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Vocabularies of motive for illicit steroid use among bodybuilders

Lee F. Monaghan*

Cardiff School of Social Sciences, Cardiff University, The Glamorgan Building, King Edward VII Avenue, Cardiff CF10 3WT, UK

Abstract

Illicit steroid use, for purposes of performance and physique enhancement, is widely deemed unnecessary, wrong and dangerous. Such activity would appear especially foolhardy when engaged in by non-professional athletes who otherwise adhere to 'healthy' exercise regimens. Here a gap exists between many illicit steroid users' actions and societal expectations. Using qualitative data generated in South Wales, this paper explores bodybuilders' vocabularies of motive for illicit steroid use. These accounts which justified, rather than excused, steroid use were predominant during question situations between the participant observer and the researched. In supporting the fundamental tenets of their drug subculture, and as part of the underlying negotiation of self-identity, respondents espoused three main justifications for their own and/or other bodybuilders' illicit steroid use; namely: self-fulfilment accounts, condemnation of condemners and a denial of injury. Here steroid use was rationalised as a legitimate means to an end, observers passing negative judgements were rejected and it was claimed steroids do not (seriously) harm the user's health or threaten society more generally. These vocabularies of motive, acquired and honoured within bodybuilding settings, comprise a complex of subjective meanings which seem to the actor to be an adequate ground for the conduct in question. Similar to other sociological studies, this paper states that it is imperative to explore the social meanings which illicit drug users attach to their 'risk' practices. Without these understandings, researchers *and* health promoters may struggle to appreciate fully why illicit drug users behave as they do. © 2002 Elsevier Science Ltd. All rights reserved.

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Introduction

The recent Olympic Games have once again brought public attention to athletes' illicit use of anabolic-androgenic steroids (hereafter abbreviated to 'steroids'). However, it is not only elite athletes who ingest and inject steroids for purposes of performance and physique enhancement. Many recreational gym members and (non-)competition bodybuilders, with little hope of financial gain or fame, also supplement their exercise and dietary regimens with synthetic hormones. This occurs on a global scale despite legal sanctions in some countries (e.g. the USA), health warnings from clinicians and others (e.g. the media, friends, family), commonly reported side effects by illicit steroid users (Korkia &

Stimson, 1993, pp. 89–94) and the risk of social stigmatisation (Monaghan, 2001a). A gap therefore exists between illicit steroid users' actions and societal expectations.

Qualitative sociologists, exploring illicit drug use, describe the various ways in which drug users attempt to verbally bridge the gap between actions and expectations. Weinstein (1980), for example, draws from Mills (1940) and Scott and Lyman (1968) to explore illicit drug users' 'vocabularies of motive' or phraseologies for interpreting and accounting for their untoward actions. Aligned with Weber's (1947, p. 98) definition of motives as 'a complex of subjective meaning which seems to the actor himself [*sic*] or to the observer as an adequate ground for the conduct in question' (cited by Scott & Lyman, 1968, p. 46), Weinstein (1980) adopts a sociological rather than psychological approach to motives for illicit drug use. Here attention is focused upon '[t]he

*Tel.: +44-2920-875386.

E-mail address: monaghanlf1@cf.ac.uk (L.F. Monaghan).

symbolic meanings users plac[e] on drugs in connection with interactional strategies to assuage the negative implications of their actions (Weinstein, 1980, p. 578).

Of course, vocabularies of motive are situated (Mills, 1940) and interactants may be of different social status thus rendering the giving of accounts unnecessary (Weinstein, 1980, pp. 584–7). Illicit drug users, vulnerable to questions from others concerning their untoward conduct, may adopt various strategies in order to avoid giving accounts. Weinstein (1980, p. 586) discusses three main interactional strategies: concealment or secrecy, identity-switching or claiming to be a non-user and transcendence or the placing of oneself above having to give accounts to others. Nonetheless, in the underlying negotiation of self-identity, it is to be anticipated that ‘responsible’ persons voluntarily engaging in behaviour which medicine labels ‘risk-inducing’ will have recourse to accounts which neutralise the moral bind of conventional society. These accounts include ‘non-vocalized but linguistic explanations that arise in the actor’s “mind” when he [*sic*] questions his own behaviour’ (Scott & Lyman, 1968, pp. 46–7). This is necessary for competent social actors because social audiences, which are constitutive of the self in a healthist/medicalised culture (Lupton, 1997), are both external and internal (Mead, 1934).

