

‘Steroids, it’s so much an identity thing!’ perceptions of steroid use, risk and masculine body image

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This paper explores how taste and distaste, body image and masculinity play into young people’s perceptions of risk related to steroid use. Data are drawn from a qualitative study on risk-taking among 52 Danish youths enrolled in high school or vocational training. A number of ‘risky’ practices such as drug use, fights, speeding, etc. were discussed. In contrast to these practices, which were primarily described in relation to ‘physical risks’, steroid use was understood as part of an ‘identity’ or ‘lifestyle’ in a way these other risks were not. Few interviewees had used steroids, and the large majority distanced themselves from the practice. Reasons for not wanting to use steroids were related to (1) perceiving the drug to be part of a broader lifestyle and identity that they are not interested in committing to or embodying and (2) finding the body image, physicality and associations with steroid use ‘fake’, ‘gross’ and distasteful. We draw on recent developments in feminist sociological theory related to the gendered body as both a performance and process to understand steroid use as a practice through which the body and self is produced. More than a one-dimensional ‘risky’ practice, we argue that gendered and embodied identities are crucial to understanding the dynamics of steroid use.

Keywords: embodiment; identity; risk; masculinity; steroids

Introduction

This paper explores how notions of taste and distaste, body image and normative masculinities play into young people’s perceptions of risk related to steroid use. Drawing on data from a qualitative study about youth risk-taking and risk perceptions, we investigate the meanings associated with one specific practice, namely steroid use. The discussions around steroid use in the interviews differed significantly from discussions of other risk-taking practices such as recreational drug use, street level fighting or speeding. These practices were mainly discussed in relation to risks specific to participating in the activity (such as being injured in fights or car crashes, getting sick from poor-quality ecstasy pills or becoming addicted to specific drugs). In contrast, the risks associated with steroids were perceived to extend beyond the ‘physical’ risks of use, and were understood in a broader context of associations between masculinities, bodily appearances and identities.

Importantly, only one of the participants had used steroids themselves, meaning that in contrast to other studies describing steroid-users’ own perspectives (Monaghan 2001b;

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Atkinson and Monaghan 2014; Bridges 2009) we approach the topic largely from non-users' perspectives. Rather than seeking to uncover details of young people's justifications for or experiences of using steroids, through the findings of this study we argue that the social meanings, rather than 'risks', associated with steroid use are central to understanding the dynamics framing young people's (non)-use of the drug. By investigating the discourses and cultural images participants use to describe steroid use, we show that perceptions of identity and masculinity, rather than dimensions associated with 'risk' alone, are central to understanding how young people engage with steroids and other drugs.

Steroids, or more precisely anabolic-androgenic steroids, are known to have physical effects similar to those of testosterone. Steroids were originally classified as a prescription drug for medical use, but are more widely known as associated with illegal doping in sport. From the 1990s the drug was gradually reclassified, beginning in the USA (Keane 2005), and today non-prescription use of the drug is illegal in most Western countries, though regulated through different legal frameworks (e.g., as a drug, as a health issue, as a violence issue).¹ Despite differences in the legal framing, since the 1990s steroids have been a concern in public health and popular discourse as well as within 'elite sports' (Kayser, Mauron, and Miah 2007); positioned as 'morally suspect substances' (Keane 2005, 190). In the medical and psychological literature steroids are discussed as particularly 'risky substances' that should not solely be seen as an elite sports issue, but instead be viewed as a more general public health concern (Kayser, Mauron, and Miah 2007; Thorlindsson and Halldorsson 2010; Sagoe et al. 2014), especially among young men. Steroid use is often linked to the use of other substances such as cigarettes, alcohol and illicit drugs such as cannabis (Thorlindsson and Halldorsson 2010). The tone of the literature likens steroids to cigarettes and marijuana as 'potential "gateway drugs"', enticing the unsuspecting young user into the world of hardcore substance abuse and criminality' (Keane 2005, 194). Despite these concerns, measuring the exact prevalence of steroid use is, as with all drug use, difficult because users form a 'hidden population' that is hard to reach through conventional methods (Author, A 2010a; de Hon, Kuipers, and van Bottenburg 2015). However, studies of steroid use show prevalence of 1.5% in Denmark (Singhammer and Ibsen 2010); 1.4% in the USA (Lorang et al. 2011); 2.4% in Australia (Dunn and White 2011); and 2.8% in Canada (Melia, Pipe, and Greenberg 1996), though it should be noted that these studies are based on differing time frames and age groups and vary in representativeness. A recent meta-study found that on a global scale, the lifetime prevalence rate for steroid use was 3.3% in the general population, the rate being 6.4% for men and 1.6% for women (Sagoe et al. 2014). In general, this literature describes steroid use as growing in relation to the population as a whole, but most particularly for young people (Kindlundh et al. 2001).

