



NOVEMBER, 2019

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Men's Health, National



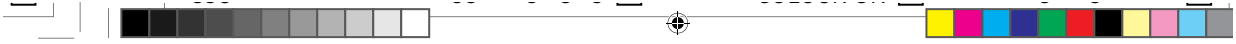
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What starts as an idea to 'add a little muscle' can turn into a twisted fixation on getting huge. Here's how to stop your pursuit of a brawnier body from running – and ruining – your life

BY DANIEL WILLIAMS

IT WAS WHILE making breakfast one Sunday that Mitch realised he had a problem. The family cat had leapt onto the kitchen bench and stuck its nose into Mitch's plate of food, the usual Everest of eggs and sweet potato that comprised his post-workout gorge. "I lost it," Mitch recalls. "I got right in his face and I could feel my eyes spinning." In a cold whisper he hissed, 'F*** off, c***! You tryin' to stop me from getting big?'"

During the previous year Mitch had transformed from a lean, lightly muscled 22-year-old into a Goliath who'd have looked at home in the Wallabies' front row. Though he was enrolled in a university course and showed up to lectures sometimes, mostly he thought about the proportions of his physique and how to expand them. At home he moved as little as possible so his body could use its reserves of energy to build muscle rather than to fuel counterproductive activities like taking out the rubbish.

"I'd eat six meals a day. And by 'meal' I don't mean a piece of toast. I mean a big serving of meat, rice and vegetables," says Mitch. After rinsing his plate he would go >



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THE MD SUFFERER: A TORTURED LIFE

The difference in mentality between someone with MD and a committed weight-trainer is one of degree rather than category, experts argue. Here's what that difference looks like

	NORMAL GYM GOER	MD PATIENT
Av. time spent daily dwelling on getting bigger/being too small	20-40 mins	4½-5 hours
Mirror checks	3-5	9-13
Professes total dissatisfaction with body	10%	46%
Finds oneself in awkward sexual situations	13%	54%

SOURCES: THE AMERICAN JOURNAL OF PSYCHIATRY; SCOTT GRIFFITHS, UNIVERSITY OF MELBOURNE

lie on his bed and watch bodybuilding videos on *YouTube* until it was time to eat again. His transformation was Hulk-like, his heft topping out at 113 kilograms, up from the 81 kilograms he weighed during what he calls "his last year of being normal".

To his mates Mitch looked colossal – and they told him as much while asking for his training program. But was Mitch happy? Not one bit. In his mind he was still too small, and the man in the mirror looked nothing like the musclemen he admired on *YouTube* and in bodybuilding magazines. His heart raced in bed at night and his doctor told him his blood pressure was elevated. Getting big meant everything to him. Why was no amount of training or attention to diet delivering? And what else could he do? Through a mist of anxiety and frustration he could see a single ray of hope: anabolic steroids.

Unbeknown to Mitch he was suffering from a psychological disorder called muscle dysmorphia (MD), more commonly known as "bigorexia". While MD started appearing in the medical literature only in the late 1990s, it was an affliction well-known in bodybuilding circles long before then, though devotees regarded it not as some dire malady but rather as an almost inevitable side effect of their calling – the common cold of lifters.

"A helpful way to think of muscle dysmorphia is to imagine the reverse of anorexia," says Scott Griffiths, a psychologist and NHMRC research fellow at the University

of Melbourne. "Instead of people who want to be thin at all costs and who are never satisfied with how thin they get, you have individuals who are preoccupied with getting muscular. They devote a lot of effort into getting there and often *are* very muscular, but it's never enough for them." This preoccupation is MD's defining symptom. For sufferers, the average time spent every day thinking about getting bigger, or yearning to be more defined, or loathing their 'smallness' is a staggering five hours. Tack on the hours dedicated to tinkering with workout routines, pumping iron and prepping meals and you can see there's not a lot of time left to keep your career ticking along or listen sympathetically to your partner's account of a rough day.

Sufferers also lose their grip on reality. "Someone with muscle dysmorphia would be able to see other people quite accurately ... it's himself he wouldn't be able to see," says Tracey Wade, a professor in psychology at Flinders University and a clinician who's

spent 30 years treating eating disorders. "He will look in the mirror and focus on every perceived flaw. There's a sense of inferiority and even self-disgust about how his body looks, even though it looks absolutely fine to everybody else." MD sufferers can't be reassured, however. Even if they resemble Chris Hemsworth in *Thor*, they won't believe you when you tell them they're jacked.

GROWING PAINS

Best estimates are that MD affects between 1-3 per cent of men. There's no definitive statistic, researchers say, because someone with MD is as likely to suffer in silence or consult a plastic surgeon about calf implants as to see a doctor.

