

4.

DIAGNOSING VIGOREXIA

When normative ideology
becomes value judgment

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All too often, one fails to perceive how stringently a psychological and psychiatric diagnosis reflects judgment based on normative and cognitive-ideological criteria. In dealing with the recently-defined condition known as «vigorexia», for example, experts consider the individual's dissatisfaction and excessive attention toward his/her physical appearance, their insecurity and the ritualistic nature of their physical training regimes, to be symptoms of the «disturbance», while to one experiencing the condition – the body-builder – such attitudes and behavior may merely be corollary to fitness-oriented activities. Such activities may involve control over one's body and self-image, as well as gratification from peer approval. The gymnasium may also represent an extreme locus serving to endow one with a new identity, as occurs today in the cyberspace of role-playing or second-life games; it may imply the overcoming of old experiences and self-images in order to challenge the anonymous forms of identity which may seem imposed by destiny. Body-building, then, might be an emerging cultural expression comparable to others linked to the need of «taking care of oneself».

4.1. LINGUISTIC RICHNESS VS. SEMANTIC POVERTY IN THE VIGOREXIA CONSTRUCT

They call it «bigorexia», «muscle dysmorphia», or quite often, «vigorexia»; or even «reverse anorexia». It is supposedly a new psychiatric disturbance, said to be typical and widespread among those who frequent body-building gyms and are committed to meticulous training practices and obsessive control over their diet and lifestyle, in hopes of developing a highly-sculpted, hypertrophic musculature (Pope, Katz, & Hudson, 1993; Pope, Gruber, Choi, Olivardia, & Phillips, 1997; Pope, Phillips, & Olivardia, 2000). The disturbance is supposedly sustained by specific personality traits, in particular those of a dysmorphophobic nature, or an «obsessive» one. The various symptomatic indicators of vigorexia are said

to include dissatisfaction and «excessive attention» towards one's appearance (but who is free of that?), insecurity (but who is free of that?), and the ritualistic nature of training activities (but may they not be necessary?). In the entire discussion, nothing clearly explains whether vigorexia is an effect or a cause of body-building practices. Female vigorexia differs from the male, both as to motivation and result. It affects women who undergo training in order to develop an androgynous body, a strong, muscular one in imitation of the male body. Both common opinion and single analysts view this goal as «unnatural» and subversive with respect to the «normal», prototypical connotations of femininity.

4.2. THE EXPERTS SAY ...

In discussing the opinion of several experts, Giorgetti (personal communication, 2012), a science journalist, writes: «Called 'vigorexia', it manifests itself when care for one's physical appearance becomes a true obsession. The University of Bologna has sounded an alarm: more than 670.000 individuals suffer from it in Italy [...]. Obsessed, deeply obsessed. Sick over muscles. And that is no joke. When care over one's physical appearance becomes an obsession it turns into an illness. Vigorexia is the most recently classified food behavior disorder, taking its place alongside anorexia, bulimia and obesity; but it was described as early as 1993 by Pope, Katz and Hudson in an article published in *Comprehensive Psychiatry*, entitled 'Anorexia nervosa and reverse anorexia among 108 male bodybuilders'. Contrary to what occurs among anorexic girls, who see themselves as being fat even when they weigh less than 40 kilos, men who suffer from vigorexia always see themselves as being too thin and not adequately muscular; this explains the expression 'reverse anorexia', or Adonis complex» (Pope, Phillips, & Olivardia, 2000). In his urgent summons, Giorgetti also cites the rather apocalyptic opinion of a clinician, an expert in the field and convinced believer in the existence of this new malady, and of the danger threatening male and female body-builders. However, the evidence of what might justify a diagnosis of vigorexia seems cut out by the normative scissors of a preconceived judgment.

4.3. FROM THE DIANA COMPLEX TO THE SYNDROME OF ADONIS

Observes the expert: «Vigorexia, or the Adonis complex, is the obsessive attention toward one's physical form and muscular development which *strikes*, above all, males between the ages of 25 and 35, followed by those between the ages of 18 and 24, who are dedicated to intense physical activity [...]. The principal markers for those affected are: 1) spending hours and hours in the gymnasium, dedicated to muscle-strengthening exercises; 2) continually examining themselves in the mirror in order to assess the development of single muscles; 3) submitting themselves to hyper-protein diets, weighing themselves continually, using dietary supplements

and, in the most serious cases, anabolic steroids. Difficulty in obtaining anabolic steroids may drive them to the black market, where such substances are not only harmful per se but are often produced in the absence of any health safeguards. This may cost the client considerable sums of money, causing severe financial problems. Despite his muscular hypertrophy, the vigorexic continues to feel dissatisfied with his muscles, which he perceives as being weak and flaccid. Such psychological problems as low self-esteem, social isolation and depression may be joined by physical problems caused by a poorly balanced diet, too rich in protein; if it continues for long, it may lead to alterations in kidney functions; bone or articulation disorders may arise from excessive muscle strain and a diet poor in calcium, given the near total abolition of dairy products; impotence may result from the use of anabolic steroids. The hardest thing may be to convince a person suffering from vigorexia that such excesses are a symptom of profound insecurity. In order to deal with it, a psychotherapeutic program combined with medical treatment may be of help; the physician should prescribe pertinent examinations and suggest therapy [...]. The diagnostic categorizing of vigorexia is uncertain; it can be classified among dysmorphophobias, alimentary disturbances not otherwise specified (NAS), or obsessive-compulsive disturbances» (<http://www.iltuopsicologo.it>).