Using qualitative data generated during an ethnography of bodybuilding subculture in South Wales, this paper describes vocabularies of motive for illicit steroid use. The possession of steroids for personal use was legal in Britain during this research, but non-medical steroid-taking was socially stigmatised and bodybuilders usually only admitted to taking these drugs when interacting with their own or the wise (similarly, see Goffman, 1968). Those steroid accounts reported below, largely voiced during ‘question situations’ (Mills, 1940) between the participant observer and the researched, were embraced by respondents to explain subculturally normalised steroid use. For individuals integrated into bodybuilding subculture—as opposed to weight trainers and other ‘marginal members’ (see Monaghan, 2001a, pp. 28–43)—*justifications* rather than excuses were the predominant type of account. Justifications, as defined by Scott and Lyman (1968, p. 47), are accounts in which social actors accept responsibility for the act in question but deny the pejorative quality associated with it. Justifications differ from excuses. Excuses are socially approved vocabularies in which the actor ‘admits that the act in question is bad, wrong, or inappropriate but denies full responsibility’ (Scott & Lyman, 1968, p. 47).

In defending the fundamental tenets of bodybuilding as a drug subculture, responsible narrators claimed steroid use (as opposed to steroid abuse) was a situationally appropriate and relatively innocuous practice for dedicated muscle enthusiasts. Three main types of justification, which are integrally related to the social

construction of ‘appropriate’ bodies and identities in risk society (Giddens, 1991), are empirically detailed. Namely, *self-fulfilment* accounts where respondents claimed steroids were a means to an end, *condemnation of condemners* where the irrelevancy of steroid use was underscored compared to other people’s acts and *a denial of injury* where it was argued steroid use is permissible because nobody is (seriously) harmed (Scott & Lyman, 1968; Sykes & Matza, 1957; Weinstein, 1980). Using previously unpublished data, this paper provides a systematisation of bodybuilders’ vocabularies of motive as highlighted in my recent ethnography of bodybuilding, drugs and risk (Monaghan, 2001a). Before data reporting and analysis, however, it is necessary to describe the research:

The research

Most data were generated and prepared for formal analysis between 1994 and 1996 in South Wales. It was during the early 1990s, especially in Britain, that bodybuilding and steroid use were the focus of adverse lay, media and scientific attention. During this period bodybuilders were collectively being reconfigured as new ‘folk devils’ (Cohen, 1980), prompting many of my drug-using ethnographic contacts to resist hostile stereotyping. It should be added that data were generated during this sensitive period as part of an Economic and Social Research Council funded project explicitly on steroids and violence. Using ethnography and depth audio-recorded interviews ($N=67$), the research specifically aimed to investigate the so-called ‘Roid-Rage’ phenomenon (Choi, Parrott, & Cowan, 1989) among bodybuilders and weight trainers. However, many other issues, relating to analytic themes within the new sociology of embodiment and risk, were also explored.

Although participant observation was undertaken over a prolonged period with a range of respondents at various sites and settings (e.g. bodybuilding gyms, a Well Steroid User Clinic, night-clubs), this paper draws primarily upon transcribed data generated while interviewing male (steroid-using) bodybuilders. There are three main reasons for this. First, as elaborated below, bodybuilding is male dominated and steroid use was particularly common within this group. Second, I was unable systematically to obtain naturalistic observations of bodybuilders giving steroid accounts to non-participants. Identity switching and secrecy seemed to be the most common strategies employed by steroid-using contacts when interacting with inquisitive non-participants. Third, there were distinct ethnomethodological reasons for me obtaining drug accounts in interview situations. Interviewing was an important strategy for asking potentially awkward questions in a cultural environment where steroid use is simply taken-for-

granted (*cf.* Scott & Lyman, 1968, pp. 46–7). The usefulness of this strategy was underscored given the disadvantages associated with my otherwise valuable field role or, to be more specific, the image which most respondents had of me (Monaghan, 1999a):