To date steroid use in men has been most extensively studied in medical and psychological literature (Olivardia et al. 2004; Hallsworth, Wade, and Tiggemann 2005; Klein 1995) and in sociological literature relating to sport, health and masculinity (Andreasson 2013; Monaghan 2001a, 2002; Atkinson and Monaghan 2014; Bridges 2009; Brown 1999; Keane 2005, 2009). Studies of young people's use of steroids from a sociological perspective are scarce, and are dominated by quantitative approaches detailing prevalence rather than the meanings and experiences of young users themselves. As a result, young steroid users tend to be presented as having flawed perceptions of the risks associated with steroids, as in Lorang et al., who describe young steroid users as 'thrill seekers' who 'do not recognize the potential risks of their actions' (Lorang et al.

2011, 367; see also Tsitsilis and Perrea 2009). The ‘familiar spectre of teenage hooliganism’ (Keane 2005, 195) is invoked to describe young men as reckless, naive risk-takers prone to a range of ‘dangerous’ and irresponsible behaviour. Steroid use is positioned neatly against this landscape in the majority of the literature concerning youth. Steroid use is also more broadly associated with bodybuilding which is often positioned as associated with problematic forms of masculinity; or more specifically, as in Klein (1995), an ‘atavistic strategy for embodying hegemonic masculinity’ (Atkinson and Monaghan 2014, 22). In this paper we aim to contribute to richer understandings of young people’s engagements with steroid and other substance-use through exploring young people’s perceptions about risks and gendered identities associated with steroid use.

This paper discusses the perceptions of steroids and steroid users among almost exclusively non-users. We do this because risk perceptions can be seen as crucial for one’s willingness to engage in a given practice (Author, A 2010b; Bachman, Johnson, and O’Malley 1998; Bejarano et al. 2011; Kelly, Darke, and Ross 2004), but also because this gives us the opportunity to discuss the cultural images and meanings associated with steroids in a ‘general’ youth population. The data show that the experiential purpose related to using particular drugs differs in relation to numerous factors beyond the ‘risk effects’ to also include a range of lifestyle and identity factors. To explore this we draw on contemporary sociological theories about identity, gender and embodiment that we present in the following section.

Theoretical framework

The image of a ‘steroid-user-identity’ informed participants’ perceptions of steroid use. Our approach to theorizing identity is thus important in how we analyse participants’ examples. We draw on recent developments in feminist sociological theory related to the gendered body as both a performance and process to understand steroid use as a practice through which the body and self is produced. Whilst the body has tended to be marginalized in many areas of sociological inquiry including youth studies (Coffey and Watson 2015; Coffey, forthcoming), developments in feminist theory have contributed to the body and embodiment coming to be recognized as a key feature of the social (Budgeon, 2015). The relationship between the body and society has long been a key tension in social theory, and the mind/body dualism is a central problematic to be negotiated both conceptually and empirically (Coleman 2009; Coffey 2013). Efforts to move beyond this dualism perspective including the body in sociological analysis have been taken up by feminist post-structural theorists in particular (Grosz 1994).

Central here is Butler’s (1990) theory of performativity which understands sex, gender and the body as constructed through performative ‘doings’. Gender norms, for example, are continually repeated and articulated and come to be seen as ‘natural’ through this process of repetition. Gender is understood as an ‘incessant doing’ (Butler 2004, 1) rather than the ‘natural’ expression of the body through biological sex. The concept of performativity is central to Butler’s broader theorisation of the process of subjectification and identity also as a ‘doing’ rather than a ‘being’.

Post-structural conceptualizations of the subject, drawn particularly from the work of Butler and Foucault, tend to highlight the ways that subjectivity is produced via discursive processes including language and norms. Recent work by feminist scholars (Coffey, 2013; Budgeon 2003; Coleman 2013, 2009; Renold and Ringrose 2008, 2011)

has sought to extend the focus ‘beyond discourse’ (Ringrose 2011) in an effort to further understand the ‘messy realities’ of young people’s lives by also including a focus on the embodied and affective dimensions of subjectivity. These perspectives understand the gendered identities as performative and constituted through discourse, as well as produced through embodied and affective dimensions of experience. Coleman (2009, 142) argues, for example, that ‘gender is one of the ways in which the affective capacities of bodies become organized and produced’. In relation to sexualities and young people’s engagements with digital communication technologies amid panic about ‘sexting’ in particular, Ringrose et al. (2013) explore the meanings of reward and shame in constructions of different bodies and body parts and ask what implications these meanings have for ‘what the body can do’. These perspectives approach gendered subjectivities as performed and produced through the body, through engagements with discourse, images, norms, ideals and others’ bodies.