4.4. ONE MIGHT ASK ...

1. What might drive an individual to exaggerate in his frenzy to train in order to develop increasingly shapely muscles?
2. What type of personality might a male or female affected by vigorexia have?
3. Again, is the person affected aware of the problem or does he/she have trouble recognizing it? Why would the vigorexia-affected woman desire to have an androgynous body (though many body-builders deny that they do)?

4.5. HYPOTHESES

The self-representations which persons apply to their sense of identity reflect the sexual gender assigned to them, socially situated roles, affiliated groups with which the individual identifies, autobiographical narrative memories, and self-image, understood as both experience and project. As linguistic and proprioceptive constructs, as well, such representations also embrace the history of the fragments accumulating in one's various areas of self-awareness (diachronic and synchronic); these fragments emerge through the interaction between biographical experiences and personal choices. In such situations, one's body and physical appearance play an important role in light of their communicative, symbolic and esthetic function, and the set of values which they may incorporate.

The configuring and the experiencing of such representations may lead to outcomes which are not always positive. In fact, when such a process is disturbed

or frustrated, it may open the way to solutions that prove inadequate, such as frenzied sports activity; in turn, such solutions tend to engender modes of being, thinking and acting which prove dysfunctional on the long term. In other cases, problem-solving efforts do not aggravate the problem, but are transformed into positive re-adaptations. When they function (for a speleologist, for example, or a body-builder, or a member of Greenpeace), they have no need for diagnosis or therapy, and so are not considered pathologies. We find a different situation when clinicians' patho-phile suspicion becomes excessive, leading them to over-value the field of application for their diagnostic competencies, even when these are not requested. While the clinician may feel certain of his/her diagnosis, we must also bear in mind that any «abnormality» attributed to the client or patient is always influenced by the normative eye of the attributor.

In the early 1970s, analogous prejudices to those dogging «vigorexia» burdened the athletic identity of sportswomen, even throwing doubt on the fullness of their identity and normalcy as women. The psychoanalytic psychiatry dominating the field in those days offered detailed explanations; e.g. it was thought that «male radicals» acted within the athletic woman's personality, or that women dedicated to sport were the «bearers of a virile protest»; or else that women's motivation to participate in sports was a «form of compensation for penis envy»; or again, that the choice to compete was «a form compensating for women's sense of inferiority», or even a «sublimation of homophile/homosexual needs». All such attitudes were in line with the suspicion of «sapphism» or «lesbianism» wafting throughout the puritanical psychiatric jargon of the times. Some believed that women athletes might be affected by a «latent dysmorphophobia and the refusal of their female body». In clear-cut cases, psycho-pedagogical solutions were proposed, or even psycho-diagnostic and psychiatric ones, along with medical tests, starting with testing necessary to exclude genetic inter-sexuality. Historic prejudices towards women's athletics then seemed relegated to the attic, together with a certain number of scientific publications harboring them. Without changing our basic attributive schema, we have passed from the «Diana complex» to the «Adonis complex»; from the sports field to the gymnasium. However, as has been said before, one who is ignorant of history is obliged to repeat it.

4.6. LEGITIMATE DOUBTS

All «interpretations» recurring to psychiatric or psycho-analytic categories in order to explain phenomena which are undoubtedly socio-cultural in origin, may be open to question. Such explanations are not verifiable using the instruments of empirical research, although even Adorno and his colleagues attempted such an operation by tracing an «authoritarian personality» in order to explain the case of Fascism. We might say that *he who has only one hammer risks treating all things like nails*. Such a tendency seems to emerge repeatedly in the clinical sciences of the psyche; a tendency accentuated by a sort of sententious *ipse*

dixit («thus it is») unmitigated even by the use of subjunctives or conditional verb forms. A pathological condition of the mind is described using an adjective which magically allows us to explain any type of social behavior deemed negative, undesirable or worrying. The procedure, we might say, goes back to the early nineteenth century, to the post-enlightenment, pre-positivistic era: a period when reason was expected to prevail over passion. Esquirol, in his *Mental maladies; a treatise on insanity* (1845) committed himself to this cause, claiming to speak on behalf of all burgeoning or future sciences of the psyche. From that moment on, the «passions» were suspected of indicating mental illness; all alienists expected to keep watch on them, on both an individual and collective level. Toward the end of that century, the scene remained the same. In the early twentieth century, instead, Cesare Lombroso (1876), to the joy of the public power structure, thought he could descry in any form of political dissent, trade union ideology or social utopianism opposing the status quo, the preliminary signs of a psychiatric disturbance which he defined as «paranoid social reform delirium». This formulation was so successful that it reappeared in Russia in the 1950s, and was used as justification for committing political dissidents to insane asylums (Lombroso, 1876). As late as forty years ago, more or less, Franco Fornari wrote two well-known books on the «psychoanalysis of the atomic war» (1974), explaining such war as a possible expression of collective minds affected by an unresolved «paranoid elaboration of mourning». Even today, a psychiatric-dynamic fable reappears claiming to explain certain social and collective events, such as the coming to power of Hitler, World War II, or the Holocaust, as the result of the dictator's unhappy relationship with his father, or of his supposed undescended or missing testicle: this would explain his need for compensation, or even the passage of his paranoia into the collective mind of the Germans.