In adopting an active membership role (Adler & Adler, 1987) I regularly lifted weights with bodybuilders. Before undertaking this ethnography I was reasonably muscular given a personal history of sports participation. However, I actually developed a considerable amount of muscle during this research to the extent that I physically passed as a bodybuilder. Hence, while my primary reference point was the academic community and research was overt, many gym members imputed the identity ‘bodybuilder’ to me. I was highly ambivalent about this identification. There is a stigma associated with active membership roles in general (Adler & Adler, 1987) and bodybuilding in particular, but there were definite methodological advantages. Being seen as a bodybuilder enabled me to do ‘face work’ (Goffman, 1959), generate rapport and achieve social access in a domain where other drug researchers have failed (*cf.* Pates & Barry, 1996). In short, it allowed me successfully to get into research settings and get on with people comprising a geographically dispersed underground drug subculture. However, as a reflexive ethnographer I also knew there were methodological drawbacks. Specifically, I knew potentially valuable data—those subcultural understandings that all active participants simply ‘know’—might remain unspoken. Certainly, because the instrumental use of steroids is routinised within bodybuilding subculture, members rarely need to account for their drug-taking when interacting with other participants: there is no gap between action and expectation. Correspondingly, pre-arranged depth interviews enabled me to bracket the indigenous identity which ethnographic contacts often imputed to me. Here I could sustain my identity as an academic researcher, tease out participants’ background expectancies and systematically question their routinised understandings. In an interview situation I could present alternative definitions of bodybuilders’ normalised ‘risk’ practices and successfully obtain vocabularies of motive for illicit steroid use.

Depth interviews were primarily undertaken with men ($N = 61$), most of whom were contacted during ethnographic fieldwork. Recruiting interviewees was greatly facilitated given my own regular participation in bodybuilding gyms over an extended period, though I was also fortunate to obtain the assistance of a ‘locator’ (long-term member of the local steroid-using community) who made proper introductions (Monaghan, 2001a, p. 20). Forty respondents reported using or ever using steroids (60 percent) and twenty-seven claimed to have never used. Bodybuilders comprised a significant proportion of the sample ($N = 40$ or 60 percent). Three

quarters of all bodybuilders interviewed ($N = 30$) said they used or had used steroids, including three female bodybuilders. Regarding the competition status of bodybuilders, 60 percent ($N = 24$) had entered a physique show. These competitions ranged from the local level to world championship standard. The mean age of the interview sample was 30: a figure comparable to that noted by Pates and Barry (1996) in their survey of steroid users in South Wales. The oldest respondent to give their age was 53, the youngest 18. Only 16 percent ($N = 11$) stated they were ‘officially’ unemployed. Seven of these were weight trainers contacted for interviewing in a men’s prison, the remainder were bodybuilders, three of whom were receiving a regular income doing night-club security work. There was a wide range of occupations, including: Youth and Community Worker, Fitness Instructor, Fire Fighter, Police Officer, Prosthetic Technician, Television Researcher. The majority of those officially employed were in skilled manual or clerical positions (Mechanic, Architectural Technician) and a few in the professions (Solicitor, Computer Programmer).

All the interviews were transcribed. The transcripts and ethnographic field notes were then indexed using computer-coding software: ‘Ethnograph’ (Seidel & Clark, 1984). Indexing of these qualitative materials has allowed a systematic approach to data analysis, helping to develop analytical propositions which apply to the entire universe of data carrying indexed codes. This approach is variously termed ‘analytic induction’ or ‘deviant case analysis’ (Bloor, 1978).