These theoretical developments are useful for understanding the dynamics by which steroids are more than a ‘harmful product’ or a ‘risk to be managed’ by young people (young men in particular), enabling us to explore the ways in which steroid use can also be understood as a practice central to the negotiation of embodied identities. An expanded model of subjectivity, which pays attention to the embodied and sensate as well as representational and discursive, can assist in more complex accounts of the interplay between the body and the social processes by which identities are formed. Identities are pivotal in informing the potential for use and non-use in participants’ discussions of steroids.

Methods and data

The analysis is based on qualitative interviews with 52 young people, conducted by the first author in Denmark in late 2013 and early 2014. The interviewees were recruited from high schools and vocational training schools in three different regions of Denmark. A brief questionnaire was handed out in schools and was used to establish contact with students who had experiences with regular cannabis use, other drug use, steroid use, being involved in moped/car accidents or being involved in violence. Students meeting any of these criteria were contacted by phone afterwards and invited to gather a group of their close friends for a focus group interview or to participate in an individual interview. Altogether, 13 focus groups and 5 individual interviews were conducted, 2 of the latter being follow-up interviews. The composition of the groups varied considerably, both in terms of gender (four gender-mixed, six men-only and three women-only groups) and age (in a few groups all participants were the same age, but the majority of groups were mixed across age), reflecting the informant-driven sampling procedure in which the main criteria was that group members would know each other well and spend time together. In general, the groups were quite small with most consisting of four participants (ranging from two to eight participants), presumably reflecting that informants only picked friends with whom they felt confidential. The sample consisted of 36 men and 16 women aged 17–25 (mean age 19 years). The recruitment process also resulted in a more diverse sample than anticipated; while most interviewees are enrolled in high schools (31) or vocational training (14), 3 have finished education and moved into regular jobs and 4 are on the margins of the educational system. The interviews lasted between 70 and 120 minutes, most around 90 minutes. All interviews were videotaped and transcribed verbatim and all participants’ names and other identifying characteristics are anonymized.

Informed consent was obtained from all interviewees, who were promised full confidentiality and anonymity. In Denmark, there are no institutional boards for ethical approval of social science studies, but we do not consider the study to be in any way in conflict with the Helsinki Declaration.

The focus groups were moderated according to three themes: parties and substance use careers, perceptions of ‘risky’ situations (using vignettes and a ranking exercise) and finally risk-taking and ‘adrenaline kicks’ in their own lives. The individual interviews focused more on life histories and individual experiences of these activities. In focus group research, the use of stimuli materials (pictures, video, written statements, physical objects such as food items) is a common way of generating discussion on a topic decided by the researcher beforehand (Barbour 2007; Demant 2012; Halkier 2010; Törrönen 2002). In this study, photo elicitation, i.e. showing the interviewees a number of pictures provided by the researcher and asking them to comment on them (Harper 2002, 2012) was chosen to investigate how participants interpret and construct meaning around specific practices, how they negotiate these meanings between them (Author, A 2010b) and how this varies across focus groups. Six pictures were included, showing a joint, lines of white powder, a handful of coloured pills, a speedometer at 200 km/h, a group of people fighting in a street and finally the flexed arm of man lifting a hand-weight. Only one of the girls-only groups picked this picture to discuss, and girls generally only briefly discussed it with male friends in the focus groups. This is likely because the cultural image of the steroid user is highly gendered, related to the cultural idealisation of muscles as the epitome of masculinity (Atkinson and Monaghan 2014).²

In this analysis we primarily draw on the focus group interviews as these give insight into the social processes through which norms and values are constructed and negotiated as they unfold (Farnsworth and Boon 2010; Halkier 2010). For this purpose, all passages relating to steroids and steroid use were translated into English and then analysed by both authors, focusing on fleshing out the different dimensions of the perception of steroids and steroid users.

Among the 52 interviewees, only one had actually tried steroids. Discussions about steroids were thus based on their *perceptions* of steroids and steroid users. These discussions included detailed descriptions of cultural images and associations of steroids and steroid users. The perceptions of steroids differed significantly from other risk-taking practices, drug use in particular, even in cases where the interviewees had tried neither. In the analysis below we explore participants’ perceptions of steroids and how, for most, this relates to their unwillingness to use steroids.

Analysis

In public health campaigns, as well as in the medical and psychological literature, steroids are described as entailing significant physical risks including aggression and antisocial behaviour (Keane 2005), as well as detrimental physical side effects including collapsed veins and impotence as a result of long-term use (Lorang et al. 2011). Most participants in this study mentioned these effects and had a general sense of steroid use as a ‘risky’ practice (see also Christiansen 2012), but these aspects were not the prime focus of their discussions of steroid use. Instead, discussions about steroids focused much more on the ‘identity’ of the steroid user as unattractive, distasteful and more or less repellent. Only one example from the study addresses physical risks alone, and comes from the only

participant, Anton (21), who had used steroids. Here, together with his friend Jeppe (18, both in vocational training) they discuss steroids in relation to other drugs:

Jeppe: I have tried MDMA, I have tried ecstasy, I have tried coke and I have tried cannabis. Steroids I haven't tried.