This is a bit like explaining the aggressiveness of stadium violence by examining violent sports fans' personality with a Rorschach test, or attributing juvenile delinquency in Naples to the psychopathic personality of several thousand proto-delinquent boys. We may recall that until around twenty years ago, the collective, endemic phenomenon of prostitution was explained via short, acute exercises in psychiatric diagnosis, both inside and outside convention halls.

How can we fail to be skeptical when told that 670,000 body-builders (and how were they counted?) are all suspected sufferers of vigorexia? And how can we keep a straight face when someone says that body-building is the epi-phenomenon of a mental illness? If that were true, it would make every gymnasium the waiting room of a mental health clinic.

4.7. A WORLD OF ALIENS?

Never has one's self-image been more crucial than it is today. A good portion of one's efforts and income may be absorbed in cultivating one's public appearance, involving not only the body, but a variety of identity and status symbols. There

are many agencies and markers of identity; intimately linked to their symbolic and relational functions, they may deal with modes of dress, expression, posture, gesture and phonetics; or they may involve the issuing of diplomas, types of employment, friendships and social milieu, conspicuous consumption, interior design in the office and house, the choice of partner, and many other factors. As early as 1899, Thorstein Veblen, an extraordinary precursor of the times, noted the pervasive growth in Western societies of an ethics of conspicuous waste, as an indicator of the individual's worth. As «symbolic animals» (Ernst Cassirer), human beings seem to overlook nothing in «taking care of themselves», whether in a physical, religious, moral, political, or generically social sense. For example, to nourish or to famish, to modify or to maintain one's self-image in relation to the prevailing esthetic models, is an imperative increasingly felt and shared by the younger middle-class generations (Faccio, 2006). Of course, this may cause serious problems: in which case the choice to go to the gym in order to improve one's physical appearance may turn out to be the least conflict-ridden and the most highly motivating. Those who frequent a gym do so for various reasons; therefore, to suggest that the «extreme body-builder» is a representative prototype of an entire category may lead to erroneous generalizations. Body-builders, like those who practice any other sport, are made up of a heterogeneous population, both on the socio-biographic and motivational level. The needs of such persons – legitimate ones, we might add – may arise from dissatisfaction with their physical appearance, the simple desire to improve appearance, the will to develop physical strength, or the desire to construct a sexually attractive body.

Some gym-users may aspire to well-being, eurythmics or greater physical strength; some may go to the gym in order to conform their body to emerging body paradigms. Given the sharing of values among body-builders, of sense and meanings, of esthetic criteria, goal-oriented behavior rules and knowledge, we may consider them as highly socialized, and not the converse, as certain pathophile experts assert. In doing so they use the psychological term «socialization» improperly, confusing it, perhaps, with «sociality» and «sociability».

Since body-builders do not belong to a single social or somatic category, they could be assigned a generalized psychological prototype only if seen and classified from a distance. Only in this case could their «alien» world be explained by a presumed insidious psycho-pathology.

As clinicians observant of subjective experience, we should also note the sense of physical well-being which body-builders experience when they are training. We often hear: «Whenever I'm in the gym for training, it's harder to start than to stop. At a given point during training I start to feel good». Thus a particular form of bodily self-awareness arises (interpreted, of course, as positive, and therefore sought-after and emphasized). Sports physiologists have described such well-being as the athlete's «high state»; corresponding to «endorphic well-being» activated by the peptides of endogenous opiates, it spreads to the dopaminergic system stimulated. The body-builder is not prisoner to any sort of obsessive-compulsive constriction, but enters into a condition of euphoric calm, of omnipotent serenity, in a neuro-chemical state of grace and analgesia against fatigue. The

more one has trained, the more easily one slips into this state of fulfillment, which reverberates onto one's personal sense of self-efficacy. Thus arises a sort of subjective memory of well-being which increases one's enthusiasm for frequenting the gym. This explanation shall keep us from attributing a person's attachment and constancy of commitment to any obscure neurotic drive of an obsessive sort, or to any masochistic gratification produced by stress and fatigue. One's going to the gym in virtue of intrinsic motivation and physical reward is in contradiction to the rather widely-supposed link between sports practice and obsessive traits; many clinicians make an illusory correlation, assuming the existence of such a link in order to explain behavior.

Moreover, body-builders generally do not tend to perceive themselves as unhappy, depressed, insecure, psychically disturbed or in search of psychological diagnosis and therapy. Instead, they are gratified by what they do, even in terms of their increased self-esteem, sense of self-efficacy, mild euphoria and mental relaxation. One may gain a similar experience by regularly frequenting a swimming-pool or tennis court.

