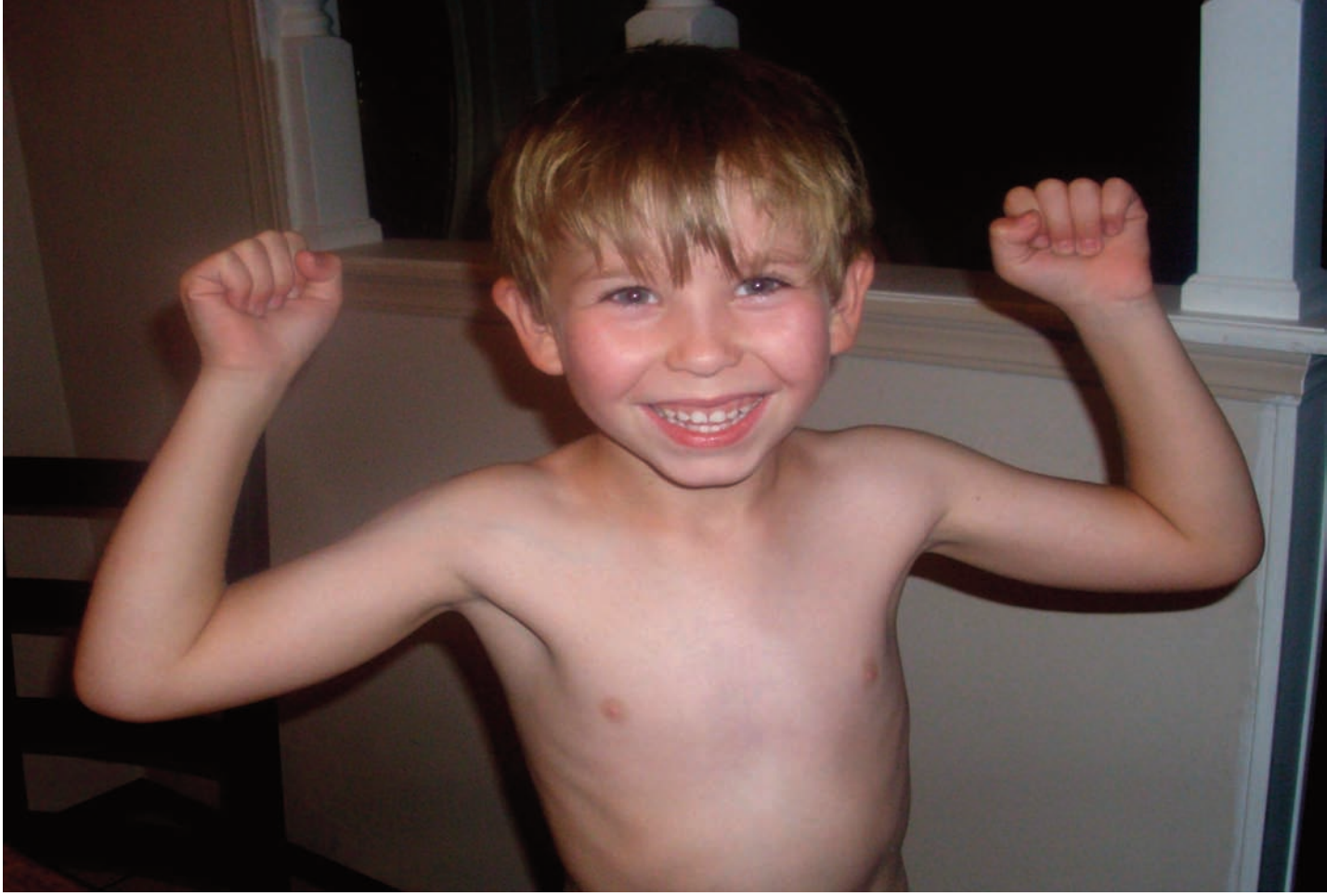

Muscle Dysmorphia and Male Body Image: A Personal Account

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Muscle dysmorphia is a proposed psychiatric condition in which an individual feels inadequately muscular and lean, and makes efforts to increase their muscularity and leanness sometimes ignoring the deleterious effects it may have on their physical, psychological, and sociological well-being. The purpose of this narrative is to provide a personal account of muscle dysmorphia experiences and how its influence has guided past and continuing research. Furthermore, an analysis of the current characteristics of muscle dysmorphia with suggestions for possible additional characteristics is discussed.

