

Speaker 1 ([00:19](#)):

The

Speaker 2 ([00:23](#)):

Today we are joined by two guests who discuss the subject of body image and eating disorders and males. We will answer a number of questions, including how prevalent these disorders are and what caregivers should know about them. Our first guest is Dr. Roberto Olivardia. He is a clinical psychologist and lecturer in the department of psychiatry at Harvard medical school. He maintains a private psychotherapy practice in Lexington, Massachusetts, where he specializes in the treatment of ADHD, obsessive compulsive disorder, body dysmorphic disorder, and in the treatment of body image issues and eating disorders in boys and men, he sits in the scientific advisory board for ADDitude and serves on the professional advisory boards for Children and Adults with ADHD and the Attention Deficit Disorder Association. He is also a featured expert for Understood. Our second guest is Dr. Jason Nagata. He is an assistant professor of pediatrics at the University of California, San Francisco, specializing in adolescent disorders. He researches eating disorders, body image, and muscle enhancing behaviors and adolescent boys and young men. He edited the book, Eating Disorders in Boys and Men. He serves as co-chair of the International Association for Adolescent Health Young Professionals Network.

New Speaker ([01:37](#)):

A warm welcome to both of you. Thank you.

Speaker 3 ([01:40](#)):

Thank you for having us, Dennis,

Speaker 2 ([01:43](#)):

Let's start with you, Dr. Olivardia. Can you talk about how you became interested in the field of eating disorders and body image problems and males?

Speaker 3 ([01:51](#)):

Sure. That my interest actually goes back to when I was an undergraduate at Tufts university, I took a seminar and eating disorders class, because it just fit with my schedule. And I thought it was interesting to learn about a psychiatric condition that had an intersection with popular culture as part of one of the things that we learned about. And then within that class, in my final paper, I wrote about men and eating disorders, because it was something that was underserved. Coincidentally that semester two guys that I knew who didn't know each other had disclosed to me that they had an eating disorder. And I remember pre-internet days going through the yellow pages, trying to help them find resources. And there really weren't any, you know, all of the programs at that time just accepted girls and women. And I thought, okay, this is something that really has to be explored and did a senior honors thesis about it. And then it really just became something throughout graduate school would just study all forms of eating disorders of something we call muscle dysmorphia, which is men who are obsessed with gaining muscle size and body mass and co-authored a book called the Adonis complex. And it just really came from seeing a need and seeing a gap there of knowledge. And just wanting to fill that

Speaker 2 ([03:14](#)):

Dr. Nagata, how did you become interested in the topic?

Speaker 4 ([03:16](#)):

Similarly, I became interested early in my medical training during my clinical rotations of medical school. I was able to rotate through the adolescent and young adult eating disorder clinic there. I picked up a panel of teenage boys who had eating disorders. And I do remember that from the medical side, a lot of the medical guidelines were really based on data from, um, female samples. They included stuff like if you were missing a period, then you know, there were additional workup that you had to do. And a lot of those guidelines didn't apply to boys and men. And I remember feeling that a lot of the boys and men that we took care of really didn't get as good a care as they could because a lot of the data weren't there to support clinical guidance for them. As I went on to my pediatrics residency and then fellowship training, I really tried to do research on gender differences or sex differences and eating disorder care and particularly trying to get more data, uh, to help guide clinical practice or caring for boys and men, especially in terms of their medical complications. And that's sort of where, what I've been working on for the last several years. And similarly, I recently worked on a book called Eating Disorders in Boys and Men that was just published a couple of months ago and then currently trying to work on updating the Society for Adolescent Health and Medicine guidelines to include more considerations for boys and men.

Speaker 2 ([04:43](#)):

Could you define some of the common eating disorders that young males are prone to Dr. Olivardia?

Speaker 3 ([04:51](#)):

So we have anorexia nervosa, which is characterized by restriction of calories and sort of not eating sort of what would be for someone of that age, developmental status. So that is often characterized by negative body image and a fear of gaining weight. A fear of fatness bulimia nervosa is episodes of binge eating, where someone is eating a large amount of food than what would be expected for that person in a short period of time. Bingeing episodes, typically people are eating faster. A lot of times are, can be quite impulsive. Often are gonna be foods that are typically high in sugar or carbs, although that's not always the case. And then after these bingeing episodes engage in some purging activities that could either be self induced vomiting, laxative use excessive exercise, and then binge eating disorder would be the binge episode episode, but without the purging. Those are the examples of the ones that you would often see in the DSM.

