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Vigorexia

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ABSTRACT

The article discusses the concept of Vigorexia, also known as the Adonis Complex or Muscle Dysmorphia, which is a mental illness characterized by an obsession with body image, particularly muscularity. It was first named by psychiatrist Harrison G. Pope in the 1990s when studying weightlifters in a Boston gym. Vigorexia leads individuals to perceive themselves as small and weak despite having a muscular appearance. Some experts view Vigorexia as a behavioral addiction, marked by an obsession with exercise and the consumption of substances like anabolic steroids to increase muscle mass. It is often associated with distorted body image and dissatisfaction with one's appearance. The article highlights that Vigorexia has not always been recognized as a distinct disorder and was not initially included in diagnostic manuals. Anabolic steroids, testosterone, and growth hormones are commonly abused substances among individuals with Vigorexia, contributing to physical and mental health problems. Long-term use of these substances can lead to severe health issues, including psychosis. The article also touches on the impact of the COVID-19 pandemic on recreational bodybuilding practitioners, as lockdowns and social distancing measures disrupted their routines, potentially exacerbating anxiety and sadness. Additionally, it distinguishes between general physical activity and bodybuilding, with the latter emphasizing muscle development, strength, and aesthetics. The practice of bodybuilding often involves weightlifting and specialized machinery in gyms. In summary, Vigorexia is a mental disorder characterized by an obsession with muscularity, distorted body image, and the abuse of substances like anabolic steroids. It has physical and mental health consequences and has become more prevalent in recent years, affecting both athletes and non-athletes.

Keywords: Vigorexia, Adonis Complex, Muscle Dysmorphia, Body Image, Anabolic Steroids.
impacto de la pandemia de COVID-19 en los practicantes de culturismo recreativo, ya que los encierros y las medidas de distanciamiento social alteraron sus rutinas, exacerbando potencialmente la ansiedad y la tristeza. Además, distingue entre la actividad física general y el culturismo, haciendo hincapié en el desarrollo muscular, la fuerza y la estética. La práctica del culturismo suele implicar levantamiento de pesas y maquinaria especializada en gimnasios. En resumen, la vigorexia es un trastorno mental caracterizado por una obsesión por la musculatura, una imagen corporal distorsionada y el abuso de sustancias como los esteroides anabolizantes. Tiene consecuencias para la salud física y mental y se ha hecho más prevalente en los últimos años, afectando tanto a deportistas como a no deportistas.

Palabras clave: Vigorexia, Complejo de Adonis, Dismorfia muscular, Imagen corporal, Esteroides anabolizantes.

INTRODUCTION

Vigorexia is also known as Adonis Complex. Adonis, the Syrian god, taken and popularized by Greek mythology, represents the young and attractive man and the bearer of tremendous immature vanity (Peyró & Oñate, 2011).

From there arises the concept known today as the Adonis complex; on the other hand, Vigorexia is also called obsession with the body.

However, it was the psychiatrist Harrison G. Pope (1993), at the beginning of the ‘90s, in the laboratory of Biological Psychiatry of the McLean Hospital in the United States, who named Vigorexia as a new mental illness, a concept that arises when studying people who practiced weightlifting in a gym in Boston (H. G. Pope et al., 1993).

In the study, it was possible to observe the side effects of abusing anabolic steroids. Some of the individuals were found to exhibit psychotic-like behaviors (R. Castro, 2013).

However, there were already in the 1970s some references in the observations that Baekeland (1970) made in his work about the dependence of some people on physical exercise (Baekeland, 1970).

Sometime later, Pope and his team realized that some of the subjects examined had a somatic disorder related to body image, which they designated as muscular dysmorphia or bigorexia.

They developed a type of disorder that made them perceive themselves as petite, skinny and weak when, on the contrary, their appearance was muscular and of enormous proportions.

Pope also found that to increase lean weight and lose fat while gaining muscle mass, they were subjected to strict diets, low in fat, very rich in protein and carbohydrates, and abusive consumption of anabolic agents.