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This could be described as a memoir detailing my experiences with muscle dysmorphia and male body image, but I would prefer that it is not. The word "memoir" often implies something final and complete, something done at the end of one's career or life. I hope I am not near the end of my life, nor do I consider my work complete. To me, then, this is more of a narrative.

I am English, but I had the fortune of growing up in West Africa where body image culture was very different to that in the West. However, living in a boarding school replete with various worldwide cultures I was not immune to the westernized view that boys and men should appear muscular and lean. I was about 13 before I began to realize that those boys who were larger seemed to receive more attention from the opposite sex. I had always been very thin, and I was jealous of the attention the more muscular boys received both from the girls who wished to date them and the boys who wanted to be like them. Well, I wanted to be like them too!

Our school was small, and the concept of a gym was laughable. We did not have any weight lifting equipment and we were never taught anything about strength training or weight lifting in physical education. Thus, I did not become familiar with gyms until I attended college. In my school, those who did have "weights" had literally acquired heavy things from the local scrap yard. At 14, my best friend and I decided to do the same. We ventured to the yard and managed to scavenge a metal bar and a large nut of some kind that weighed about four or five pounds. Excitedly, we returned home vowing to pack on pounds of flesh.

As one might imagine, our success was a little more limited than we had envisioned. Doing sets of 100 is not really conducive to developing muscle mass. This was a frustrating time. I was very thin and wanted to gain weight but never seemed to be able to do it. I did not know why and thinness was something I had become very aware of.

Other than the desire to appear attractive to the opposite sex, I felt the pressure from others to gain weight. I vividly remember eating a meal when a friend of the family encouraged me to have seconds because to her it looked like I needed it. I began to feel that I was not accepted for who I was and that in order to attain approval I had to do something about my size. This feeling was reinforced one day when my parents were entertaining. I came out of my room in a tank top and the man they were speaking to saw me and started laughing. I was ashamed! He may not have been laughing at me or my physique, but that did not matter. I vowed to do something about it. I wanted respect!

Having just arrived in England from West Africa, I began my freshman year in college as a 6 foot, 140 pound waif. Part of the enrollment process was being cleared by a nurse. When I went to visit her she went through the usual checkups and then asked me if I was eating. Of course I was eating! However, she then told me she thought I might be anorexic. Although she had a point – a BMI of 19 put me on the lowest border of normal – it was again reinforced to me that I did not weigh enough and there was something wrong with me.

I was first introduced to the gym in college. I remember peering through the windows and seeing huge guys walking around. I wanted to be like them! Because I was embarrassed about my

size, I began working out when no one was around. I did not want anyone to see me exercising if I could help it, but once I became a little more familiar with the gym scene I did not mind working out in the presence of others. During those years I became a gym rat.

Early on, I knew relatively little about training, nutrition, and exercise. However, I would regularly work out six or seven days a week, often spending a couple of hours at the gym. I took supplements that I did not understand but promised me muscle growth and leanness. Despite my relative ignorance, I did gain weight and muscle mass. When I graduated from college three years later, I was a lean 175 pounds and felt reasonably good about myself. My strength and physique increased my confidence, and I felt more powerful. I liked the jealous glances that gym "noobies" would give me and it felt pretty "cool" when someone would come up asking me for weight training advice.

Still, feeling reasonably good about myself was not good enough. When I entered my first graduate program I was still unhappy with my muscularity and leanness. There were still people who were lifting more than I was and they were more muscular and lean, too. I remained dissatisfied and committed myself to the gym even more than before. I did not always wear heavy clothing as someone with muscle dysmorphia is supposed to do according to some research. However, bulky clothing did make me feel bigger and I would take them off only when I had my pump on.