4.8. PATHOLOGY OR FASHION?

If we bear in mind the above observations, it would be strange to think that over half a million individuals are «stricken by» or «affected by» or «at risk of incurring» vigorexia. Are we seeing, here, a new generational pathology? If we could abolish body-building and close gyms, would vigorexia actually disappear? We know that the diffusion of certain practices – and body-building is no exception – may be understandable in light of «fashion», which calls onstage the potent mechanism of imitation, mimesis, identification, conformism. In any case, fashions change rapidly; every season and every generation has its own. At this point, the explanation of body-building as a social phenomenon would call on sociologists and semiologists, alongside mental health experts: but only providing that the concept of «health» is logically pertinent to the concept of «mind». Recently, several researchers have expressed doubt over this point.

The clinical sciences of the mind, as well, are subject to the dictates of fashion; for example, today they tend to define certain issues using words which abolish differences and restore a reassuring vision of similarities. Thus, we discover that St. Catherine of Siena suffered from anorexia («nervous» anorexia), or that Hitler and Padre Pio were both affected by a histrionic disturbance of the personality, or that our neighbor, who has an «immoderate» passion for bicycling and each week commits himself to two hundred kilometers of toil, presents «obsessive traits based on masochism». No one can deny our diagnosis, least of all those directly targeted; and if we need any confirmation, we can get it only from those sharing our special lexicon, our reasoning process, and the underlying system of attributive inferences. Many nosographic schemas have succeeded one another over the last two centuries. This was due simply to the progressive expansion

of classification criteria and vocabulary: the system of thought, as founded and codified during the nineteenth century by Esquirol, Grisinger and Kaepelin, and taken up by later researchers (including Freud), has never fallen into crisis. It is defended by the positivistic naturalistic paradigm, and by a professional identity – and identity of interests – based on that same system of thought. The various treatises on descriptive psycho-pathology clearly exemplify this fact. The obsession of psychiatrists during the late nineteenth century and the first half of the twentieth, as we know, was «sexuality», together with its many deviations, peculiarities and pathologies. Successively, attention or fashion focused on the so-called «infantile psychoses»: their structures, their therapies, their attendant «schizophreno-genetic» mothers, absent fathers, and pathogenic families. Lately, attention has veered toward personality disturbances and borderline conditions; and most recently, it has been difficult for anyone dependent on illegal drugs to escape a double diagnosis, while «bipolar» and dietary disturbance are in fashion among clinicians.

4.9. VIEWED FROM UP CLOSE: THE DIAGNOSED AND THE DIAGNOSTS

Looking to certain culturally widespread esthetic models, some body-builders try to develop an exceptional musculature partly in order to exhibit it in competitions, or use it in other activities, such as professional wrestling (a largely free-style type of combat, often rigged for the sake of show). They may aspire to become actors in action-movies, in mythological or adventure films; to a lesser degree, and less dramatically, they may hope to appear in advertising for fitness products or in women's fashion magazines, or vaguely bisexual ones. The training programs introduced by body-building, initially viewed with suspicion by traditional competitive sports participants, today are part of basic training for many sports disciplines; they are necessary for stamina sports, those combining speed and strength.

In order to achieve striking results, top body-builders must train intensely for many years in a scientifically programmed manner, like many other types of top-level athletes, including marathon runners, cross-country skiers or gymnasts. Until today, no one seriously thought to accuse the ongoing, stoical training of marathon runners, gymnasts or skiers of harboring an obsessive-compulsive disturbance, or any other mental disorder. Other individuals, who show the same commitment and meticulous passion, may train for years to become expert musicians of the voice, violin or double bass. There are many ways to mold oneself, one's aptitudes and potential skills, but in order to achieve certain exceptional goals, intense training is fundamental. For example, mathematicians by the thousands have dedicated themselves during millions of hours of study; shut up in their mental gymnasiums, they attempt to resolve unsolved enigmas; many have spent long years trying to demonstrate the basis for the theorem of Fermat; many have tackled problems arising from the trans-finite numbers of Cantor. Other indi-

viduals, instead, may dedicate themselves body and soul to training their nervous system, in hopes of gaining access to transcendental, ecstatic and contemplative experiences. For those who do not know them, nothing, more than Zen practices, could be diagnosed as the «compulsive exaltation of an obsessive ritual». Sooner or later – and several attempts have been made in this direction – we can expect athletes, artists, contemplatives, mathematicians, engineers and Zen monks to end up diagnosed helter-skelter as suffering from some form of neurosis, their lifestyles considered the result of some psycho-pathological disorder whose cause is yet to be discovered. To define such persons as «ill» because of their passion, meticulousness and disciplined commitment, is not only reductive and presumptuous, but also denigrating and unjustified, on any general assessment level.

Adopting the normative, preoccupied common-sense viewpoint, experts of the psyche often feel authorized to wield their diagnostic categories beyond the pale of their true competencies. We hope that vigorexia does not become a construct created by expert observers, over and above its being a realistic photograph of body-builders' mental condition: women body-builders' in particular. Sometimes, indeed, whoever is unusual, strange, eccentric, different, creative, marginal, excellent or deviant becomes vulnerable to unrequested psycho-pathological judgments and explanations concerning their way of living. The hidden driver of the nosographic/diagnostic approach may be a man-on-the-street socio-cognitive conservativeness which has been delegated to the experts. Through their authority, the criteria and assumptions are established for normatively assessing any condition held to be non-conforming (Faccio, Centomo, & Mininni, 2011; Faccio, 2010).