Anton: I have tried steroids. It went wrong. I had to have surgery, and the veins in my legs are dead. It [steroids] ruined my arteries. It wasn't so dangerous because the blood just found other ways of course, but it could have turned into thrombosis. Now I just have these ugly [marks in his legs] ... If you press on [a vein], though, you can easily feel how the blood stops and tries to find another way. It's quite gross. I did consider taking it [steroids] again, because you want to be big, right? But I have enough muscles as it is [...]

Moderator [to Jeppe]: So steroids are not something that you are into?

Jeppe: I have thought about it and would like to try it and so on, but first of all I didn't know where to get it. And second I thought 'Naa, you may become impotent'. That's no good.

Anton: /that depends on what you take. I take ...

Moderator: /so you think there could be some negative things with it?

Jeppe: Yes, I really want to have kids, and I just heard that you, like, get a small dick and stuff, get impotent and stuff. And that you get aggressive like this [snaps his fingers]. I don't want that because I am a calm and chill guy [...] but the bigger you get, the more respect you get.

Both Jeppe and Anton described specific physical risks related to steroids, with Anton even having experienced some of these first hand. However, these physical consequences do not necessarily mean that the young men would not engage in steroid use (or in Anton's case, use steroids again). Instead, these 'risks' are understood to be offset by the positive outcomes of using steroids such as achieving a bigger body; as Anton says, 'you want to be big, right?' and, in Jeppe's words, 'the bigger you get, the more respect you get'. The aesthetics of the 'big body' relates to muscularity and ideal masculinity; the type of body that garners 'respect' from others, particularly men (Author, B 2013; Atkinson and Monaghan 2014; Connell 2009; Drummond 2011; Featherstone 2010). Masculine ideals around appearing 'big' are significant motivations for steroid use, though Jeppe is worried about its effect on his potency. For Anton, steroids are not necessarily 'risky' despite his negative experiences. He describes himself as having the knowledge enabling him to use the 'right' steroids and in the right way, negating the 'risks' Jeppe is concerned about and thereby presenting himself as a responsible user (Author, A 2012). Anton would consider using steroids again in the future, should he not consider himself as having 'enough muscles'.

Even though Anton's view on using steroids contrasts with the remainder of the participants, who had not used steroids, the above example nevertheless points to central themes that reappear throughout the data; that is, that the meanings of steroids and steroid users only to a limited extent relate to physical 'risks' or adverse physical effects associated with using the drug. Rather, for all participants, the broader social meanings associated with steroids and steroid users are key to understanding the decision to engage in steroid use or not. While for Anton and Jeppe steroid use is a viable option for achieving a particular body image that corresponds to a masculine identity they aspire to, others find this identity distasteful. All other examples presented below are from participants who had not used steroids.

Temporality and steroid use

In the following quotes, participants describe reasons for not engaging in steroid use. Thomas (24, enrolled in vocational education) describes his deliberations regarding trying steroids as follows:

Thomas: I had steroids in my drawer for 1½ years and I started exercising and thought ‘something really has to happen!’, and it was just around the time where the fitness business really boomed and people started taking stuff. And I bought the steroids and had them, but never used them.

Moderator: How come?

Thomas: I think I was a little scared about what went into my body [...] *That* would perhaps be really transgressive, I mean, injecting a drug that can come from anywhere and be anything into your body, even though I got it from a known place and I did not doubt as such that it was OK, that it was of a good quality. But anyway, that was just something I did not want to do to my body.

Moderator: So that was the limit for what you wanted to do. But what is the difference between that and ecstasy (which Thomas has taken a number of times)? [...]

Thomas: I think that when you take drugs you think that it's just for the night, tomorrow I am my own self again.

Moderator: and with the steroids it's like -

Thomas: – it's like it is a longer period of time. Or it becomes uncontrollable. And I'm afraid if I would like it a lot, where would it then take me? I have seen that for myself, your circle of friends taking steroids, and how they change. Not caring about things, like ‘fuck it all’ [...] It's much about that: the drugs are for tonight. As soon as I have had a night's sleep they are gone [snaps his fingers]

For Thomas, steroids presented an option that could assist him in speeding up the progress of building muscle when he started exercising. However, despite his experiences with a number of other drugs – mostly cannabis, cocaine and ecstasy – he perceived differences associated with steroids which made him more hesitant. In part this was due to the different route of administration (injecting instead of snorting or swallowing a pill), but more importantly, it relates to the drug's perceived different temporal and intensive dimensions: ‘where would it take me?’ Thus, for Thomas the crucial difference between (recreational) drug use, such as ecstasy, and steroid use is that ecstasy use for him is limited in time and space (‘just for tonight’), whereas steroids could affect him over a ‘longer period of time’ and become ‘uncontrollable’. Thomas is disinclined to use steroids more because of a fear of loss of control and the potential for steroids to change who he is.