Baile (2005), in turn, defines bigorexia as a health disorder represented by a pathological preoccupation of being weak and not having enough muscular development in the body, even though this is, in addition to the fact that it manifests itself in the inability to see the actual size of one’s own body accurately. It also leads to obsessive and negative behaviors related to appearance (Baile, 2005).

On the other hand, for Martinez Medina (2009), bigorexia is a mental disorder, not essentially an eating disorder; however, it is united by the obsessive preoccupation with the image and distortion of it as with the eating disorder. It also behaves as a behavioral addiction, which pursues muscle mass gain without care through exaggerated physical exercise and other behaviors such as ingesting anabolic steroids or steroids (Martínez Medina, 2009).

Therefore, it can be considered an addiction; according to Rodríguez Molina (2007), bigorexia resides in addiction to exercise, considering it as relatively new, contrary to some authors who argue that we should not speak of it as an addiction and mention that the obsessive-compulsive disorder must be a component of bigorexia because it involves repeated thoughts about the need to exercise, becoming the physical activity the compulsion, asserts that it is a disorder of eating behavior, and body dysmorphic, specifically, muscular (Rodríguez Molina, 2007).

(2006) describe behavioral addictions as dependence disorders related to daily actions that do not include the use of substances, i.e., people perform activities that generate pleasure repeatedly and constantly that become habits. They become psychic and emotionally dependent, regardless of their irrationality and consequences. In other words, behavioral addictions show incorrect self-control in people’s behavior, leading them to situations where their health is put at risk (Sobrino Cabra et al., 2006).
Likewise, Castro and Ferreira (2007) point out that when exercise fulfills the objective of achieving muscle mass growth, vigorous individuals do not experience it in this way. It is no longer enough since it is not enough to feel good about themselves and their body, and they persist in the irrational belief about their volume and weakness (C. F. G. Castro & Ferreira, 2007). Por consiguiente, la obsesión por el desarrollo de los músculos, la autopercepción distorsionada, la insatisfacción y aceptación de la figura, se combinan siendo el caldo de cultivo para el consumo de sustancias. Las hormonas de crecimiento, anabólicos, y esteroides son los andamios que vienen a sostener una estructura de por si deficitaria. Muñoz y Martínez (2007), expresan que los esteroides son productos químicos farmacológicos utilizados para aumentar la masa muscular y perder grasa (Muñoz Sánchez & Martínez Moreno, 2007).

On the other hand, Portela Guarín (2002) argues that vigorexia, in addition to the compulsive practice of exercise and extreme diets, leads to the use of certain drugs that facilitate the increase of muscle mass, mainly being anabolic steroids, testosterone, growth hormone (Portela Guarín, 2002).

In turn, other variables are considered; Castro (2013) indicates that perhaps it is within the order of eating disorders since the concern is framed in the body (R. Castro, 2013). Similar to body dysmorphic disorder, vigorexia has an excessive and pathological preoccupation with an imagined defect of the body or appearance (Rodríguez Molina, 2007). Being the body, its perception and conception are a big part of the conflict. This is one of the main characteristics of vigorexia since the subjects cannot perceive the actual size of their body, which is why it could be said that it is a BDD and, more precisely, MDD (muscular dysmorphic disorder) (R. Castro, 2013). Cabrera & Fanjul (2002) state that vigorexia is a disorder based on a discomforted desire to develop muscle mass, predisposing one to have a distorted image of one's body (Cabrera & Fanjul, 2012).

However, one could appreciate the physical appearance and body image. Body image represents the body that each person constructs in his or her mind (Guimon, 1999) and the experience he or she has of his or her own body (Raich, 2000). Thus, some people with a physical appearance far from the canons of beauty may feel good about their body image and self-perception, and, on the contrary, others, socially and culturally estimated as standards or weighted ideals, may not feel and perceive themselves as such.