The number of hours I spent in that gym must have been in the thousands. However, it is interesting to consider that for all the time and positive conversations I had in that gym, one negative one stands out overwhelming all others. One day I needed some help spotting me as I lifted. I asked another gym member and as I completed the set he exclaimed, "Wow. That's a lot of weight for someone your size." I was crushed. He had meant it as a compliment, but to me it was not. Even though I had continued to gain size and leanness, I was not yet accepted.

Initially, my experience during my masters program was a frustrating one. I did not understand why I could not accept my physique. I am naturally an ectomorph, but wanted that mesomorph physique. Most probably saw me as a mesomorph, but I did not. Although the use of steroids was a temptation, and there were those in my gym who used them, I have never and will never use them. I could not cross that boundary between illegal and legal, no matter how frustrated I felt with my physique. If I was to attain my goals, I was going to attain them on my own. Using illegal substances would simply cheat me out of the satisfaction of knowing I had overcome my own problems.

Another one of the criteria on which muscle dysmorphia is based suggests that an individual will put his physique above social, recreational and occupational activities. I was no exception, and to some extent still struggle not to work my life around my workouts. There were places I did not go, things I did not eat, and events I did not participate in because they interfered with my training schedule. I knew I was giving up something, but I valued my physique over almost everything.

Much of my understanding of how I felt and the direction of much of my future academic research and career changed when I heard a guest counselor speak in 2002. I talked to her about what I was experiencing and she knew exactly what I was talking about. She suggested I do some reading on the term muscle dysmorphia. I was elated! As I began reading the early research into muscle dysmorphia, I was encouraged by the knowledge that it was not just me, and that I could pinpoint what was going on.

Due to various circumstances, I found myself in another masters program in the United States. My reading on muscle dysmorphia had led me to the seminal book on male body image,

The Adonis Complex (Pope et al., 2000). I devoured the book and determined to complete my thesis on something related to muscle dysmorphia. It should be explained that my educational background is in kinesiology, not psychology or psychiatry. Thus, by focusing my research on male body image, I was studying in areas unfamiliar to my professors and they could provide little knowledge of the literature. That did little to deter me, however, and my interest was piqued by the study by Pope et al. (1997) comparing the changing physiques of action figures over time. Thus, for my thesis I repeated their study using more stringent statistical analysis. I then took both original and current action figures into school to see which figures preadolescent boys preferred and why. The findings of Pope et al. (1997) were supported (Baghurst, Hollander, Nardella & Haff, 2006) and I discovered that current action figures were preferred overwhelmingly due to their larger physiques (Baghurst, Carlston, Wood, & Wyatt, 2007). I must say I was not surprised by the findings overall, but that the boys preferred the current action figures for their size by such a large margin to other characteristics did concern me. After all, if boys play with action figures and are admiring their large physiques that are often unattainable even with the use of steroids, will they always be unsatisfied with their own physiques, given that these action figures are promoted as societal heroes. The findings from both of these studies were published and received unexpected additional attention in the media.

The success of my thesis encouraged me to continue this line of research during my doctorate. In all of the research that I had read on muscle dysmorphia, bodybuilders were a prime target for researchers. It makes sense, since bodybuilders train for the primary purpose of increasing muscle mass and being as lean as humanly possible. In my time as a weight lifter I had met many bodybuilders and had attended bodybuilding competitions. I learned that competitive bodybuilding was divided into natural and non-natural competitions. Natural bodybuilders are drug tested whereas non-natural bodybuilders are not. Sometimes natural bodybuilders are also required to pass a lie detector test. To that point, all prior research had suggested that steroid use was a feature of muscle dysmorphia, yet I knew from my own experiences that it was possible to have characteristics associated with muscle dysmorphia without ever having taken steroids. With so many studies using bodybuilders as a sample without considering whether they did or did not take steroids, there was a clear gap in the research. This was the catalyst for my dissertation.

My doctoral dissertation compared the characteristics associated with muscle dysmorphia of collegiate football players, competitive bodybuilders, and those who weight train for physique (Baghurst & Lirgg, 2009). However, unlike previous research that did not differentiate between bodybuilding groups, mine did. To me, the results were not surprising. Overall, bodybuilders had the highest scores associated with muscle dysmorphia, but there was no statistical difference between natural and non-natural bodybuilders. Something that did surprise me was that the football players had the highest levels of physique protection (covering up their physique).