This temporal dimension of steroid use and its perceived link with identity is unpacked further in the following quote, where two young men (both 18) and a young woman (17, all in high school) discuss why they would not try steroids:

Silas: It's also because it's so much tied into a whole lifestyle, right. I mean, it includes, like, going to the gym, taking steroids and eating protein shakes all the time –

William: I would rather do this [points at the picture of ecstasy pills] compared to this [steroids], because this [steroids] is something you do for a long time, so then I would rather do this [ecstasy] just once.

Laura: Yes [...] It's also because this [steroids] is so much an identity thing! [...]

Silas: I just see how I would focus all my time on working out, being obsessed with my diet and then on top of that I would also have to stand in the fitness centre and junk shit into my arms, really. And all my friends would be idiots [laughs]. And I would be afraid of beating them up, and they would be afraid of beating me – or perhaps they would actually want to beat me up – but it's just that whole package that I would really, really not like to get involved with, because I just would not feel like I was myself after such a process [...] suddenly you end up in this tribal thing. Suddenly before you know of it you just have your name in gothic letters tattooed across your chest! [everyone laughs] [...]

William: For me, I think that taking cocaine or LSD or steroids once is [the same] ... the problem is that when you say steroids you have to do it over a couple of years to become that person [in the picture].

Here, what Thomas hinted at becomes clearer: using steroids is perceived as not something you do once, but rather is linked to a broader identity and lifestyle which requires commitment and takes place over a longer period of time, in contrast to ecstasy which can be done ‘just once’. In Silas’s words, it is ‘a lifestyle thing’ and a ‘full package’, which would involve spending ‘all of his time’ attending a fitness centre often and working out, being ‘obsessed’ with diet and ‘junking shit’ [steroids] into his arms. He goes further, describing an imaginary steroid-user identity as adopting a specific bodily aesthetic (tribal tattoos) and having like-minded ‘idiot’ friends who might be violent. Hence, steroids are constructed as vastly different from (recreational) drugs: drugs can be incorporated into one’s current life and identity without requiring substantial changes in lifestyle or self, whereas steroid use is perceived as comprising all-encompassing changes to self. Clearly, and importantly, the lifestyle they describe as synonymous with steroids is not desirable; it is depicted in derogatory terms and steroid users are ridiculed as ‘idiots’. Changing one’s lifestyle also imposes the risk of changing one’s self and becoming someone else, as Thomas described. As Laura also says, steroids are understood as ‘an identity thing’ in a way that other drugs they would consider using, or do use, are not. One of the key personality changes perceived as associated with steroid use across the interviews is aggression. In the quote above, Silas spoke of the possibility he and his imaginary steroid-user friends would beat each other up being beaten up, and later on in the interview he describes how ‘people become completely unbalanced’. Jeppe from the first quote also mentions the potential for aggressiveness as a risk and as something that would change who he is, because he sees himself as ‘a calm and chill guy’.

Unpacking the image of the steroid user

To understand why the interviewees in the preceding quotes distance themselves so stridently from an imagined ‘steroid user lifestyle’, the cultural images of the steroid user need further attention. As the following examples show, the ‘problems’ with steroid use relate to normative aesthetics of masculine body image. The perceived aesthetic dimensions of the steroid user are explored in the quote below with four young men (17 and 18 years old, all in high school):

Mark: It would be OK to take protein powder and something like that because it’s sometimes necessary if you are really doing a lot of working out. But steroids, that just looks stupid. Sometimes I have seen these [guys], they just have these extraordinarily big upper arms

[indicates a very big upper arm] and then just ordinary arms here [points at his forearm]. That just looks so dumb! [...]

Rune: It's ugly and gross.

Dennis: Really gross.

Jakob: And it is so, *so* obvious, when you look at them, those guys who are just way too big, it's obvious that 'you did not do that by yourself' [...]

Mark: It seems ridiculous and it looks gross and –

Rune: I would just laugh if I saw somebody –

Jakob: Well, for me it's not so much about 'hey, it's stupid because you can get a small dick from it', or that it hurts your body in certain ways, because I mean, that's up to you, that's not for us to decide. But I just think it looks so dumb.

Mark: Yes, really dumb. [...]

For me it's mostly about not looking like an idiot. Because I know what I think myself about those people who walk around like that, totally obvious.

Rune: And if something goes wrong, and you have to tell [admit] it! Taking steroids, it's pretty low [status].