4.10. FORGETFULNESS AND DISTRACTION

The effort to give meaning and value to oneself and to one's life, in contexts and with intentions different from those of body-building, may become worrying, especially if it involves individual and social costs. Remaining in the field of so-called food disorders, we may point to the example of girls affiliated with «Ana», a sort of widespread telematic sisterhood. This network unites groups of girls, ideologically organized, who pursue and cultivate the esthetic myth of extreme thinness, risking death by cachexia. This challenging of death, this brush with death should worry us much more than the vigorexia attributed to body-builders. Experts would do well to focus on other contexts, where the danger of dying, or of harming the body, is part of a show. In the face of risk or harm which is commonly accepted, the diagnosing psycho-pathologist remains silent: only consider the case of race car drivers or extreme mountain climbing; of boxers, scuba divers, sports parachutists, divers from diving boards ... The atrocious stress of competitive canoeing and bicycling may have consequences noted only by the cardiologist once middle age is reached, just as boxing shows its neurological trauma once it is too late.

In certain university libraries specialized in the clinical sciences of the psyche, you may find shelves full of books and final theses on autism or bulimia, but little or nothing concerning the senso-perceptive and cognitive stress affecting flight control personnel or – even more commonly – truck drivers. Why, then, target body-builders – a minority in the world of athletic practices – rather than the risks and problems arising in globalized competitive sports, whether on a professional or Olympic level? In their observations, experts in the clinical sciences of the psyche should include everything having to do with anabolic steroids, recourse to various forms of doping, psycho-active substances, pathogenic training regimes, the constricted living conditions for communities of young athletes and champions raised and destined for success. Nor should they neglect the socio-psychological effects of the pervasive media-driven urge to embrace sports models and values of an aggressive, competitive nature. Such elements do not seem to arouse any particular diagnostic or nosographic excitement, nor ring any alarm bells. Perhaps such aspects are little studied because it is not «scientifically correct» to worry about things which the psychiatric and psychological reviews intentionally ignore.

4.11. WHY ALL THE ALARM? THE HYPOTHESIS OF COGNITIVE CONFORMISM: WHEN THE PAST RE-EMERGES

How can we justify the worry and alarm expressed by so many clinicians over vigorexia? Perhaps it occurs because body-building disturbs an esthetic order to which the body of men and women are expected to conform? By judging body-builders as «mentally disturbed», we can defend ourselves from their exuberant muscularity which, in turn, reproaches us over the imperfect state of our own body. A muscular «femininity» disturbs a cognitive order in which there is no room – in the male/female polarity – for an androgynous image which might throw into crisis the traditional mythos of femininity. The perception of maleness, and with it, the complementary sense of male identity, may be harshly disturbed and disoriented by a female body which no longer seems to be such. We live in a world of signs, where even the body – the body, above all – has symbolic, semantic value. And from a socio-cognitive viewpoint, we are conservative. We hardly need to recall, here, how the dress, lifestyles, music, gesture and sexuality introduced by the counter-culture of dissent in the 1970s deeply disturbed the cognitive and moral order of people living in that period.

Body-building, with its muscle-strengthening techniques and its new esthetic criteria, passed from being a marginal phenomenon, to participation in transformational identity based on models alternative to the female conformism of show-girls, calendar girls and bodies exhibited on billboards. The new models differentiate themselves from the world of ornamental female TV assistants and dancers. Even the esthetic and behavioral model of the woman as wife and mother, falls into crisis the day after the wedding.

4.12. A CONCEPTUAL HODGE-PODGE

By coining the term «vigorexia», observers invented a conceptual expedient implying «thingness», as if the word existed regardless of who uses it; and as if, by analogy, it implied a physical illness. Here, once again, by way of word use, a linguistic game transforms a normative prejudice – the discourse of an observer – into something actually existing. The strange fact is that body-builders, whether men or women, have not asked experts of the psyche for their attention, nor for their psychological labeling; they have not complained of their condition, nor do they manifest any psychic suffering, although muscular women harshly violate common-sense normative criteria. The term «vigorexia» implies the suspicion that there is something abnormal in the typical behavior of body-builders, even before one can ascertain and demonstrate such a fact; to claim sufficient authority in the matter, a clinician need only refer to another clinician. In order to claim diagnostic legitimacy, one might invoke the authority of «nature», mentioning what deviates from so-called «normalcy». Unfortunately, however, it is not clear at what point the normative value judgment regarding a psychological entity – vigorexia – can be transformed and assimilated into a medico-biological diagnosis. We are dealing here with a conventional construct, an interpretative web, and not a «fact», as occurs with a physical malady, which exists independently of the observer. If a woman's longing to create a muscular body for herself is *caused* by a psychic disorder called «vigorexia», it is not clear how a term used to designate a way of acting and behaving can be considered the *cause* of such behavior.

4.13. MUTANT IDENTITIES

The search for a *different* esthetic and symbolic perfection, subjective and micro-cultural, reminds us that new possible versions of female identity are advancing across the world stage. The elasticity of culturally-influenced epigenesis is so great that our ideas about femininity can hardly accommodate it. We might begin, however, by agreeing that some women – out of choice, imitation, mimesis, imagination or desire – may choose various pathways and new ways of being (Faccio, Cipolletta, Romaioli, & Ruiba, 2011; Cipolletta, Faccio, & Berardini, 2010).