Speaker 2 ([05:56](#)):

How many boys and men are affected by eating disorders?

Speaker 3 ([06:00](#)):

Studies actually now, I mean, it's interesting when I started doing this work, I mean almost 30 years ago, it was seen as quite rare. And part of that problem was that you didn't have a lot of research looking at boys and prevalence of boys and men back then. I remember all of the studies that I would look at were , been from clinical samples, as opposed to looking into the community, you know, even some of the criteria of like missing a period or body image related questions. Like I am dissatisfied with my thighs. Like most men don't relate to that as opposed to, you know, talking about their quads. A lot of these men were not identified. Now studies show as many as, you know, one in four people with a eating disorder, one in four of them are male and that could amount to, you know, upwards of 10 million men in this country are males. I should say, boys and men in this country alone see in my, a lot of adult men

who I am the only person that they have disclosed that they have a eating disorder. So I would say that that number could be under reported

Speaker 2 ([07:11](#)):

Dr. Nagata, what are the risk factors to these problems in males?

Speaker 4 ([07:15](#)):

So I think that one thing that's really important to note about eating disorders in general is that they can really affect people of all different diverse backgrounds. So all races, ethnicities, all sexual orientations, all gender identities and all classes. I think that some people have a stereotype of a certain type of way that a person with an eating disorder looks or the background that they may have, but in eating disorders can really affect people across a diverse range of backgrounds. That being said, there is more and more research out there on different risk factors. More recently, there have been some studies looking at genetic factors. And I do think that genetics is an important part of eating disorder risk. So people who have, you know, first degree family members, the anorexia nervosa, or some of these other eating disorders. It does seem like there is a genetic component and there is more and more research looking at in the presence.

Speaker 4 ([08:09](#)):

But in addition to that, there are other risk factors. Like we know that experiencing childhood adversity or like adverse childhood experiences early on or bullying even can lead to, you know, lower self-esteem and body dissatisfaction that could predispose one to having an eating disorder. Also, we know that people who participate in sports teams and particularly those that really emphasize body image and, or achieving a certain weight class can also be a at risk of disordered eating. And I think one other thing that is maybe less recognized is that people with larger bodies or, you know, who be classified as perhaps overweight or obese, there's a lot of pressure and bullying and just considerations for people in larger bodies, whether it's from, for their personal goals or even healthcare professionals, you know, flagging them as, you know, being unhealthy. We actually are seeing that a lot of people could be considered overweight or obese are now engaging in disorder, eating behaviors to try to lose weight, to achieve certain goals. The final area that I think we may talk a little bit more about is exposure to media and social media. And the more time that one spends, especially on image focused social media, um, that does seem to be a risk factor for more body dissatisfaction and then potentially eating disorder.

Speaker 2 ([09:35](#)):

So, Dr. Olivardia?

Speaker 3 ([09:37](#)):

Just psychologically also a lot of times I'll see certain traits that you would commonly find. Let's say in people with anorexia, I will often see either a comorbidity of obsessive compulsive disorder or someone who might have, as Jason was mentioning these sort of genetics to be on that of compulsive disorder, spectrum perfectionism, high achievement orientation, you sort of see, and just even emotionally, a lot of the in patients I work with anorexia have a lot of difficulty expressing emotions and expressing their feelings. And one theory psychologically, maybe that the eating disorder order is this way of sort of expressing that they're feeling something and something is not right or not feeling good for them with bulimia binge eating disorder, even though people can certainly vacillate, but bulimia and binge eating are more impulsive kind of eating disorders. So I would often see comorbidity of, ADHD, for example, is

highly comorbid with something like binge eating disorder, people who might have very poor impulse control.