But prevalence is rising. We know that because there's excellent data on anabolic steroid use in Australia, and for six of the last seven years the most commonly reported last-injected drug among new injection-drug users has been steroids. "Every indication is that steroid use in this country is increasing, and because half of MD sufferers also use steroids it's inconceivable that MD is also not increasing," says Griffiths.

Here's something else to think about: experts reckon it's a fine line between the dedicated recreational trainer (someone like you, perhaps) and the intense bloke you see on Wednesdays at the squat rack who actually has MD. "Underneath, I think we're more similar than we are different to these guys," says Mair Underwood, an anthropologist at the University of Queensland.

Underwood is well-placed to know. In 2015, as a mother-of-two in her forties, she began a research project into Australia's bodybuilding community. Over several years she spoke with hundreds of bodybuilders in person and to thousands more in online forums and Facebook groups. (By "bodybuilder", she clarifies, she means anyone who lifts weights with the aim of improving their appearance.)

She started her research, she says, with no intention of lifting anything heavier than a pen, but came to believe her subjects would respect her more if she had visible abs. She started lifting weights and working with

"Bodybuilding can take hold of perfectly rational men and send them a little bit mad"



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a sports nutritionist, and before long was counting macronutrients.

The resultant changes weren't confined to her body. "Some days I'd look in the mirror and go, 'Oh, you're nearly there, you're looking great!' And the next day I could look in the mirror and go, 'Oh, you are fat and disgusting. You are so far from your goal. You're never going to make it'," recalls Underwood. "The swings in my body image got wilder and my relationship with food became problematic." A year ago she decided to pull back – "because I could see how slippery the slope is".

While psychologist colleagues had warned her that immersing herself in the milieu of hardcore bodybuilding could mess with her head, she all but scoffed. "As an academic I felt my mind was who I am and my body is just this vessel that carts it about," she says. Training her body, however, awakened her to its power. The sensations of surging strength and expanding musculature are intoxicating. As a woman she was much less vulnerable than you are to having psychological issues around muscularity, yet still she felt she was on the verge of a body-image crisis.

Kieran Kennedy, a doctor based in Melbourne who's also a natural bodybuilder and fitness model, agrees there's a "grey area" separating a healthy motivation to build muscle and the pathology of MD. "Even for me there've been times when I've felt the drive for a certain aesthetic starting to take over," he says. "In the end you have to ask yourself whether your training is, on the whole, producing more positive feelings than negative ones."

Among seasoned lifters, Underwood says, it's accepted that only during a guy's first few months of training will he experience a pure satisfaction with his body. Beginner gains are exhilarating! In time, however, you can too easily slide into a quest that brings only the merest trickles of joy interspersed with torrents of frustration, self-loathing and despair. You're losing size! Your triceps are lagging! You're not cut enough! It's not that only mentally disturbed guys get hooked on bodybuilding. Rather, bodybuilding itself can take hold of perfectly rational men and send them a little bit mad.

THE BRAWN IDENTITY

Mitch had dabbled in weight training in his teens with no ill effects. The turning point came when a cousin gave him a copy of Samuel Fussell's *Muscle: Confessions of an Unlikely Bodybuilder*. A rollicking account of the author's descent into obsession, *Muscle* is ultimately a cautionary tale though great slabs of it could easily be interpreted by the male

brain as a celebration of the pursuit of mass.

"I was hooked," says Mitch, who's sipping a juice at a cafe on Sydney's north shore. Steered into this story by a third party, he tells me straight off that Mitch isn't his real name. He works in the fitness industry these days, he explains, and doesn't want colleagues or clients knowing that he lost the plot for a while.

Looking back on the five or six years he spent in the grip of MD, Mitch says his dominant emotion is grief. He'd been an avid cricketer and soccer player but quit both sports because they were interfering with his "physique goals". He'd loved parties and hitting the city with his mates to meet girls but stopped staying out past 9pm in order to maximise repair during sleep. The need to be muscular became more important than anything else, his health included. "I wasted

what could have been the best years of my life."

As to what might have predisposed him to MD, he says he often felt lost and angry as a teenager (join the club!), bored by school and unsure of his strengths, which certainly weren't academic. At the same time he was drawn to hypermasculine entities – *Rambo* and *Terminator* movies, the Bra Boys, rugby league, heavy metal. "Putting on muscle got me noticed," says Mitch, who these days looks fit though not conspicuously like someone who pumps heavy iron. "It got me respect. Guys who wouldn't have given me much at school wanted to hang around with me."

What leaves you open to MD are the same factors that predispose you to any obsessive- >

BIG SHOT: THE GUY WITH MD EQUATES SIZE WITH MASCULINITY.