Such activities as hang gliding, mountain climbing, body-building, sailing around the world alone, careers as manager, etc. relate to the new identity needs as the old needs related to beauty contests, frivolous television appearances, fashion shows or classical ballet. It remains to be seen why a woman would abandon the «normality» of high heels for the shoes of a long-distance runner: might we suppose that her psyche, or brain, contains an explanation for behavior so unnatural and out of the ordinary?

4.14. A MATTER OF VIEWPOINT

A body-builder's androgynous body does not exist independently of the socio-cognitive discourse and schemas which lead us to accept it or reject it. If the prevailing criterion is the image of the sexualized female role, we shall probably see something unusual in the body-builder's body, something deviant, rather than an improved eurythmia. The model of a sexually attractive femininity is a social construct, and historically mutable. No evaluation of a woman's physical appearance can be exclusively correct and realistic, since judgments may depend on different criteria. Such criteria are often in conflict, applied to women when their way of being and acting is subject to a double set of rules: that induced by implicit cultural norms accumulated through history, and that dictated or proposed by social expectations. The sexualized feminine role currently accepted as a canon, is incapable of hosting different values as criteria for femininity. That is why even today, we see clear resistance against substituting the image of a woman athlete who lifts weights, for that of a woman conforming to a sexualized female ideal. This remains true even though women athletes often wear sports clothing frankly declarative of their femininity. Only in the last thirty years or so has the woman athlete not been considered strange and suspect; her androgynous form, with its needs and actions of a kind once attributed to men alone, may still disturb the conservative normative eye of psychiatrists and psychologists, in whom whatever is unusual, different, «unnatural», arouses the immediate suspicion of some psychic anomaly. We might say that when we think we can describe someone using a psychological judgment or diagnosis, in reality we are confessing our incapacity to understand the *person*. Attributes selectively dictated by our normative eye come to correspond to as many nouns, traits or predicates of the person judged. All women who distance themselves from the criteria of natural femininity may fall suspect of not being women in the full sense of the word; to raise children is natural, while to raise a weightlifting bar is something only men do. If a woman looks at herself in the mirror at home to see the effect of a slimming diet, or a bathing suit, she is normal; but if she looks in the gym mirror to see the effects of muscle build-up, she is suspected of harboring some mental disorder. The term «vigorexia» transforms a judgment, which is artificial, into a clinical datum. The second passage, as we have seen, is to transform this judgment (or interpretation) of behavior into a psychic trait, thus creating a transitive effect; the term may be extended in a denigrating manner to motivations, personality traits, convictions and actions, so that it expands in semantic valence. Any attribution of meaning remains discourse based on an observer's own value criteria. In the case of vigorexia, and other psychologized constructs as well, this process has little to do with science or medicine. Going to the gym in order to create out-of-the-ordinary musculature according to one's personal esthetic criterion, is one of the personal freedoms. No one should presume to possess pedagogical authority in the matter.

Many studies focusing on athletes have found that self-esteem is closely linked to the sense of «self-efficacy» (in sports persons that may tie in to physi-

cal efficiency, in other individuals to intellectual prowess, professional success, hierarchical or political power, and so on). By extension, we may suppose that even a «top-level» woman body builder, by overcoming the normative bonds of conventional female beauty and choosing others, may use the new criteria in order to build up a sense of physical self-efficacy (and therefore of self-esteem), experiencing it through the acquisition of an emancipating muscular strength and dexterity, and through the approval and appreciation of her peers. The same may occur in other contexts, such as classical ballet, gymnastics or competitive swimming. In body-building, as in others activities, the woman changes her mirror and the rules used in mirroring herself, in order to enhance her particular «androgynous» esthetic. Moreover, women who participate in sports also develop a personal sense of fulfillment, strength and physical autonomy freeing them of the self-image due a muscularly «weaker» body. The woman emerging from strenuous, prolonged gym training consciously pursues a particular esthetic ideal, a eurythmia, the pleasure of building a new «self» whose femininity is, so to speak, reinvented. Month after month, the body-builder experiences not only a change of body, but also a change in the criteria underlying the way she sees and judges herself: criteria confirmed in her proprioceptive sensitivity. To say it in a more difficult but synthetic manner, a strong bond combines semiosis, proprioception and appearance, as if she were choosing to move into a different body, guided by a new esthetic and symbolic sentiment. Her experience is analogous to that of a woman who turns herself over to a plastic surgeon: no one, a priori, would suspect that second woman of dysmorphophobia. The woman body-builder, even more than her male colleague, remodels not only her body, but also her proprioceptive representations, i.e., her sensorial ones; increasingly, she entrusts her sense of identity and belonging to the expressive muscular appearance to which she is committed. We can well understand why the woman body-builder looks to the esthetic values of a traditionally male athletic practice and adopts them as her own: as may occur with the woman enrolling in a military academy, a parachutists' club, a karate course, the micro-cultural systems proper to the discipline demand that she teach her body/mind a new expressive language.