It should be noted that the disorder was not initially included in the DSM-IV-TR American Psychiatric Association diagnostic manual (American Psychiatric Association, 2011). This situation generated discussion regarding its classification, so some authors tried to place it within the different nosological entities (Lopez-Cuautle & Vazquez-Arevalo, 2016). Some equate it with addiction; others talk about it being an obsessive-compulsive disorder (OCD). It is also said to be an eating behavior disorder (ED) or a body dysmorphic disorder (BDD) (Rodríguez Molina, 2007).

Once Muñoz and Martinez (2007) state that it is not an eating disorder but a somatoform disorder, the term currently used begins to be used (Muñoz Sanchez & Martinez Moreno, 2007). Therefore, they can be seen in the diagnostic criteria raised in the DSM-5 Manual (American Psychiatric Association, 2013), are the following points:

A. Preoccupation with one or more perceived defects or imperfections in physical appearance that are not observable or seem unimportant to others.

B. At some point during the disorder, the subject has engaged in behaviors (e.g., looking in the mirror, excessive grooming, scratching the skin, wanting to make sure of things) or mental acts (e.g., comparing his or her appearance with others) that are repetitive in response to the Preoccupation with appearance.

C. Preoccupation causes clinically significant distress or impairment in social, occupational, and other vital areas of functioning.

D. Concern about appearance is not best explained by concern about adipose tissue or body weight in a subject whose symptoms meet diagnostic criteria for an eating disorder.

Specify whether:

With muscular dystrophy, the subject is concerned that his or her body frame is too small or under-muscled. This specifier is used even if the subject is concerned about other body areas, which is often the case.
Specify if:
Indicate the degree of introspection about body dysmorphic disorder beliefs (e.g., "I am ugly" or "I am deformed").
With excellent or acceptable introspection: The subject recognizes that the body dysmorphic disorder beliefs are clearly or probably not true or may or may not be accurate.
With little introspection, the subject thinks the body dysmorphic disorder beliefs are probably accurate.
With no introspection/delusional beliefs: The subject is convinced that the body dysmorphic disorder beliefs are true.
In turn, the DSM-IV mentions that it usually begins in adolescence and can be seen to begin gradually or suddenly and may go unnoticed because the subjects do not want to report their symptoms.
The intensity of the symptoms usually presents ups and downs, but there are few intervals in which they are absent (American Psychiatric Association, 2011).
It should be noted that the manual also does not provide more information about the disorder, the duration of symptoms is not mentioned, and there is no mention of how many criteria a patient must have to be diagnosed (Salaberría et al., 2000).

9.2. Vigorexia and Substance Use
In ancient Rome and Egypt, both cultures attributed aphrodisiac and virilizing properties to sexual organs, and the ingestion of animal testicles was a frequent practice among monarchs and warriors at that time.
In 1889, the French physiologist Charles Brown-Sequard was the first to publish his own experience with the self-administration of liquid extracted from dog gonads, attributing rejuvenating properties to it. However, it was not until 1935 when Butenandt and Ruzicka succeeded in synthesizing testosterone, a milestone that revolutionized the field of endocrinology and earned them the Nobel Prize in Chemistry in 1939.
In the 40s, the first studies on human beings were initiated. In 1950, its use for sporting purposes was used for the first time with great followers in the next 25-30 years, and its massification and excessive abuse led the Olympic Committee to prohibit its use in 1976.
Anabolic androgenic steroids (AAS) correspond to synthetic derivatives of testosterone, which have specific medical indications. However, they are currently used for non-clinical purposes.
There is a relationship between vigorexia and the consumption of substances intended to increase performance, many of them under the legal format in the order of vitamin complexes. On the other hand, illegal substances such as anabolic steroids outside of medical prescription.
Baile (2005) groups these substances under the following groups (Baile, 2005):
Minerals and electrolytes sometimes accompany vitamin complexes. Diuretics, insulin, caffeine.
Dietary supplements are composed mainly of proteins extracted from milk or egg whey (sometimes at 90% concentration) in powdered form, bars, or shakes.
Substances exist in the body, such as carnitine or creatine, which favor increasing muscular volume and making the best use of muscular energy.
Anabolic steroids. Pharmacological products are used to increase muscle mass and lose fat. Their trade and consumption outside of medical prescription is not allowed. As well as human growth hormones.
Also known as androgenic anabolics, anabolic steroids are products derived or synthesized from testosterone. The primary male hormone and androgen are naturally produced by the gonads (Tortora & Derrickson, 2018).
It has several essential functions in adult male development. At once, anabolic function directly interacts with the regulation of fat metabolism and muscle development (Pinel et al., 2001).
The first testosterone derivatives for medicinal use were synthesized around 1930 (Peters et al., 1999). They were part of the treatments for developmental deficits, delayed pubertal development in males, breast cancer, anemia, etc.
It is from the 1950s that they began to be used by athletes as a method to build muscle and gain strength beyond the possibilities that training without chemicals provided.
In the 1956 Olympics, anabolic steroids were used by a considerable proportion of the participating athletes. According to Wroblewka (1997), however, it was not until the 1976
Summer Games that their use was banned by the International Olympic Committee (Wroblewska, 1997).

