



BIGO

A male body-image disorder is affecting thousands of

Jon was one of the biggest guys at his gym. He'd been steadily bulking up thanks to an intense seven-days-a-week training regimen and a strict diet of grilled chicken and brown rice. When that wasn't enough, he began experimenting with different steroid stacks until he started seeing better results. At 22, he weighed 115 kilograms of lean muscle and could bench press his bodyweight. By all accounts, he was massive — so why, when he looked in the mirror, did he continue to see a scrawny runt staring back at him?

Muscle dysmorphia — also known as bigorexia, reverse anorexia and the Adonis complex — is a disorder in which the person suffering from it becomes obsessed with the belief that they're not muscular enough. While some bigorexics are preoccupied with adding muscle bulk, others pursue a lean look. Yet no matter how big or ripped they get, they still perceive themselves as skinny. They check their reflections constantly — an average of 12 times a day as opposed to three times for regular weightlifters — and compare themselves negatively to others.

If you're picturing a biceps-kissing egomaniac, you've got the wrong guy. Bigorexics dislike their bodies so much that they often hide them in shame. Think of that guy who's always skulking in a corner lifting massive weights in a baggy T-shirt, or who chooses never to shower at the gym.

"You know those fun-house mirrors — some of them make you look fat and some of them make you look small?" asks Jon. "It's kind of like looking at yourself through the small one all the time."

IRREXIA

extraordinarily fit men. Could you be one? By **Sabrina Rogers-Anderson**

NO PAIN, NO GAIN

"Muscle dysmorphia is characterised by obsessive thoughts about not being big enough and a calculated and rigorous diet regime," says clinical psychologist Dr Stuart Murray. "Some guys overload on protein at the expense of carbs and fats. They also follow a meticulous training regime they find hard to deviate from."

"If they get injured, lots of my patients won't take a day off because they're worried that they'll lose muscle. I've known guys who've bench-pressed with torn rotator cuffs because the anxiety over losing muscle is greater than the pain of bench-pressing with a broken wrist."

Jon knows what it's like to push through pain in pursuit of the ultimate body. "It was an obsession – I had to have muscles with veins bursting out of the skin. In the gym, it was never short of a two-hour session."

Jon continued to train even when he was meant to be recovering from an operation. "I had complications after removal of my appendix – internal bleeding and haematoma due to lack of healing because of the steroids I was taking, but that didn't stop me," Jon says. "I hadn't healed properly and I was back in the gym on another course [of steroids] and training again because I'd lost weight in hospital. That was depressing. I couldn't stand that I'd worked so hard, then lost weight and got small again."

Not only can muscle dysmorphia lead to dangerous training habits and steroid abuse, it can also lead to erratic behaviour. "One patient in a professional occupation had a blender on his desk and was always making protein shakes," Dr Murray says. "The boss asked him to remove it, but he refused and

A black and white photograph of a very muscular man in a black tank top, lifting a dumbbell with his right arm. He has a tattoo on his left shoulder. The background is dark and out of focus, showing gym equipment.

5+

The number of hours a day that bigorexics spend thinking about developing their bodies, compared to 40 minutes a day for regular lifters.

29

The percentage of bigorexics that a series of studies conducted in 2000 found had a history of anxiety disorder. Fifty-nine percent suffered from another form of mood disorder.

quit his job to become a personal trainer. Another patient didn't go to his best friend's wedding because he wasn't allowed to take a Tupperware dish with chicken and rice for his meal. Those are signs there's a high level of impairment."

WHO'S AT RISK?

Ninety percent of sufferers are men and the average age of onset is 19. "Men from 16 to 35 are at risk," Dr Murray says. There are no statistics on the incidence of muscle dysmorphia, but Dr Murray estimates it affects two to three percent of Australians. "More people than we know suffer from it. It's an undetected problem, because men suffer and don't seek treatment. The ones who do, come through a pathway of being depressed, and when we get to the bottom of it they realise they're depressed because they have this condition that doesn't let them enjoy life or their body."

WHAT CAUSES IT?

According to Dr Murray, the theory of "threatened masculinity" offers an explanation for why some men develop muscle dysmorphia. "This theory states that because society has become more egalitarian [equal], men have fewer domains through which to assert their dominance. So when men feel vulnerable, an obvious example of their manhood is to have a big body, which is said to compensate for them feeling threatened in their masculinity."

Another proposed cause is the increase in images in the media of guys with ripped physiques. "We're seeing semi-undressed men advertising things like cars, so guys perceive that to be muscular is better," Dr Murray says. "Six-year-old boys report a preference for muscular bodies and report dissatisfaction with their bodies. The problem is the images we see in the media are often substance-enhanced [with steroids], so the average guy on the street compares negatively."

But while all men are exposed to these images, not all will develop muscle dysmorphia. Dr Murray says risk factors include having been bullied, overweight or underweight as a child.

In Jon's case, getting big was a matter of survival in high school. "I had to get big so I could compete. My high school had a clear pecking order. The big guys who put up their fists and fought were the guys who

got respect. The rest got picked on. You'd get called out for a fight just because you were a tall guy. So there was a desire to compete on an even playing field."

HOW IS IT TREATED?

A big obstacle in treating this condition is most bigorexics refuse to acknowledge there's a problem. "Seeking treatment isn't the 'manly' thing to do, so they just suck it up," Dr Murray says. "They also usually belong to a gym subculture with a 'no pain no gain' mentality, so sacrificing important parts of their lives in pursuit of this impossible body is positively connoted."

Despite these obstacles, Dr Murray has treated cases with the same techniques used to treat eating disorders. While muscle dysmorphia is classified as a body dysmorphic (or body image) disorder, Dr Murray is pushing to have it reclassified as an eating disorder.

"We did a big international study comparing a group of men with anorexia and a group of men with muscle dysmorphia," he says. "We found they were similar. There was the same level of shape and weight concern. They restrict their food just as much and they exercise for the same purposes, but one is driven towards emaciation and the other towards hypertrophy [muscle enlargement]. Recent literature is moving towards understanding muscle dysmorphia as an eating disorder."

MOVING FORWARD

While Jon's bodybuilding days are over, he doesn't think he's completely cured. "I worry I'm getting fat rather than needing to get big. In that way, I think it's changed. I'm terrified of putting on weight, so I watch what I eat and try to exercise as much as possible. I think there's definitely a body perception thing going on, but it's a bit different."

Dr Murray says this type of shift is common. "We see something in eating disorders called transdiagnostic movement, which means that many people flip between eating disorders such as anorexia and bulimia without becoming free of an eating disorder. There's definitely movement between anorexia and muscle dysmorphia."

Despite these issues, Jon feels he's come a long way. "I think I'm taking a more positive approach to it rather than feeling obsessed about it. When I see guys at the gym [who train like I used to], I sometimes feel I should be doing that. But then I reflect, and there's a bit of sadness for myself and them because I know what they're going through."

Follow Dr Murray on Twitter: @DrStuartBMurray