According to the four young men here, taking steroids is both 'ridiculous', 'gross' and 'ugly', and a central reason for this is the aesthetic outcome of steroid use; 'extraordinarily big' muscles. To these young men, the physical dimensions of steroid-users' bodies are 'just too big' and grotesque. 'Normal' muscles are acceptable and desirable as they have been done 'on your own', without assistance from steroids. However steroid-produced bodies are described as looking 'dumb' because they are unevenly composed and disproportionate. This is not only about distaste for a particular bodily aesthetic, but also distaste for the *excess* which the steroid-produced body represents. This excess exposes the 'too-big body' as 'not done on your own' and this leads on to another aspect of the distaste for this particular body, namely that taking steroids amounts to 'cheating'. Altogether this means that for these young men, steroid use is 'pretty low' and that there is something shameful about having a body that is so 'obvious' in this way. Their motivation for not taking steroids is then more about avoiding such associations than how it 'hurts your body'.

The perception of steroids as 'cheating' is a central theme throughout the interviews, and is unpacked in the next quote with five young men (all 17):

Adam: You just want to look good and strong and, I mean, you just want to look good with the girls or something. It's not that you want to get mega buff and be able to fight and that kind of stuff [...] A lot of people do exercise just because they want to be *healthy* [emphasized], they just want to look good and be healthy [...]

Hjalte: I mean, you want your body to be just a bit fit, also considering girls and for them to think you look good. But if I exercise, and I don't do it that often, but when I do it's not with the intent of wanting to go fighting [...] [Steroid users] are not patient enough to actually exercise and wait for the results [...] – It's just so artificial.

Johan: Yeah, I guess that's it, it's so artificial, taking steroids that's the same thing as when a girl puts on too much make-up, I mean, that's way too artificial as well. If you want to work out and get big you have to do it fucking sincerely, so that afterwards you can say that 'this is something I achieved because I *wanted* to and because I wanted to fight for it'.

As in the previous quote, the notion of excess comes forward as one of the central problems with the steroid-produced body. The young men here approve of a fit-looking body attained through working out, because, as they say, people ‘want to look good and be healthy’, and they want to have a body that ‘girls think looks good’, but within certain limits. The artificiality of the steroid-produced body is clearly one such limit, comparable to girls wearing too much makeup. In other interviews steroid use is described as ‘fake’ and ‘like silicone’, i.e. cosmetic surgery. These practices are also described as ‘artificial’ and is another way of going ‘over the top’ with regard to your body and your looks, and by ‘insincere’ or disingenuous means. Against this, then, the ideal body image is one that looks ‘natural’ and is achieved naturally.

To sum up, steroid use as a practice is perceived as a disingenuous shortcut which produces an artificial, unattractive and in some descriptions ‘gross’, ‘ugly’ or ‘ridiculous’ body. However, not only is the practice as such seen as illegitimate; the willingness to engage in this practice also comes to represent an illegitimate personality or identity, one that does not have the patience or stamina to ‘do the work’ to ‘get big’ through ‘fighting for it’, which participants perceive to be a legitimate way of achieving a desired muscular ‘healthy’ body. In this way, the steroid user comes to represent a flawed masculine subjectivity that is clearly in contrast to contemporary masculine ideals about being hardworking and healthy.

Discussion

Across the interviews, the images of steroids and steroid users only to a limited extent related to physical ‘risks’ or adverse physical effects associated with using the drug. This certainly did not mean that the young people in the study were unaware of such effects (as in Lorang et al. 2011) or endorsed using the drug. Rather, the analysis shows the need to focus attention on the social meanings and cultural images of steroids and steroid users if we are to understand the landscape in which decisions around use of steroids are made. In our study the reasons for not being willing to engage in steroid use were related to (1) perceiving the drug to be part of a broader lifestyle and identity that they are not interested in committing to or embodying and (2) finding the body image, physicality and associations with steroid use ‘fake’, ‘gross’ and distasteful. For the majority, steroid use was aligned with a repudiated masculine appearance, lifestyle and identity.

Steroid use perceived as part of a lifestyle

A central finding in the analysis, and key to understanding the overall perception of steroids, was the temporality of the drug compared to other drugs. This finding relating to the different meanings of steroids and other drugs contrasts with the medical and epidemiological discussion of steroids as potential ‘gateway drugs’, in which steroids and all other illegal drugs tend to be conflated (Dunn and White 2011; Kindlundh et al. 2001). In our data, the reasons for engaging in, as well as the implications of, the different kinds of substance use differed significantly. Unlike other drugs, steroid use was not understood as something you can try out and experiment with once or twice. In contrast, steroids were seen as tied into a ‘whole lifestyle’, which includes going to the gym very often, dieting, adopting specific bodily aesthetics and socialising with like-minded (‘idiot’) friends. These practices amounted to a somewhat repellent ‘identity’. The ‘identity’ associations with steroid use also links to associations of different drugs with different temporalities (Duff 2014). While ecstasy, for example, was seen as ‘just for tonight,

tomorrow I'm myself again', steroids were seen as one part of a broader lifestyle and identity which would require 'changing who I am'. This points to the need to understand steroid use as distinct from, rather than simply equated with, other drug use. As the data show, the experiential purpose (Farrugia 2014) of using particular drugs differs in relation to a range of factors beyond the 'risk effects' to include lifestyle and identity factors. Steroid use needs to be understood beyond mere conflation with other 'morally suspect substances' (Keane 2005), as this can mask the more complex reasons related to identity and masculinity that frame understandings and engagements with substances in very specific ways.