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“I can still feel guilty if I don't touch a barbell for a week or I eat junk”

compulsive disorder, researchers say. Perfectionism interacting with low self-esteem is a particularly potent mix. “People who don't feel good about themselves will try harder and harder to control their body in order to feel better, but they don't feel better,” says Wade. “It's a vicious cycle because the real problem is not how they appear; it's how they feel about themselves.”

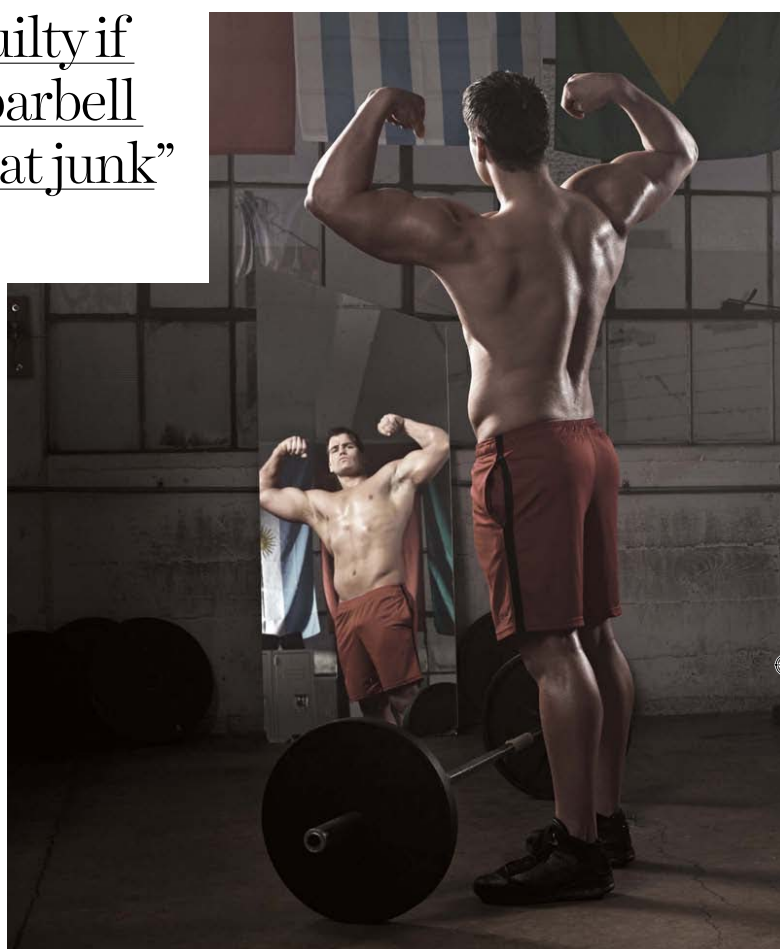
Mitch came close to using steroids but in the end stopped short. “I can't remember how it came up but I remember my dad said to me, ‘If you start using steroids I'll kick you out of the house’. That stunned me because he's never talked to me like that before or since. It made me think that I might have been going too far. I still thought about using steroids another thousand times, but I never did.”

Mitch dodged a bullet. Once someone with MD starts taking steroids he can find it extremely hard to stop. Why? Because they work. “If you use laxatives and diuretics to lose weight then you're out of luck because they don't work,” says Griffiths. “They don't work in your system fast enough to stop calorie absorption. But steroids, unfortunately, do work. And at least for a little while you feel good.”

Alas, the preoccupation and underlying self-disgust persist. And if you come off the steroids you will literally shrink in a few weeks. So, you stay on them. And, in time, you probably up the dosage, wreaking havoc on your endocrine system and spiking your odds of having a heart attack or stroke. Even if, like Mitch, you refrain from using steroids, MD can still prove fatal: in a US study of MD sufferers, half reported having attempted suicide.

THE BIG PICTURE

When it comes to the drivers of MD, Underwood believes there's something larger at play than an individual's psychological makeup. Although the muscular ideal dates back centuries, never has it been as pervasive nor as mainstream as it is now, and never has the ‘perfect’ male body been so thoroughly ripped. (At *Men's Health*, by the way, we're



clear-eyed about our own role in promoting the muscular ideal.)

The bombardment starts in childhood. Until recently action figures depicted regular-looking humans. Nowadays they're often plastic behemoths; even little Luke Skywalker has been designed as positively swole. Superhero costumes come embellished with six-packs and bulging pecs. With their regular-Joe bodies, the screen heroes of yesteryear wouldn't have landed a role in today's blockbusters. Personal trainers report clients are eschewing reality for sources of physique inspiration, preferring the likes of *Dragon Ball's* Goku or *Street Fighter's* Ryu. Western culture's message to men, says Underwood, is that your body is a project.

