely go out of business. I think that's another tie that we saw with men, is almost an economic one, where a lot of companies stopped and thought, "We could profit from men as well feeling insecure about the way they look. I mean, we've been profiting from women historically." And so I think a lot of the marketing, as you'll notice, is being more marketed more aggressively to men because it turns a profit. Men's cosmetics and ...

JEANNE BLAKE: Right, well male cosmetics and facial supplies and scrubs and all that have gone up 10% a year in the last five years. So clearly people are ahead of the curve here. And I read recently that Dannon yogurt is now going to be targeting men.

DR. OLIVARDIA: Yes.

JEANNE BLAKE: And the image of the construction worker eating the yogurt. I don't know if they'll be using that, but I think it clearly is a tremendous opportunity to prey on people who will do anything they can to feel better.

DR. OLIVARDIA: Exactly. And when you live in a very image-conscious society, where especially now with the Internet and everything, we live in a very visual society with music videos and Internet. I think people try to measure up to what is seen as out there, that if you look a certain way, it symbolizes something. That it symbolizes power, success, sexual virility, wealth, intelligence to a lot of people, that that's the stereotype. And for people who don't feel they have much else to their self-worth, they feel they have to be perfect, that they can't be anything less than perfect to sort of get those things.

JEANNE BLAKE: I was fascinated by the research that you did that showed that women don't even like a big, muscular guy.

DR. OLIVARDIA: What was interesting was, we did a study where we developed a computer program where men, by the click of a mouse, can make an image more or less fat and then more or less muscular. And we asked men to click on what they thought their current body image was, what their ideal was, and what they thought women wanted in them. And we found that men underestimated their level of muscularity. They didn't think they were muscular enough. They thought they were fatter than they truly were, because I would actually measure their body fat. Their ideal was often in the range that can only be attainable through steroids, and they thought women wanted them much more muscular than women in fact wanted them to look like. But what's ironic is, research on women in the 1980s had found a similar thing, that women often thought they were fatter than they truly were, their ideal was in an unhealthy range, and they thought men wanted them to be much thinner than men in fact wanted them to be.

JEANNE BLAKE: But women don't like men, in fact, women want the big muscular guys to be 15% smaller than they are.

DR. OLIVARDIA: Yes.

JEANNE BLAKE: So I guess guys can take heart from that. It's complicated, but it's important work, because going through life being miserable with the way you look is a sad way to go.

DR. OLIVARDIA: Absolutely.

JEANNE BLAKE: So hopefully, by your writing *The Adonis Complex*, you and your colleagues can help, as you say, raise awareness about this that men who are living with this and are haunted by the way they look aren't alone. And I thank you for coming on *About Health* TV to talk about it.

DR. OLIVARDIA: Thank you for having me.

JEANNE BLAKE: Once again, the name of the book, by Simon and Schuster, written by Dr. Olivardia and his colleagues at Harvard Medical School and Brown University School of Medicine, is *The Adonis Complex*. I'm Jeanne Blake and I'll see you next time.

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