101 - SOCIAL ASPECTS OF VIGOREXIA

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INTRODUCTION

The muscle dysmorphia, also known as Adonis Complex or reverse anorexia is a psychological syndrome or frame marked body dissatisfaction and malaise (CASTRO & FERREIRA, 2007), in which the individual feels weak and poorly muscled, causing an excessive practice of physical exercises and dependency. This condition was not recognized as a disease, it is, therefore, a framework validated or present in psychiatric diagnostic manuals (CAMARGO, COSTA, UZUNIAN & VIEBIG, 2008; ZAMORA, BONAECHEA, RIAL & SÁNCHEZ, 2005). However, given its implications, it is important to address the issues.

That is, the physical exercises are usually associated with feelings of well being and physical health promotion. However, one must draw attention to the cases that exercises begin to bring a negative aspect on the mental and physical health of individuals: it is ironically when the quest for health becomes pathological. In this perspective, the present work aims to characterize the muscle dysmorphia, from the discussion of its social aspects, covering the topics: definition, clinical characteristics, diagnostic criteria, risk groups, factors influencing the onset of disorders, cultural aspects (cult of the body) and social implications for individuals.

MUSCLE DYSMORPHIA

The muscle dysmorphia or Adonis complex consists of a disorder in which people practice physical activities (whether or not high performance) continuously, with an obsessive preoccupation with the physical presence and body image distortion. That is, the individuals affected by this disorder see themselves as weak and flabby muscles without, trying to reverse this situation with overloads exercises (ALONSO, 2006). Features a combination of biomedical characteristics similar to addictions with withdrawal symptoms and stereotyped behavior, related to other psychosocial factors such as interference in social and family life (CASTRO & FERREIRA, 2007). Ardoni (2008) adds that besides the practice compulsive exercise can accompany muscle dysmorphia hyperprotein diets and the use of certain drugs that facilitate increased muscle mass (such as steroids, anabolic steroids, testosterone and growth hormone).

There is no consensus in the literature about the etiology of muscle dysmorphia. However, the etiological explanation relates to commonly accepted models multifactorial, with factors predisposing, triggering and maintenance of addiction to exercise, which are in constant interaction. Molina (2007) also highlights that these factors can be social, cultural, biological and psychological.

The literature reports that the symptoms of people suffering from addiction of exercise are obvious (like obsession feel muscular or investing a lot of time in gyms). However, it would be irresponsible to assign to the individual that he is being affected by a disorder based on only two symptoms. It is in this perspective that Arnaiz (2008) highlights the difficulty of defining the boundaries for what is considered pathological eating behaviors. Based on this assumption, criticizes determining the pathological character of muscle dysmorphia and argues that there are few epidemiological studies to support this disorder. Also emphasizes that there is no unanimity in the diagnostic criteria to identify them. Therefore concludes that such conceptual vagueness contributes to that any deviation is considered a social pathology.

Regarding the diagnosis, it is usually framed as a somatoform disorder (body dysmorphia), obsessive-compulsive disorder (specific type) or mood disorder (major depression, bipolar disorder and anxiety) (BENEDICTO, MULE & RUIZ, 2004). Molina (2007), for example, muscle dysmorphia approaches to obsessive compulsive disorder (OCD), suggesting that individuals in this first show recurrent thoughts of his image and over his little muscles what to do to improve it. As a consequence, are engaging in a "compulsive" to perform physical exercises to make this your "default" body. Thus, one can think muscle dysmorphia as a TOC, as characterized by the appearance of recurrent and intrusive thoughts and repetitive behaviors or mental acts that the person performs in order to reduce their discomfort or prevent negative events. However, this author highlights a key aspect to frame muscle dysmorphia as body dysmorphic disorder and not as OCD. Is it always this first individuals perceive their bodies as weaker as or smaller than they actually are, which does not feature a TOC, but a somatoform disorder.

Camargo et al. (2008) propose that the Muscle dysmorphia was recently described as a variation of body dysmorphic disorder and fits between body dysmorphic disorder (BDD). Muscle dysmorphia involves a concern not to be sufficiently strong muscular on all parts of the body, unlike the typical TDCs which the primary concern is with specific areas.

As for triggering this syndrome, in sports, there is the quest for success leads many athletes to experience any dietary or nutritional supplement in the hope of achieving a better level of wellness or sports performance. These care abnormally with your muscle mass, which can lead to excess weight lifting, hyperprotein diets, high carbohydrate and hypolipidic, and indiscriminate use of protein supplements, and the consumption of anabolic steroids (CAMARGO et al., 2008).