Speaker 3 ([10:43](#)):

I find in general, don't hold their emotions in. If anything might have very dysregulated emotions that they have a hard time kind of controlling their emotions. Many of the patients I work with with bulimia also tend to struggle with other impulsive issues, whether it's substance abuse, gambling, sexual addictions, that you sort of see again, this impulsive kind of personality in a way that again, makes sense why you would see ADHD is more common, you know, with that population again, years ago, you would see that, oh, only Caucasian wealthy girls between ages of 14 and 20 are the only people that struggle these problems. That couldn't be farther from the truth. I see lots of boys and men who come from different backgrounds, different ethnic groups, different sexual orientations.

Speaker 2 ([11:34](#)):

What is the difference between an eating disorder and a negative body image? Are they, they must be related. Could you explain the difference between those two?

Speaker 3 ([11:44](#)):

You know, certainly there are lots of people who have negative body image that don't have eating disorders that don't, doesn't sort of manifest itself in their food intake and things like that. I work with lots of boys and men who, you know, have something called body dysmorphic disorder, which is another psychiatric condition that is part of its criteria, has nothing to do with food. Now, disordered eating could be one of the symptoms for a particular person who has BDD, but it could be someone who feels that their faces are ugly or their hair, or, you know, their legs or parts of their body. And in addition, it's important to also note that not all eating disorders include negative body image, that there are, you know, lots of men that I work with, who don't fit in that kind of DSM criteria of anorexia nervosa bulimia, binge eating that, you know, we have these sort of other kind of pools and categories of eating disorders, where it could just be this disordered eating that I work with guys who are actually fairly satisfied with the way they look, but they use food to cope with stress or with boredom.

Speaker 3 ([12:50](#)):

There's this term, it's not a clinical diagnosis, but it's this called orthorexia, which refers to men that want to eat clean and eat healthy. And it's really with these guys say, it's not so much about weight as so far as they do wanna be a healthy weight. They're just striving for health. It's not an aesthetic thing for them, but it can really spiral. It's almost categorized as like a, an obsessive compulsive disorder. So you do have these two things of negative body and the cheating disorders. And a lot of times you'll see them coexist. And many times you'll see one in the absence of other, but as Dr Nagata said that when there is negative body image present, it's always a good thing just to keep mindful of how that maybe spilling into behaviors, whether that includes things like food restriction or bingeing purging over exercise, you know, or mirror checking or things like that, that can really mess with the person's sense of themselves and their self-esteem.

New Speaker ([13:51](#)):

Can you talk about that a little bit further in some of the causes of negative body image and eating disorders?

Speaker 4 ([13:57](#)):

So there have actually been studies over the last 30 years that have found that, um, boys action figures have become increasingly muscular. And so these are exposures that boys from a very young age are exposed to. If you also think about kind of the Hollywood or television stars that portrayed sort of the ideal masculine body image in like the eighties, for instance, like Tom Hanks or something like John Travolta, and then you compare them to, you know, the Marvel superheroes that we have now, like, Thor or the Rock, the idealized sort of superhero or Hollywood actor has become increasingly more muscular. And I do think that one other, you know, new exposure that teenage boys and young men have is social media. And I think one of the new things about social media is that you're not just consuming content from celebrities, but you actually, it's very common to create your own content.

Speaker 4 ([14:50](#)):

I think that this also allows for new opportunities because I think a lot of boys and young men are finding that, you know, they can gain followers and gain likes by showing off a certain idealized masculine body ideal. And so I do think that this is also creating a new wave of body image pressure in among boys and men. And I think particularly during the pandemic, when many young people were on social media or just on screens, much more than previously because social distancing and remote learning, I do think that this has just exacerbated the issue over the last, you know, year or two.

New Speaker ([15:29](#)):

Dr. Olivardia?

Speaker 3 ([15:31](#)):

One of the things that's interesting is that, you know, historically we've certainly seen that pressure with girls and, and women and with men, it is relatively, you know, later in that, even in the, like the late seventies, early eighties, you know, you would see advertising geared towards men with might have sort of like masculinities defined as kind of being rugged and tough. Like the Marlboro man, you know, he was totally clothed. He wasn't shirtless and he had a big cowboy hat. And then you started to see in the late seventies, the early eighties, the commodity of the male body, even in advertising, which was a study that we did looking at ads and sure enough, it was starting to promote the male body more. And from an advertising perspective, I mean, it makes sense. Like if you have advertisers that are like, Hey, you know, we're making a ton of money making half the population, Hey, the way they look, let's speak the other half of the population, you know, dissatisfied with the way they look.