Image, physicality and moral dimensions of steroids as 'distasteful'

The specific physicality of steroid users was seen as 'excessive', beyond ideal masculine body image norms. The interviewees often contrasted 'ridiculous' muscles attained through steroid use with muscles attained 'naturally' through 'hardwork'. Where bodybuilders themselves may associate their hyper-muscular form with empowerment and self-mastery (Atkinson and Monaghan 2014), participants were highly critical of the 'extraordinary' size of muscles achieved through steroid use which they described as looking 'dumb', 'ugly and gross' and deserving of ridicule: 'I would just laugh if I saw somebody [who used steroids]'. In most examples, though, it is not the muscles themselves or 'being big' as such, which is the issue. Working out and staying fit in relation to heterosexual ideals (as in Gill et al. 2005) to 'look good for the girls' is described as legitimate, but the excessive and artificial body image that steroid users aspire to is not. Hence it is primarily the process of gaining muscles through steroid use that is repudiated. This repudiation can be linked to two further key themes: the perception that steroid use is 'artificial' and unnatural, and linked to an in-authentic masculinity.

The 'natural body' has a privileged relation with health (Keane 2009). Idealised notions of the 'natural' and 'authentic' body are crucial in dominant understandings of health which frame the above discussions of steroid use (Atkinson and Monaghan 2014). Medical and psychological discourses dominate and promote a version of health as 'a regulatory ideal of balance, productivity, authentic masculinity and a naturally achieved fitness' (Keane 2005, 192). The 'natural' body is idealised in participants' descriptions of muscles obtained 'through hard work'. Charges of falseness and artificiality in the above examples link to contravening this 'naturally' muscular male body through synthetic pharmaceutical products such as steroids. They also problematise the subjectivity of the steroid user as an immoral subject who takes shortcuts and lacks stamina; a flawed subject in late modern society. While the bodybuilder was historically 'depicted as experiencing feelings of inferiority, lacking masculinity, and displaying narcissistic and homosexual tendencies' in some psychological literature (Wiegers (1998, 147), or as deviant in relation to drug abuse and addiction in medical literature (Keane 2005, 191–192), the 'pathological' dimension of this identity in participants' descriptions is more to do with 'cheating' and being in-authentic.

The hyper-muscular body image of the steroid user is highly gendered and linked to a specific masculine identity; one that was desirable for Anton and Jeppe. Muscles can be seen as 'the distinctive symbol of masculinity', and as a way of affirming or ensuring recognition of possessing a normative masculine identity (Waquant 1995). Others have argued that bodybuilders' muscular physiques are the ultimate 'assertion of masculine

dominance as power, mastery and skill through exaggerations of the male physique' (Wieggers 1998, 154). Bodybuilders themselves describe the process of mastery (Atkinson and Monaghan 2014) associated with obtaining a hyper-masculine body as a satisfying way of expressing self-achievement and self-empowerment (Brown 1999, 86). The meanings and status associated with the muscularity of bodybuilders can be understood as a unique form of physical and cultural capital afforded to dominant masculinities, which Bridges (2009) terms gender capital. However, most participants see this kind of muscularity as excessive, and at odds with normative masculinity. They distanced themselves from what can be seen as a 'tough' masculinity that easily resorts to violence and aggression and are critical of what they perceive to be the violent tendencies associated with steroid users' hyper-masculinity.

Affect and distaste

The distanciation from the 'excessive' masculinity that the steroid user was imagined to embody can be understood as related to affect, such as when the interviewees describe steroid users as 'gross', 'dumb' and 'ridiculous'. As these affects produce understandings of bodies, and embodied identities (Coleman 2009), this revulsion or disgust is also crucial for understanding the disavowal of the steroid user identity (cf. Lawler 2005). In the analysis it was also clear that the interviewees would find it 'embarrassing' to have to admit to using steroids in a very different way than if having to admit to, e.g., smoking cannabis. Even being suspected of doing this would be shameful because of the apparent stigma associated with this practice among one's peers.