Athletes constitute a risk group for the development of muscle dysmorphia to undergo pressure from their coaches, sponsors and family, aiming at a better performance. They are also a risk group for the development of TCAs, since they generally have intense concern for the health and well-being and are more critical of their bodies and weight than non-athletes practicing regular physical activity. In some sports body weight can directly influence the performance of the competitor, causing, in men, the desire to become bigger to gain advantage, as football players, wrestlers, or even competitions that the image itself is the goal, as bodybuilding (COSTA, GUIDOTO, CAMARGO, UZUNIAN & VIEBIG, 2007). The practitioners of physical activity, however, prioritize the ideal body. This question of the ideal body is of great relevance to the discussion of the social aspects of muscle dysmorphia and will be discussed in detail below.

Completing this topic should be stressed that the lack of epidemiological studies on the subject makes it difficult to establish the prevalence of muscle dysmorphia, however, Alonso (2006) provides estimates that 10% of men who frequent the gym may have muscle dysmorphia. About its treatment, there're no descriptions of a therapeutic approach to muscle dysmorphia. For the most part, practices are "borrowed" for frame related treatment and should not be taken as definitive. Likewise individuals with eating disorders, individuals seeking treatment with muscle dysmorphia difficult because through the proposed methods typically will entail loss of muscle mass (CAMARGO et al. 2008).

SOCIAL ASPECTS OF MUSCLE DYSMORPHIA

Alonso (2006) cites as the main cause social and cultural muscle dysmorphia the influence of the media through new standards of independence (the anatomical features of the heroes of film, television, music, magazines, fashions). According Ardoni (2008), we are living in a time in which the body and its social and cultural significance have taken unusual dimensions. The association, through the media, of the muscular or slender bodies' messages of happiness, success and self-esteem, has been based in the collective unconscious the idea that a perfect body is a synonym for perfect life. Impotence in achieving these ideals causes a generally negative self and translates into serious somatic diseases, now known as anorexia, bulimia and increasing muscle dysmorphia.

Yet this perspective, Goetz, Camargo, Bertoldo and Fair (2008), discussing the social representation of the body in the print media, proposes that the body is constituted from individual and social representations in a unit somatic and psychic that can be deconstructed and rebuilt indefinitely. They found that the social representation of the body in the research material they investigated includes two main aspects: first, practical, eminently physical covers aspects relating to aesthetics and bodily health, and the second one has a more subjective, represents the body as physical unit which prioritizes balance and well-being to achieve a healthier life.

Goetz et al. (2008) believe that an analysis of reports in the media gives you access to a social dimension characterized by elements that constitute the thinking individual, group and collective. In this perspective, the results from the analysis of these articles, the authors observed a prevalence of articles that show models and standards of beauty, with emphasis on the body refurbished, produced, young and "technological". Such information may be representative of the pressure that the media has on individuals.

The current culture has overstated the value of the body and its aesthetic on other aspects of the human being. Comparing with other disorders muscle dysmorphia best known, for example, anorexia and bulimia, all these have their deepest roots in cultural habits and the considerable extent of these eating disorders (anorexia, bulimia) has focused primarily on female. For males, whereas observed few works related to the theme, there is a progressive increase in the interest of this audience by their body image and aesthetics. This dissatisfaction with body image leads these men to start a series of pipes to improve the appearance, such as diet, use of cosmetics and physical exercise. The latter, in turn, can lead to the appearance of new disorders such as muscle dysmorphia (AYENSA, MARTINEZ & RANCEL, 2005).

The current society is producing the manifestation of what is aesthetic and especially of what should be sought, displaying a pattern extremely rigid as the body ideal and does not perceive a symptom production collective that circulates throughout all environments. Issues related to diet, physical appearance, plastic surgery and physical exercise are everywhere: at work, at school and at parties. At present, it is observed that the individual is only accepted in society to conform to group standards. Therefore, it is estimated that unattractive people are discriminated against and do not receive much support in their development as recognized as attractive subjects, and even be rejected. This can hinder the development of social skills and self-esteem (CAMARGO et al., 2008).

As for the social pressure to maintain a flexible body, "harmonious" and developed "muscularly", adapting well to a particular kind of beauty, Castro and Ferreira (2007) highlight the increasing number of people attending gyms in recent years. These authors consider that there are few studies that have sought to examine the motivational factors that lead these guys to develop that kind of physical dependence, and those on the subject have focused only aesthetic variables that mediate the initiative bodybuilding. These authors cite an important implication for the lives of individuals: the body image distortion causes individuals to avoid places or social situations, wear clothes or overlapping tissue too thick (even if you're in an environment of heat), to avoid show their appearance, or even when they could not avoid exposure, this was experienced with great suffering (COSTA, GUIDOTO, CAMARGO, UZUNIAN & VIEBIG, 2007).

Also with respect to factors that interfere cites to somatic culture we live in, that is, a culture of attention to the body, in which one invests time, effort and cost, considering that proper presentation is a powerful and profitable capital. Economic interests may have influence, from the pressure exerted by the laboratories of beauty, beauty products manufacturing or as cosmetics. Requirements of a particular image to take certain jobs also contribute to both, which causes some people to indulge in certain beauty ideals to promote themselves professionally.