Accounting for illicit steroid use

During this research weight trainers peripheral to bodybuilding subculture often disparaged illicit steroid use and scoffed at photographic images of accomplished bodybuilders’ physiques (Monaghan, 2001b). For these respondents, muscle-building drugs were either irrelevant or less important to their projects at hand; namely, to develop a moderately muscular or athletically toned body. Individuals affiliated to bodybuilding subculture, while recognising mainstream definitions of illicit steroid use, expressed different understandings. A norm of steroid use was widely supported even if it was not personally realised. Only one bodybuilder in my interview sample—representing a ‘negative’ or ‘deviant case’—condemned subculturally normalised drug use. This man reportedly experienced some success as an amateur competition bodybuilder approximately ten years previously when standards were less demanding. Correspondingly, while individual bodybuilders may have reported never using, or limiting their personal use of steroids for various reasons (e.g. expense, variable body projects, satisfaction from accruing muscle

‘naturally’, uncertainty about long-term side effects), their enterprise could be described as a drug subculture.¹

The reality and instrumentality of steroid use among various strata of (non-)competition bodybuilder means that this practice is not considered deviant in bodybuilding settings. The generality of this claim is supported if reference is made to subcultural pharmacopoeia (i.e. steroid handbooks) directed at a global bodybuilding audience (e.g. Grunding & Bachmann, 1995). Possible accusations of ‘wrong doing’ are successfully resisted by members of this geographically dispersed yet culturally integrated group, enabling (possible) steroid-using bodybuilders to maintain competent social identities. (On the social integration of other stigmatised drug-injectors who are often assumed incorrectly to be isolates or fatalists, see Bloor, 1995, p. 95.) Undoubtedly, certain steroids (e.g. Oxymetholone) are considered relatively risky by bodybuilders possessing an acquired ethnopharmacological or subcultural knowledge of different physique-enhancing drugs.² However, as a generic category of drug, steroids are widely accepted in bodybuilding settings. During this ethnography the planned, carefully monitored and self-controlled use of steroids by committed bodybuilders was often endorsed by those affiliated to the subculture, including: gym owners, bodybuilding judges and weight trainers associating with bodybuilders. Entering bodybuilding competitions was not always considered an essential ‘qualification’ for steroid use, though dedication to an ascetic bodybuilding lifestyle was requisite. Three main types of vocabulary of motive, acquired

during bodybuilding careers and voiced by affiliative members in order to convince one’s social audience(s) of the appropriateness of steroid use, are detailed below.

Before proceeding, however, four points require emphasis. First, individuals taking steroids illicitly *may* excuse rather than justify their untoward actions in certain contexts; for example, the steroid abuser who presents himself to psychiatrists in a clinical setting because he reportedly suffers a body-image disorder (Pope, Phillips, & Olivardia, 2000). Second, whether respondents realise rather than simply support a norm of steroid use is secondary here to the observation that ‘[m]otives are accepted justifications for present, future or past programs or acts’ (Mills, 1940, p. 907). Importantly, subcultural vocabularies of motive render steroid use a conceivable possibility for all bodybuilders independent of their personal drug-taking career. Third, the vocabularies of motive described here—which relate to the respondents’ (potential) actions and/or other gym members’ known about actions—were predominant but not exhaustive during question situations. Other justifications were expressed including appeals to normality i.e. taking medicines is a normal human endeavour and ‘knowledgeableness’ or curiosity (*cf.* Weinstein, 1980, pp. 582–3). The latter type of account was not only confined to novice steroid users: experienced ethnopharmacologists also proclaimed this justification given steroid heterogeneity (Monaghan, 2001a, p. 120). Finally, although explored under separate headings, narrators often combined types of account for rhetorical effect.