Speaker 3 ([16:30](#)):

I think the other thing that's important too, is that with men, they are, I think, less aware that they're even affected by that media imagery, that when I've given talks to young people, you can ask a classroom of seventh, eighth, ninth grade girls, you know, are you affected by media? All of them will say, absolutely. And you're looking at this person's body and the Kardashians, and they can point to imagery. But interestingly, when I've done these kinds of talks with boys, it's almost seen as unmasculine to admit that you're affected by it. So like no way, like, you know, I'm not affected by that, but studies are showing that they are. So I think with a lot of males I work with, it's often having those conversations around their awareness of being impacted by it. You know, I remember growing up in the eighties, I mean, I met Hulk Hogan when I was 13.

Speaker 3 ([17:20](#)):

Hulk Hogan was signing autographs at the power lifting gym in my town. And I remember thinking, oh my gosh, this guy is enormous. Like, he's huge. I mean, even like what you see in TV is like nothing. I just remember thinking his bicep is literally bigger than my head. Like how could someone possibly get like that big, there was almost something awestruck about it. Like just seeing someone so massive, you know, in that way, even if it wasn't something that you idealized, it was clearly something that you knew was idealized. And, you know, as Dr. Negata was saying with social media, I mean, that brings up a whole other thing that, you know, as just even personally, I didn't grow up with that. And so, you know, we are learning and I'm learning a lot from the young people. I work with hearing their voices of how, how this sort of really plays into their body image narrative, because this is certainly not something I had experience with. Thankfully, I'm glad I didn't grow up with it.

Speaker 2 ([18:19](#)):

Are there groups of boys and men who are at higher risk for these conditions, such as sexual minorities?

Speaker 3 ([18:25](#)):

The limited research in the 1970s and early eighties, that you would find that being gay was seen as a significant risk factor for eating disorders in men, there was something a bit skewed though about that research in that they were only, again looking typically at men who were in clinical samples. So men who had already sought therapy who were in hospitals for it, whereas a lot of community oriented studies don't find that to be a significant risk factor. That's not to say though that it, it isn't a risk factor. I mean, I would say the majority of my patients don't identify as gay. They identify as, as straight, but the men that do identify as either gender nonconforming, sexual minorities, there are definitely these additional issues and dimensions to that. And I've seen that in all realms, for example, you know, remember working with a patient years ago who was gay and he was an anabolic steroid user eating disorder. And for him building his body up was very much around a way of defending himself. I mean, and feeling like anticipating that, you know, with the homophobia that we have and violence, it's often attached to that, that if he kind of looked quote unquote more straight, which obviously men who were straight men who were gay can come in all different bodies and shapes that he felt that he could be more prepared just with, to deal with that. So building his body and being obsessed with that took on a different form because of that.

Speaker 4 ([19:58](#)):

In that way, you were mentioning by dissatisfaction earlier on, there are studies that show that there is more body dissatisfaction in gay and bisexual men compared to heterosexual men more recently, you know, are possible reasons for this. There is still discrimination, homophobia, prejudice, stigma that sexual minorities can experience that can exacerbate body dissatisfaction and eating disorders or muscle dysmorphia. There's also, you know, different theories as to what influences one's body image and perception of one's ideal body. And, you know, certainly peers, media, or including social media, you know, can influence one's perception of the ideal body. And I think that in particular, some of the trends that we were mentioning on social media have been particularly prevalent in like gay and bisexual men. Like there is, I guess, studies that have shown that, you know, gay and bisexual men may be more likely to post or be more active in social media and have pressures to post, you know, their own bodies or, you know, tag their friends and stuff.

Speaker 4 ([21:04](#)):

And that can sort of lead to pressures as well. I think that one of the more recent really important areas of research is also looking at gender minority population as Dr. Nagata was mentioning like transgender men or gender expansive, including like non-binary or non-conforming people. And I actually think that while there's limited research on this so far, this is a population that I think clinically we've seen is actually a quite high risk of body dissatisfaction and eating disorders. And I think particularly when there is like gender dysphoria or one, uh, particularly like before, you know, one is able to get hormones or treatment to, you know, for that transition. I do think that people, if they're dissatisfied with the sex that was assigned to them at birth is not, you know, incongruence with the gender that they'd identify with. There's just a lot of that dissatisfaction I think is kind of related to appearance related issues. And so I think that there's just a lot of body dissatisfaction, particularly before one is able to get treatment or therapy to help with that transition. And so I think that that's a really high risk population, at least for youth that we've seen that has, you know, had a high risk for eating disorders.