Still discussing the social dimension, now with respect to age strata, highlights the magnitude of the phenomenon of stereotype in recent years, so that the media and advertising have a strong influence on the perception of people, especially in the adolescent population. Castro and Ferreira (2007) believe that many young people, aiming to look like your favorite star or model, resorting to exercises and diets to achieve a physical form that can go against health.

Facchini (2006) proposes that the risk groups for muscle dysmorphia are men 15-30 years of age, who have body dissatisfaction and underestimation, are perfectionists and obsessive - compulsive and having a traditional male gender ideology. This same author notes the paucity of epidemiological data on effective muscle dysmorphia, but proposes that this occurs mostly in adult men with a mean age of 19 years, and their risk population, its prevalence would be 10 %. As concern the consequences for the individual's life, cite the abandonment of social, recreational or occupational major, a compulsive need to keep your work schedule and diet, or avoid situations where your body can be exposed or just support them with malaise and severe anxiety (BENEDICTO et al., 2004).

CONCLUSIONS

Based on what has been presented, it is reiterated that the relationship between social and vigorexia. A priori, there is the influence of the cult of the body and the social pressure to reach a certain standard of beauty, likewise, observed implications in the social relations of individuals, due to rigid diets and daily exercise. In this perspective, considering the implications of vigorexia to the physical, mental and social subjects, it is suggested to carry out empirical research on the topic, in order to deepen the studies on it, and identify prevalence, prevention strategies, treatment etc.

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SOCIAL ASPECTOS OF MUSCLE DYSMORPHIA

ABSTRACT

The muscle dysmorphia, also known as Adonis complex or reverse anorexia is a psychological syndrome or frame marked body dissatisfaction and malaise, in which the individual feels weak and poorly muscled, causing an excessive practice of physical exercises and dependency . Considering the implications of the disorder for the physical and mental health of individuals, this article aimed to characterize the muscle dysmorphia, from the discussion of its social aspects, covering the topics: definition, clinical characteristics, diagnostic criteria, risk groups, factors that trigger disorders, cultural and social implications for individuals.

KEY WORDS: Muscle dysmorphia, exercise, Adonis Complex.

ASPECTS SOCIAUX DE DYSMORPHIE MUSCULAIRE

RÉSUMÉ

Dysmorphie musculaire, également connu sous le complexe d'Adonis ou arrière anorexie est un syndrome psychologique ou un cadre marqué l'insatisfaction corporelle et malaise, dans lequel l'individu se sent faible et mal musclé, provoquant une pratique excessive d'exercices physiques et la dépendance de ceux-ci. Compte tenu des répercussions de la maladie pour la santé physique et mentale des individus, cet article vise à caractériser la dysmorphie musculaire, de la discussion sur les aspects sociaux, couvrant les sujets suivants: définitions, caractéristiques cliniques, les critères de diagnostic, les groupes à risque, les facteurs qui déclenchent troubles, les implications sociales et culturelles pour les particuliers.

MOTS-CLÉS: dysmorphie musculaire, l'exercice, Adonis complexe.

ASPECTOS SOCIALES DE LA VIGOREXIA

RESUMEN

La vigorexia, también conocido como complejo de Adonis o la anorexia inversa es un síndrome psicológico de marcada insatisfacción corporal y malestar, en el que el individuo se siente débil y mal musculoso, causando una práctica excesiva de ejercicios físicos y de dependencia. Teniendo en cuenta las implicaciones de la enfermedad para la salud física y mental de las personas, este artículo tuvo como objetivo caracterizar la vigorexia, de la discusión de los aspectos sociales, que abarcan los temas: definición, características clínicas, criterios diagnósticos, grupos de riesgo, los factores que desencadenan implicaciones trastornos, culturales y sociales para las personas

PALABRAS CLAVE: vigorexia, ejercicio, Adonis Complex.

ASPECTOS SOCIAIS DA VIGOREXIA

RESUMO

A vigorexia, também conhecida como complexo de Adônis ou anorexia reversa, é uma síndrome ou quadro psicológico de marcada insatisfação corporal e mal-estar, no qual o indivíduo se sente fraco e pouco musculoso, ocasionando, uma prática excessiva de exercícios físicos e dependência destes. Considerando as implicações desse transtorno para a saúde física e mental dos indivíduos, este artigo objetivou caracterizar a vigorexia, a partir da discussão dos seus aspectos sociais, abrangendo os tópicos: definição, características clínicas, critérios diagnósticos, grupos de risco, fatores que desencadeiam os transtornos, aspectos culturais e implicações sociais para os indivíduos.

PALAVRAS CHAVE: Vigorexia, exercício físico, Complexo de Adônis.