And unless you're working on it constantly – striving ever more assiduously to make it bigger, leaner, more vascular – then you should be ashamed of yourself, pencil-neck.

If your response to this onslaught is to become fixated on training and diet to the point where you develop MD, does that make you an outlier? Or are you actually an over-conformist? “What we label as pathological can be seen as a rational response to an irrational situation,” says Underwood. MD sufferers need psychological treatment, she adds, but don't kid yourself they're freaks while the rest of us are fine. “We can't just treat the tip of the iceberg, which is what we're doing now,” she says. “We don't consider how we, as a society, create an environment that is



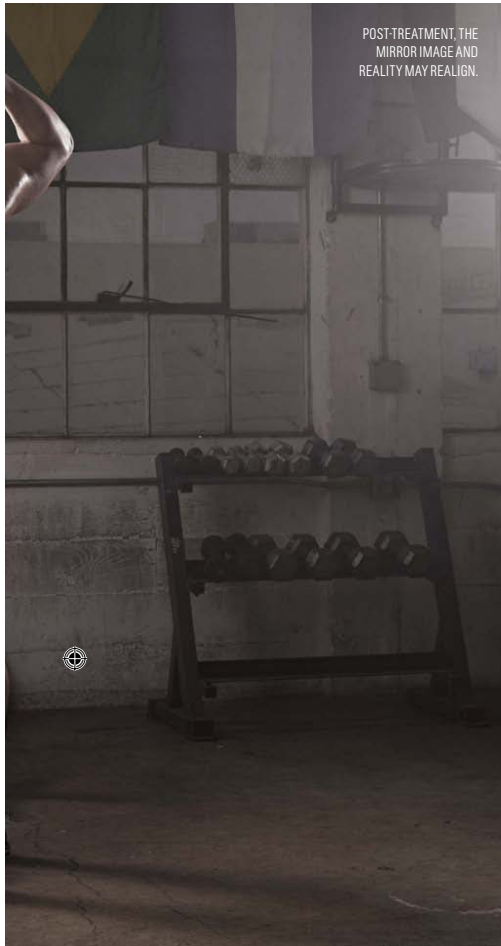
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therapist, who delivered the MD verdict. He remembers being comforted to hear there was a label for how he'd been feeling: "I actually started crying a bit and thanked her."

Diagnosis, of course, isn't the finish line. "Clinicians tasked with treating a client with muscle dysmorphia may feel overwhelmed by the complexity of the disorder and stymied by the paucity of clinical advice available to them," says Griffiths. In Mitch's case, treatment was cognitive behavioural therapy backed by SSRI antidepressants, which can slow the stampede of obsessive thoughts.

Over a period of months Mitch's therapist tried to unpick his conceptions of what it meant to be a man, as well as his fears about what would happen were he to back off on his training and shed some of his muscle.

Gradually, Mitch says, he came to realise that his *raison d'être* amounted to more than chiselling his body into a certain shape.

But is he cured? "I don't know this ever leaves you completely," says Mitch. "I'm not obsessed with being big anymore, but I can still feel guilty if I don't touch a barbell for a week or I eat junk. I still don't like taking my shirt off in public unless I know I'm in good shape, which is never."

In a way, he says, just growing up and taking on new responsibilities helped sort him out. "My fiancée handles me exactly right. When I start acting crazy she just makes a joke of it. These days I can see the funny side, too." He can even laugh about getting in the grill of his cat that time. "I actually apologised to him for that." ■

BUILD AN MD SHIELD
IF YOU'RE PREDISPOSED TO OBSESSIVE BEHAVIOUR THEN WARDING OFF MD REQUIRES A STRATEGY. HERE'S ANTHROPOLOGIST MAIR UNDERWOOD'S FOUR-POINT PLAN FOR DODGING THE DISORDER

- 1 See yourself as a multifaceted man with a diverse range of abilities and needs, not as a lifting-and-eating machine
- 2 Focus on what training will allow your body to do, not on how it makes you look
- 3 Avoid building your self-image on a foundation of physical appearance
- 4 Accept that age will diminish your body – and don't sweat it. Growing old is a privilege denied to many

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Social media is upping the pressure on men to muscle up. Your Instagram feed is a 24/7 invitation to compare your body to others'. "It's an endless carousel of images that can and often will be curated such that you come out on the negative end," says Griffiths. "Most adults can rationalise this stuff and understand they don't have to look this way, but that's prefrontal-cortex work and not a skill people are born with. Boys now are growing up in this space without the brain development to discern and resist."

A GUIDE TO DOWNSIZING

Tired of living in his own tormented head, Mitch finally put himself in front of a