New Speaker ([22:18](#)):

What are some of the treatments for these problems, Dr. Olivardia?

Speaker 3 ([22:23](#)):

So typically with eating disorders, it's always a team approach is really the ideal. And that's important, I guess, first from understanding that when somebody enters into treatment for an eating disorder, that there's a commitment of not only doing, you know, the work with me as a psychologist, but, you know, working with a physician like Dr. Nagata often a psychiatrist, sometimes a family or couple's therapist, because it is a medical issue. It's a psychiatric issue, psychological issue. And the work that I do with patients as a psychologist, there's a type of therapy called cognitive behavioral therapy in terms of addressing negative thoughts or, and inaccurate thoughts that people might have, how to sort of have them be very mindful of, of thinking and make it more accurate and how it's impacting their behavior and really targeting the behaviors that are getting them into trouble and getting their health into a, a dangerous place.

Speaker 3 ([23:21](#)):

Before I forget, it's a nutritionist is also key on a lot of eating disorder teams. So the nutritionist recommendations of eating certain kinds of food, I might have the patient bring that food in the office. If there's a lot of anxiety around it, working on anxiety management skills, targeting those thoughts that might say, if I eat 10 calories extra, then I have blown it. And I might as well eat a thousand calories, 10,000 calories extra and trying to help them regulate, you know, that thinking, dealing with any social issues, you know, people with eating disorders sometimes might have issues with like social anxiety or trouble relating to other people. I see eating disorders in a lot of ways too, could be the symptom, um, of other issues. And it's certainly its own entity and its own problem. A lot of the work is dealing with people who are also struggling, perhaps with depression or with OCD, you know, other issues, trauma, all of those kinds of issues that give them a space to be able to talk about that,

Speaker 4 ([24:25](#)):

You know, eating disorders can be life threatening illnesses that can affect every single organ system in the body from the heart to the lungs, brain, kidney liver. And so from the medical perspective, we really want to carefully monitor a young person's like vital signs, you, including their heart rate, their blood pressure, and then also labs and electrolytes, you know, some of the really important salts and nutrients that your body needs, just to make sure that, you know, some of these consequences that can be life

threatening are avoided or treated if they are going down that route. And so we have pretty standardized protocols for medical monitoring for vital signs and laboratory assessment. And then of course, with the multidisciplinary approach, often with teenagers, if like family based treatment is available, that's, you know, a great option. And I think that the only other thing that I'll mention is that I do think that, you know, initial treatments and studies have been on primarily female or girls in women's samples.

Speaker 4 ([25:29](#)):

And so I do think that some modifications and adaptations for boys and men can be beneficial in some cases, for instance, sometimes the nutritional requirements for boys and men for a growing boy is actually greater than it is for a growing girl or woman, in part, because we have such a high risk in our like male athlete population. And so often for people who are physically active and then are growing teenage boys, they really require quite a bit of, you know, nutrition to make up for any deficits. And then, you know, ensure that there are still growing adequately. And so I do think that a little more of a individualized approach can be beneficial for boys.

New Speaker ([26:10](#)):

And then what are some of the signs for parents that their son may need some professional help and what can parents do in a circumstance where they suspect that there is a problem with their son?

Speaker 3 ([26:22](#)):

So I think like the signs to look for is a parent is hearing, you know, I'm so I'm so disgusting. I'm so fill in the blank. If your child is not doing things because of the way they look, oh, I'm not gonna go out today. Like I look too fat or I'm too scrawny, or I'm too, this, or I'm too fat and they're missing opportunities or certain activities. If you notice a lot of body image kind of behaviors like mirror checking compulsive, like taking selfies or touching their bodies, like, you know, the parts that they find offensive, like their belly or whatnot, spending way too much time at the gym when they should be doing, you know, in the exclusion of other activities. And then certainly if they're engaging in any eating disorder behavior, use of anabolic steroids, all of that, if you see depression and things like that, I say always lean on the side of getting help because eating disorders, unfortunately there's a mortality rate. I mean, people can die from this. And the upside is that you can recover from this. I've worked with people who, you know, not just young people, but older adult men who have struggled with disorders for decades and have recovered. It's not this gloomy prognosis. If somebody really works at treatment and people can be free from that. But it's also important on, you know, to state that help is always needed. I mean, because this can be something that can really affect you medically.