The gymnasium may be compared to a seamstress' shop where a woman can discover a new pattern or model for her identity. That is why the woman body-builder does not perceive her physical «diversity» as being something anomalous and unusual: as long as she remains in her own environment she is immune from the perplexity or judgment of others. If the construction of her physical identity, diverse though it may be, is sustained by self-esteem and a sense of self-efficacy, we may view it as a sort of deformity or malady, but it is very difficult to convince this body-builder to perceive herself as strange or ill.

4.15. ASCETIC PRACTICE OR OBSESSION? WHAT ARE THE ADVANTAGES OF VIGOREXIA?

In order to understand the female world of the body builder, and the male world as well, we must explore them using the anthropologist's methods more than the psycho-diagnostic criteria of the clinical psychologist or psychiatrist. Therefore, we should view them as particular, separate communities, as we would the followers of Zen Buddhism. This will not hamper us from expanding our scope, to take in the psychological dimension and its effects. Given the dedication it requires, body-building, like other extreme activities and like ascetic practices, may also become a refuge, a moment of liberation, a total existential space in which to pursue a creative obsession: the sculpting of oneself; a place allowing small, daily moments of transcendence. For those who succeed, and are endowed with perseverance and motivation, the ultimate goal may also traverse a need for public recognition and competition; it may follow the pathway of multiple competitions, as may occur with musicians, boxers, rock stars, trapeze artists or ski jumpers; and all such activities involve risks. The same could be said, however, of those dedicated to writing novels, who spend ten hours a day confronting the physical risks of «hypokinesia». To those who know them, body-building gyms are places frequented not by vigorexics, but by persons widely assorted as to psychological makeup. For some individuals, body building becomes the constant, absorbing practice of an auto-celebrative rite, an experience in mental well-being, and as such, an effective sort of psychotherapy. For others, it may be an attempt at problem-solving, by which one hopes to escape a sense of inadequacy; an expedient for solving personal problems linked to self-acceptance, the acceptance of one's body and self-image: an attempt to shore up one's self-esteem and ward off a sense of existential impotence, of inadequate social self-efficacy and scarce affective success. Female and male body-building, like any other human activity, may become a *raison d'être*, an aim in itself, a sort of compensating resource making up for disappointment in love and social relations, for a sense of inferiority and existential alienation. The situation may be similar for those dedicated to art, religion, science, philanthropy, numismatics or floriculture. The gymnasium may host and give value to certain existential modes, in a functional manner. The obsessive meticulousness, the perfectionist frenzy to which many architectural works owe their grandiose splendor, or to which a little Zen garden owes its sublime sense of ecstatic order, may also flourish and manifest themselves in the tile arabesques of a mosque, or in the human bodies present in a gym. As an attempt at problem-solving, body-building may offer its most «religious» practitioners a sort of mystic solitude, far from the conflicts and ambiguities of the outside world: a pacified place of existence. Long-distance running, the rhythmic lifting of weights, extreme sports and other activities in which rhythm – the repeated, monotonous act – accompanies prolonged fatigue, create intense pleasure: not only because of the endorphins released by the effort, but also because of the ascetic isolation, convent-like and contemplative which, in certain gymnasiums, annuls the very difference between men and women united in celebrating a rite.

Why, then, should we send them into therapy as affected by vigorexia? Perhaps they are already following a therapeutic pathway, and with success.

This becomes all the more evident if we consider that the result, a strong, muscular body, pertains to an esthetic unencumbered by the sinister shadow of a body esthetic pursued as a commercial value, in utilitarian commodification of one's appearance. James Hillman would say that in certain cases, the implicit, undeclared goal which is religiously pursued in many gyms is a way of «caring for the soul». Such types of care pursue the subjective sense of beauty which, though destined to be defeated, struggles against decay, the ephemeral, and impotence; that is, against the obligation to live in a form which is not one's own. The mutant identity strives toward a life in that space of freedom and invention in which we are denied existence.

4.16. WIDENING THE PERSPECTIVE: THE «IPSE DIXIT» PROBLEM

The term «vigorexia» is ambiguous. It may be either an adjective or a noun. In the latter case, it sounds like a «cause»: i.e., like the attribute of a certain set of behaviors which are considered symptomatic, or else like a characteristic of the psyche/personality which explains the behavior. The term's linguistic function, thus configured, seemingly makes it exist independently of the person coining the term or using it to describe reality. This ambiguity leads us to forget its origins, its underlying clientele and the conceptual matrix from which it stems. It is the effect and the result of a normative judgment: i.e., of an evaluating categorizing procedure within which someone claims the authority to establish what is normal and what is not, in a given way of acting or being. The concept «vigorexia» replicates the same conceptual stratagems present in psycho-diagnostic languages, in which word is identified with thing, forgetting that word springs from a normative judgment differing from medical judgments based on physiology. It is through this stratagem that the attributed mental disorder assumes the conceptual and linguistic connotations of a physical illnesses. When evaluating a given behavior, the diagnostic and nosologic terms used to discuss the psyche end up considering mental illness as a physical illness; that is, something neither deserved nor chosen, but which demands therapy (whether or not the individual requests it). Physical illness allows a certain freedom of choice which is, instead, denied to mental illness. A conceptual construct, «mental illness», is treated as if it were an empirical datum, thanks to the word «illness». Paradoxically, this expedient also denies any subjective psychological valence to human behavior.

