NOVEMBER, 2019
BLACK MIRROR

Men’s Health, National
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 brawny 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 fruit. I mean a big serving of meat, rice and vegetables,” says Mitch. After rinsing his plate he would go...
lie on his bed and watch bodybuilding videos on YouTube until it was time to eat again. His transformation was Shiloh-like, his height topping out at 1.13 kilograms, up from the 0 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 muscleman 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 dweeby 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 every muscle, 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 bathing their ‘smallness’ is 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.

MD’s defining symptom. For sufferers, the average time spent every day thinking about getting bigger, or yearning to be more defined, or bathing their ‘smallness’ is 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.

MD sufferers 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-distrust 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.

“Bodybuilding can take hold of perfectly rational men and send them a little bit mad”
November 2019 87

The resultant changes weren’t confined to her body. “Some days I’d look in the mirror and say, ‘Oh, you’re nearly there, you’re looking great!’ And the next day I could look in the mirror and go, ‘Oh, you’re 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 cars 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 lifers, 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 nearest trickles of joy intermixed with torrents of frustration, self-loathing and despair. You’re losing site! Your trophies 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 BRAIN 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. “It 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 maximize repair during sleep. The need to be muscular became more important than anything else, his health included. “I wanted 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-compulsive disorder.
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. 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. And at least for a little while you feel good.”

Then comes 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 BIG PICTURE

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 — training 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...
ripe for MD. We put it all on the individual.” 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 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’etre 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 any more, 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 PREPARED TO OBESSEIVE 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. Accept that age will diminish your body – and don’t sweat it. Growing old is a privilege denied to many. Avoid building your self-image on a foundation of physical appearance.

4. Encourage your ‘fido friends’ to take you on a walk. Exercise is a great stress reliever, and your pets will enjoy it, too.

November 2019

Author: Daniel Williams
Section: General News
Article Type: News Item
Audience: 43,487
Printed Size: 3300.00cm²
Region: National
Market: Australia
ASR: AUD 78,973
Words: 2838
Item ID: 1182695688

Licensed by Copyright Agency. You may only copy or communicate this work with a licence.