Speaker 4 ([27:55](#)):

You know, red flags for eating disorders, can include, if a boy becomes really preoccupied with his appearance or body size weight, food, or exercise, in a way that really worsens his quality of life. And, you know, he may withdraw from usual activities or friends that he likes because of concerns about body size and appearance. And I'll just add that if parents are concerned, I think a good place to start is with their pediatrician or primary care provider who can, you know, take an initial history, talk to the son alone, you know, confidentially, and then also, you know, check on those initial vital signs and lab measures to make sure that, you know, they're not going down that path of danger towards threatening illness.

New Speaker ([28:39](#)):

Besides providers themselves, what are some good resources for parents and other caregivers?

Speaker 3 ([28:45](#)):

The National Eating Disorder Association, certainly Dr. Nagata's book, my book are good resources when you have books like that, published for people to sort of open up, be like, okay, I'm not the only one because I know with a lot of the adult men that I work with, I think it's very comforting for them to know that this is the fact that I specialize in this and have worked with this for, you know, as long as I have that they know that they're not the first male that I've ever seen. I'm sure the patients that see Dr. Nagata feel the same way, this idea that, you know, they're not like a Guinea pig, you know, in a sense. And so to know that there are those resources, get a lot of information and, and find a therapist that specializes in eating disorders. Some men, you know, whether they work with a male therapist or a female therapist is inconsequential and some men prefer to work with one or the other. And at the end of the day, you certainly want someone who has the experience and where you feel a good rapport with

Speaker 2 ([29:45](#)):

Dr. Nagata?.

Speaker 4 ([29:47](#)):

Yeah. I agree with all that, the National Eating Disorder Association is a great resource. They do have a dedicated page to eating disorders in boys and men. And also one in like L G B T populations. They also have a hotline for anyone who just wants to talk. I think it's like from nine to five during the business day. So I think that's a resource for parents and or youth who may have concerns about eating disorders or body image. But I think there are a lot of really wonderful organizations like this, like the Partnership for Male Youth and others that are trying to raise awareness through materials on the website and podcasts so I think that there's more and more awareness of this going forward. So I also just wanted to thank you for choosing to focus on this topic for today, because I do think that the more that we can raise awareness about body image, body dissatisfaction, eating disorders, and muscle dysmorphia and boys and men, plus it'll be missed.

Speaker 3 ([30:43](#)):

I a hundred percent agree. I thank you, Dennis, because it really is podcasts like this, especially for a lot of younger people, this is the way they often access their information is through podcasts and social media and things like that. And the more that, you know, so many patients I've worked with over the years, credit hearing a podcast, hearing a male celebrity, talk about his experience with the eating disorder as being very powerful for them to be like, okay, there's clearly people that have worked with boys and men. I'm not the only one. And that there's something that normalizes it, that doesn't have them feel so disturbed. I, and so pathological, which, I mean, there's a great amount of shame. I would say that internal shame, but sometimes, I mean, I've worked with men. I mean, I see this less today than I did 20 years ago, but where men might be told by other mental health providers they worked with or physicians like, oh, well, I don't think it's an eating disorder. Like only girls or gay men have eating disorders. Like literally being told that by providers and going online and as long as you know, that it's, you know, useful information and from people, you know, talking about their experiences in a way that certainly promote recovery and promote treatment.

Speaker 2 ([32:01](#)):

Well, thank you both for joining us today, and for our listeners who want more information about body image and eating disorders and males, please visit our website@wwwpartnershipformail youth.org, where you'll find more information and resources. Thank you both again. Thanks.

Speaker 4 ([32:18](#)):

Thank you.

Speaker 1 ([32:39](#)):

The, I.