At first, their consumption was limited to athletes seeking to improve their physical performance or bodybuilders who wanted to increase their musculature; today, the use of anabolic steroids has expanded to a sector of the population outside the sports practice (Baile, 2005).

On the other hand, although they are not narcotic or psychotropic substances, they are used with a pattern of abuse in various sports activities, which is why the consumption of anabolic steroids for recreational, aesthetic, or competitive purposes is considered by many psychiatrists as an addiction.

It is known that in the long and short term, it produces physical and mental health problems of the psychosis type (Armijo et al., 2014; Lorenzo Fernández & Lorenzo-Velázquez, 2018).

The number of consultations for erectile dysfunction, infertility, gynecomastia, and behavioral and hepatic alterations has been directly proportional to the reported increase in incidence. The increase in employment by non-experienced users for cosmetic purposes has caused a state of alertness in general (Aguila et al., 2013; Snyder & Fricker, 2018).

On the other hand, this study aims to relate how the particular context of the situation generated by the COVID-19 pandemic affected recreational or cosmetic bodybuilding practitioners.

Within the dispositions established by the WHO and the measures taken by the Argentinean authorities, confinement, and social distancing have been implemented, causing a significant movement in people's daily activities and routines, impacting all dimensions of society, including physical activity, which was hindered.

This situation brought about a significant increase in anxiety and sadness, as reported by the Observatory of Applied Social Psychology, School of Psychology, University of Buenos Aires, which studied the relationship between psychological distress and social isolation (Ursino et al., 2020). Anxiety involves facing an uncertain threat, and sadness involves having experienced an irrevocable loss (Lazarus, 1999).

9.1.2. Differences between physical activity and bodybuilding.

According to the WHO, physical activity is any bodily movement produced by skeletal muscles, with the consequent consumption of energy. It involves activities performed during play, work, travel, household chores, and recreational activities (WHO, 2020). Therefore, general physical activity could be differentiated from exercise. This would be a subcategory of organized, structured, cycled, and repetitive physical activity that aims to improve or maintain one or more components of physical fitness. What would be the practice of bodybuilding for recreational and aesthetic purposes?

In this order, it could also be called fitness, a type of training that, for marketing purposes, is called fitness. It arose around 1980 with the proliferation of gyms and sports clubs. Small weights, bars with weights, and specialized machinery characterize it. It leads to the fact that it can be complemented with aerobic exercise to differentiate itself from the bodybuilding movement, where bodybuilding training is aimed more at hypertrophy strength and aesthetic issues such as loss of body fat, development, and definition of muscle mass. In other words, they share their origins.

All practices that used to be carried out in gyms have significantly increased in recent years. Moreover, on the other hand, its development in the open air has also become more popular (Dosil Díaz & Caracuel, 2003).