This strong distaste and contempt is related to both the excessive muscularity of the steroid user, and to the 'obvious' artificiality of this body image. The interviewees position steroid users' bodies as vulgar, pathological and tasteless; a description which has often been applied to working-class female bodies. As Skeggs (1997) has argued, class and respectability is literally embodied through modes of physical presentation and work on appearance, as well as experientially through imaginary ideals and judgements of taste. While being aware of the very different dynamics of power affecting the representations of men's and women's bodies historically, we nonetheless find parallels between participants' derogatory descriptions of excessively muscular men and Skeggs's descriptions of representations of white working-class female bodies as embodying 'excess' related to femininity and sexuality. These parallels are even hinted at in the interviews when comparing steroid use to wearing too much makeup or undergoing cosmetic surgery. What these 'excessive' bodily presentations have in common is that they are seen as distasteful. Being associated with working-class appearances makes the steroid using body 'bad' in itself and is something that must be escaped (Skeggs 2004). As Gill and colleagues argue, 'the management of the body is central to the acquisition of status and to the maintenance of class (and other) distinctions' (Gill et al. 2005, 40). The 'distastefulness' of the steroid using body is a result of both the vulgarity of the physical appearance itself and the perceived vanity associated with deliberately cultivating appearance, which participants in Gill et al.'s study also sought to avoid.

More than a one-dimensional 'risky substance', steroid use can be understood as a practice central to the negotiation of embodied identities by which the gendered body is performed and produced. In the examples here, embodied identities of most participants were produced *against* the steroid-user identity. Thus, in the analysis we have shown the ways in which the steroid-user identity is produced as a highly unattractive (often

bordering on repellent) identity. This can be understood through examining the norms, discourses and images of naturalness, health and gender against which the image of the steroid user is positioned, as well as the symbolic, imaginary and embodied affects such as disgust. These affects also assist in producing understandings of bodies, and embodied identities. This approach to gendered subjectivities as performed and produced through the body (Author, B 2013; Budgeon 2003; Coleman 2009), through engagements with discourse, images, norms, ideals and others' bodies, is informative for understanding the way identity functions in relation to notions of risk and steroid use. This helps to explain how and why most participants have such strong aversions to using steroids, which is particularly notable in comparison to other drugs. Further, though steroid-users' muscles were repudiated as 'excessive', the ways in which muscles feature as a particularly desired aspect in the performance and production of idealised masculine identities is also a strong theme of this research. Addressing the ideal of masculinity in normative masculine embodiment is crucial if we are to better deal with issues related to steroid use.

Conclusion

In this paper we have focused on the meanings and cultural images that form the perceptions of non-steroid users. As the analysis has shown, the meanings of steroids and steroid users only to a limited extent related to physical 'risks' or adverse physical effects associated with using the drug. Reasons for not being willing to engage in steroid use were related to (1) perceiving the drug to be part of a broader lifestyle and identity that they are not interested in committing to or embodying and (2) finding the body image, physicality and associations with steroid use 'fake', 'gross' and distasteful. For the majority, steroid use was aligned with a repudiated masculine appearance, lifestyle and identity. Consequently we argue that steroid use needs to be understood beyond mere conflation with other 'risky' substances as this can mask the more complex ways identity and masculinity are implicated in young people's engagements with steroids. More than a one-dimensional 'risky substance', steroid use can be understood as a practice central to the negotiation of embodied identities by which the gendered body is performed and produced. In understanding identity as performed and produced through everyday practices, we argue that identity is key to understanding why or why not individuals choose to engage in various practices. We argue that focusing solely on improving knowledge about 'risks' in educational and prevention approaches, for example, is therefore unlikely to address the central reasons and motivations for engaging in steroid use. Further, positioning young people who engage in drug use as both irresponsible, naive and lacking information does nothing to advance our understanding of young people's use of drugs such as steroids. We suggest the need for a much broader approach to 'risk-taking' that includes the social meanings and accompanying identities associated with drug use.

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Notes

1. In some places steroids are classified as an addictive drug on par with other drugs such as cocaine, ecstasy and heroin (e.g., in the USA); in some places they are classified as a drug that is less addictive than recreational drugs (e.g., in the UK where steroids are a ‘class C’ drug like benzodiazepines), and in other places regulated by non-drug frameworks. For instance, in Australia the ‘One Punch Laws’ from 2014 frame steroids as related to street-level violence. This law punishes possession of steroids much more severely than possession of other drugs, while in Denmark steroids are regulated primarily as a health matter and punishment is less severe compared to other drugs.
2. This means that women who engage in bodybuilding challenge physical gender norms related to ‘proper’ femininity. For instance, Andreasson and Johansson (2013) describe how in the 1990s ‘female bodybuilders were seen as parts of a grotesque subculture, [while] fitness women were seen as desirable and feminine’ (2). Despite some disruptions of this image today, the polarized view, depicting muscles as masculine, still seems to be predominant (Andreasson and Johansson 2013).

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