It is, indeed, paradoxical that for more than two centuries, the psychological professions seemingly have striven to deprive human action of any subjective, inter-subjective or socio-cultural motivation. Starting with their chosen lexical expedients, such «liberal» professions have committed themselves to transforming any non-conformist type of action into «illness». As a result, an analogy forced beyond any reasonable limit is used in a literal sense, transforming – for

example – any diverse or deviant person into a «patient»; transforming a biographic history into a set of «anamnesic data», and hypothesizing the existence of a causal concatenation between the two (narrative truth as historic truth) which is etio-pathogenic. From being an awkward cognitive expedient (though highly useful in legitimizing the role of the professions involved), the «illness», the «psychic pathology», has become a way of imagining, of thinking and of speaking, both for the experts and for the man on the street. In the case of vigorexia and of other, analogous terms, we need to call on the indisputable opinion of Authority. In the case at hand, Authority is thought to reside in the editorial staff of an English-language psychiatry journal, who implicitly transfer Authority to the authors of an article; who in turn, implicitly transfer Authority to their Italian interpreters. Today, the fact that an article is written in English is supposed to indicate the truthfulness of the article's contents: truth upheld by the Almighty. In order to ward off any objection, as many may recall, Pythagoras himself would often exclaim that a given assumption was not his, but dictated by the gods.

What is worrying here is *ipse dixit*, the assertion «thus it is», authoritarian and «divinely» inspired, where conjunctives and conditionals no longer exist. The delegated Authority asserts and establishes that «that's the way it is». No doubt about it: from the Diana complex to the Adonis complex, or from the asthenic personality disorder to numerous other, similar disorders, one can use the objective datum to pass toward «generalization». Experts in the clinical sciences of the psyche have always insisted on generalizing their nosographic assumptions and their psycho-diagnoses. Nothing seems to have changed since the neo-Lombrosians declared that the burgeoning trade union movements in the late nineteenth century were constituted by «paranoid» subjects, «affected by social reform delirium». In this case, the *ipse dixit* assertion was Lombroso's word. In the 1960s Giovanni Jervis, a critical psychiatrist/analyst who later became famous (though he is forgotten today), generically explained *tarantismo* and the *tarantate* of Salento as products of a «neuroti-form disturbance» (Jervis, 1962). In doing so, he implicitly presumed that he and his professional identity authorized him to make such an *ipse dixit* affirmation, thus liquidating one of the most complex, fascinating phenomena brought to us from the remote past. In the 1970s, authors Disertori and Piazza did not hesitate to diagnose gamblers, idlers, beggars and vagabonds, usurers, prostitutes, sexual perverts, libertines and chronic Don Juans, masturbators and numerous other types whose conduct was morally reproachable, as having «character-pathic, sub-morbid, teratologic personalities» (traits united under the entry «psycho-pathic»; Disertori & Piazza, 1970). A bio-typological parameter seemingly justified this generalization, and the *ipse dixit*, in this case, appeared thus: «That of nosography is a cross that we cannot refuse to bear, if we want to be and remain medical doctors» (Disertori & Piazza, 1970, p. 777). On the same pages the authors also shamelessly declared that it was the need to legitimize their professional qualification that established forms of knowledge, for them.

Something similar occurs among psychologists who always feel bound to seek out in the psyche, in the personality or in the parents, the explanation for

any type of behavior. The same can be said of neuro-what-have-you eager to state that even a soccer game can be explained – as can its rules – according to the metabolic activity seated in the brain and observable with neuro-imaging techniques. Thus, over the last hundred years, psycho-analytic psychiatry has lost no occasion to diagnose the presence of a «madman» behind every artistic creation, speculating, of course, about the artist's childhood and family. Things are the same today. The more knowledge seems to confirm one's professional identity, the more authentic it is considered to be; and such knowledge must be defended, even in its most disputable forms. Thus, in order to continue feeling like medical doctors, psychologists imitatively seize on any nosographic system at hand, and on its relative psycho-diagnostic testing regimes. Such action is of little use in responding to the rueful query, «and now what shall we do»? One generally chooses to respond pharmaceutically, recurring to a symptomatic «therapy» (when the symptom can be clearly defined) and delegating «change» to psycho-therapy. Apart from the use of conventional terminologies, many therapy models might well do without the literalism of nosography and psycho-diagnosis. Many psychiatrists and psychologists actually agree to preserve their respective professional identities by legitimizing the international authority of DSM IV. Independently of all advice concerning its proper use, this source continues to be used in order to establish the objective «reality» of its nosographic configurations. The reality of a profession seems proven by the apparent realism of its affirmations.

We expect that in the new editions of the most widespread nosographic compendium, the word «vigorexia» will soon appear. We expect this despite the many voices claiming that we have come to an insuperable paradox, today: the impossibility of diagnosing «normalcy». If we consider the more than four hundred pathologic typologies listed, we see that no type of human behavior remains unencumbered by the suspicion of «illness». Actually, if we were to use the same parameters and cast suspicion over our observed object, we might apply the dominant trait of such nosographic literalism to its authors as well, and to those who employ it. With a trace of irony, we might say that if the nosographic criterion together with its diagnostic method were applied to those who cultivate it and expand it, we might diagnose such individuals as being affected by a pervasive «paranoid obsession with patho-phile connotations».

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