

Beating BDD Episode 26 – George Mycock

George suffered for a long time with a form of BDD known as muscle dysmorphia, muscle dysmorphic disorder or “bigorexia”. The condition, which he calls “muscularity-oriented issues”, brings its own challenges in terms of social stigma as well as diagnosis and treatment. George shares his lived experience, dips into the huge amount of knowledge he’s gained and explains why he’s made it his life’s work to raise awareness and improve treatment of these issues.

“Try working at being so assured with who you are that you don’t care if others look up to you, because you’re being you – and that’s okay.”

An overview of the issues

[00:01.33] George’s own lived experience, plus low awareness of the issues, motivates him to help and talk about it more.

[00:03.29] The term “muscularity-oriented issues” encompasses muscle definition as well as size, and the fine line between healthy and unhealthy behaviours.

[00:05.49] A research paper George read said that male athletes only seek help when the scale tips and they feel they’ve lost control.

[00:07.22] The issues are more widespread than we think. A recent meta-analysis estimated that around 15% of men and 5% of women in the military had some form of muscle dysmorphia.

How muscularity-oriented issues relate to BDD

[00:08.40] In the DSM-5 (Diagnostic Statistical Manual version 5), muscle dysmorphia is a “specifier” for BDD (a specific version of the condition). It’s a not perfect method but it’s the only one we have right now. There’s always bias.

[00:10.13] Research found that psychiatrists were more likely to diagnose men with muscle dysmorphia than women. This plays into the fact that in our society, muscularity equals health. In a study, students believed that people with muscle dysmorphia were more likely to recover than people with anorexia.

[00:14.31] Research also shows that obtaining “masculine capital” plays a role in muscle dysmorphia. Talking about issues makes them less masculine, so they don’t.

[00:15.59] Narcissism plays a role too, but it also makes people less likely to feel sympathy for them. The same goes for steroids – people don’t care or try to help.

George’s own experience with the condition

[00:19.23] His dad used to be an alcoholic and George saw himself as the problem. He was sensitive and empathetic where his dad was macho and strong.

[00:20.44] George took up rugby. But at 13, a fractured spine laid him up for about a year and he gained a lot of weight. After surgery, he started doing lots of exercise and cut right down on food. The faster he lost weight, the more respect he got.

[00:23.19] He then got into the fitness industry and started trying to build muscle. But to do that he had to eat more. So he’d eat and then be sick.

[00:24.38] When George went to university, he stopped making himself sick, but he kept binge eating and was constantly in the gym. Things got really bad in his 2nd year and he opened up to a friend who suggested counselling.

Treatment and recovery

[00:26.15] Talking therapy saved George's life. His counsellor helped him to understand he didn't need to be ashamed of his real self and could say how he felt.

[00:27.58] He founded Myominds after discovering that his gym friends felt the same about their bodies as he did.

[00:28.32] While George is much better now, he still struggles with his body image sometimes and his masculinity focus has moved from his body to productivity. He's working on trying to build a pyramid of lots of things that give him self-worth.

[00:29.20] He had a few lightbulb moments in therapy: the importance of being honest, that there's wisdom in clichés, and the power of living by his values.

[00:33.50] George is about to start a PhD that looks into the care available for men who have these issues and the relationship between muscularity and seeking help. He then hopes to come up with guidelines for helping sufferers.

[00:36.41] There's been some progress – for example, the updated MEED (Medical Emergencies in Eating Disorders) guidelines from The Royal College of Psychiatrists now include muscularity-oriented issues. George hopes his PhD will accelerate this.

Advice for sufferers

[00:38.54] It's okay to want masculinity, whatever your gender. But lean into it and find positive forms that are beneficial to you and to the world.

[00:43.00] The values of the fitness community and masculinity are almost perfectly aligned. But if you rely on those values, how will you know when to push through something and when to seek help? Look into where that line is for you.

[00:44.58] BDD and issues with eating and exercise addiction are very close. Consider how much you're relying on your exercise and eating, as well as the way you're perceiving your body. And try to find positive ways of doing all three – for example, tailor your exercise to performance not appearance; eat enough good food to feel well; and don't hide away from your body or look at it too much. For George, working on the issues underneath the behaviours is the key to finding that balance.

Resources

- The BDD Foundation: bddfoundation.org
- myominds.com