From the beginning of muscle dysmorphia research in the 1990s, both physique protection and steroid use (or supplement use that has a detrimental effect on health) has been identified as components of having the condition. I knew from my own experiences that it was possible to be extremely unsatisfied with one's physique, yet never having taken steroids. Also, there were many occasions where I did not mind working out without protecting my physique. I may still have been somewhat ashamed of my physique, but I still wanted to see my muscles in action when I exercised. Also, having others evaluate my physique helped to spur me to keep improving my physique. Here was my evidence that maybe my experiences were a more accurate appraisal of what muscle dysmorphia actually is!

Although no one has yet to follow up and either support or refute my findings, this has led me to question how muscle dysmorphia is defined (Baghurst & Kissinger, 2009). Should the criteria that are generally associated with muscle dysmorphia be revisited? The current belief is that many men experience dissatisfaction with their physique, but that muscle dysmorphia is quite rare in the general population. I question whether it is less rare than might at first be thought. Men appear to have more body image dissatisfaction today than at any time previously. This is in part evidenced by the number of men frequenting the gyms in addition to the booming supplement trade.

If factors such as steroid use and physique protection are removed from the characteristics of muscle dysmorphia, it could be argued that many more men than previously thought have or do experience muscle dysmorphia. Indeed, if the characteristics, as described by Pope et al. (1997) are considered, there is plenty of room for interpretation in these criteria.

There are so many questions yet to be answered concerning male body image and muscle dysmorphia. Having spent so many hours in gym settings, I have an advantage over many – though not all – muscle dysmorphia researchers who can only make judgments based on clinical settings or the experiences of others. Most gym attendees who would score very high on characteristics associated with muscle dysmorphia will not be taking steroids or a supplement clearly documented to adversely harm their bodies. Very rarely do I see someone working out in full sweats outside of the colder months. Does this mean that no one in my gym can have muscle dysmorphia?

With respect to physique protection, there is some validity in the argument that an individual may be extremely concerned about being evaluated by others. However, based on my own experiences, I believe that the fear of evaluation stems from the evaluation of body fat, not muscularity. This would help to explain why many exercising men wear shirts and cutoffs to put their "guns" on show while hiding the belly fat under their shirt. They may be much more uncomfortable if they were asked to exercise without that shirt! Thus, the concept of physique protection should not be thrown out, but fat protection may be a better fit.

Researchers in this area also need to consider whether the frequency of body fat and weight measurement is related to other muscle dysmorphia characteristics. In addition, mirror checking frequency should also be considered, as this is a common practice by men in the gym setting. Mirror checking has been noted in some research, but it has not been pursued as a characteristic of muscle dysmorphia. These concepts clearly need further research before they can be included or excluded as characteristics of muscle dysmorphia.

Although I remain unsatisfied with my physique my understanding of muscle dysmorphia has allowed me to put my own concerns in perspective. That being said, I continue to work out as much as I can and watch what I eat. I have given up experiential opportunities and have missed or rearranged meetings (I never said that!) to ensure that my work outs were not interrupted.

Soon I will be competing in my first triathlon as a Clydesdale (200 pounds or more). I will be competing nearly naked, which does not excite me in the least. I am bigger and leaner than most in my gym I am told, but I remain unconvinced. I have never looked at myself in the mirror and loved what I saw. Although I know that my physique is not perfect, I will not let what I think or what I think others think about my physique interfere with my goals.

I have learned to accept that my life does not always afford me the opportunity to pursue my ideal physique. My understanding of muscle dysmorphia has afforded me some peace knowing that perfection will never be attained. Perhaps muscle dysmorphia follows many other clinical

conditions and addictions: you never quite get over it, but you learn to manage it. I hope that I, along with others researching in this field, will be able to identify other characteristics of muscle dysmorphia so that it can be accepted as a legitimate clinical condition for which effective treatment or management strategies can be developed.

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