

Muscle Dysmorphia: An Especially Worrisome Form of BDD

One of the most important and common forms of BDD is called **muscle dysmorphia**. Most people with muscle dysmorphia are men, although I've seen a few women who have it. In my studies, nearly one-quarter of men with BDD have this form of BDD (most of them additionally had nonmuscle dysmorphia appearance preoccupations).

Men with muscle dysmorphia fear that their body build is too small and not lean or muscular enough. Even though they look normal, or in some cases very muscular, these men want to become even more muscular. They also worry about not gaining fat.

Mark, a muscular man in his 20s, believed his upper body was too thin and that he looked "dwarfed and wimpy." To build himself up, he drank protein drinks every day and lifted weights for hours daily. At least 20 times a day he asked his father, "Do I look okay? Am I getting bigger?" Mark always wore long-sleeved shirts to hide his "skinny" arms and avoided going to the beach. When I met him, he was wearing five layers of T-shirts and sweatshirts to look bigger.

Men with muscle dysmorphia obsess about their muscularity and body size, and they perform typical BDD behaviors, such as excessively checking mirrors to see how they look, asking other people if they look muscular enough, and measuring their body to see how big they are. Many of these men camouflage with clothing to hide body areas they don't like. Some try to look bigger by wearing big, bulky clothes or many layers of clothes.

In one small study, my colleagues and I found that 71% of men with muscle dysmorphia lifted weights excessively, 64% exercised excessively, and 71% dieted. Some men lift weights and exercise so much that they don't have time for other activities or their families, and some seriously injure their bodies (see Chapter 6). Men with muscle dysmorphia are much more likely to engage in these behaviors than men who have BDD but not the muscle dysmorphia form of BDD. Thus, these behaviors may be clues that a man has muscle dysmorphia.

Fernando also had muscle dysmorphia. He was in his early 30s and was quite muscular. However, he was convinced that he looked "unattractive, emaciated, and dwarfed." Fernando thought about his appearance for an estimated 17 hours a day. He painstakingly planned his diet and frequently checked mirrors to see how big he was. He also wore bulky clothes, and he compared his body size and muscularity with other men's bodies and with men in muscle magazines.

Fernando was so petrified that he looked tiny that whenever he had a spare second he compulsively lifted weights. When he was at his job in a restaurant and had a few minutes of privacy, he frantically lifted big stacks of dishes back in the kitchen. "I just keep hoping that someone won't walk in and see me doing this," he said. "I also sneak into the bathroom at work to do push-ups. People come banging on the door to see where I am and what I'm doing. I know I should be working, but I just can't stop."

Fernando was so distressed over his appearance that he injected himself with anabolic steroids to try to bulk up. He knew that this was potentially dangerous but felt compelled to do it anyway. As he said, "I have to get bigger—I can't stand looking so bad!" His obsessive thoughts about his body and his compulsive behaviors were so distressing and time consuming that he had to drop out of college. He didn't date because he thought no woman would want to be with him because he looked so small.

Many people with muscle dysmorphia use food supplements, such as protein powders and creatine, to gain muscle and lose fat. Some use potentially dangerous methods such as human growth hormone, diuretics (water pills), and ephedrine. Of great concern, about 20% of men with muscle dysmorphia use anabolic steroids, which are illegal when used for this purpose and are potentially dangerous to one's physical and emotional health. If dirty or shared needles are used to inject these drugs, there's a risk of getting an infection or abscess—even AIDS, hepatitis, or other life-threatening diseases.

In one small study my colleagues I found that an alarming 86% of men with muscle dysmorphia had a problem with other street drugs or alcohol (i.e., a substance use disorder), and that 50% had attempted suicide.