Self-fulfilment accounts or constructive rationales

Scott and Lyman (1968, p. 52) describe self-fulfilment accounts as ‘a peculiarly modern type of justification’. They briefly illustrate this type of account, where narrators eschew accusations of wrongdoing, by referring to an extract voiced by an ‘acid head’ on the perceived mind-expanding qualities of LSD. Weinstein (1980), in describing justifications for illicit drug use, also discusses self-fulfilment accounts. He describes this as ‘an account by those who stress they turn on [use drugs] for the personal satisfaction derived from a drug’s psychological or somatic effects. These users do not find anything wrong with their behaviour and they tend to champion the drug’s advantages as well’ (1980, p. 583). Bodybuilders contacted during this research often voiced self-fulfilment accounts for illicit steroid use by emphasising the drugs’ physique-enhancing effects. Here steroid use, in contrast to the ‘recreational’ use of marihuana and other illegal drugs, was viewed as a legitimate means to an end rather than an end in itself. A successful junior competition bodybuilder who used steroids and, similar to other dedicated bodybuilders, also eschewed alcohol, said:

¹This did not mean ‘anything went’ among the majority of bodybuilders in my sample who had chosen chemically to enhance their muscle-building regimens. Certain ‘physique-enhancing’ drugs—especially Nubain, which is an injectable opiate-based painkiller—operated as ‘risk boundaries’ signifying limits beyond which ‘sensible’ (steroid-using) bodybuilders should not venture (Monaghan, Bloor, Dobash, & Dobash, 2000). Here drug accounts, from those who had experimented with such drugs, were more likely to take the form of excuses (e.g. an appeal to addiction) where narrators denied full responsibility for their inappropriate actions (Weinstein, 1980, p. 581).

²Bodybuilding ethnopharmacology and the management of steroid risks is detailed elsewhere (Monaghan, 2001a, pp. 95–128). However, to clarify, ‘ethnopharmacology’ is an anthropological term referring to indigenous people’s knowledge and use of pharmacologically active compounds. Within bodybuilding subculture, the ethnopharmacology of steroid use comprises a detailed stock-of-knowledge of the pharmacological properties of particular drugs, consisting of a taxonomy of different steroids, dosages, administration routes, (side) effects and complex theories of usage. There is, of course, variability in the social distribution of this ethnopharmacological knowledge and more experienced group members are more likely to qualify as ethnopharmacological candidates (Monaghan, 2001a, pp. 122–6).

Steroid users use steroids just as a tool to reach their goals, and they are taken for a reason as opposed to Speed or cocaine which are taken for no purpose, no end purpose. At least there is a purpose achieved by taking steroids [...] as opposed to just taking them for recreational purposes, which to me is a total waste of time. If there is nothing to be gained in taking drugs why take them? It's the same with alcohol really. There's nothing to be gained in getting drunk really. (Respondent 22.)

A former competition bodybuilder and drugs counselor, who reported using steroids to maintain muscle mass while dieting for physique shows, voiced a similar vocabulary of motive. Although this bodybuilder sharply contrasted himself with other types of illicit drug-taker, recreational drug users have also expressed 'constructive rationales' (Schaps & Sanders, 1970). In the following excerpt, where a sharp sense of drug ownership and division is evidenced, steroids are claimed to be a (relatively safe) means to attain some 'higher' objective than pleasure:

With our drugs, the end justifies the means. Whereas if you're using recreational drugs like coke or H [heroin] or something like that, there's no end to it is there? The end is probably, you know, death perhaps [...] With steroids it tends to be — it's not a negative drug as such, it's a plus drug. You're trying to do something constructive. You're trying to build a body — whether you call it art or sport — you're trying to build something and there is an end product [...] With other drugs there just seems to be tonight, today — live for today and tonight. (Respondent 24.)

These constructive rationales, which contain negative evaluations of recreational drug-taking, may be particularly significant for competition bodybuilders who typically take steroids over prolonged periods. Indeed, it may be relatively unproblematic for these 'heavy' users to legitimate their steroid regimens given their strict diets and pre-contest avoidance of partying and late nights. A bodybuilder of world championship standard, whose steroid regimens typically exceeded subcultural parameters for 'safer' usage (Monaghan, 2001a, pp. 107–19), said:

I don't class steroids as being a drug [...] You only use [steroids] to help push more weight, gain extra weight, whereas with other drugs they're just taking them to, you know, get high. They're taking ecstasy when they go to raves just to help give them a buzz and you just don't need any of that like. (Respondent 35.)

Non-competition bodybuilders, who tended to use lower steroid dosages, over shorter periods and less frequently,

also espoused similar vocabularies of motive. A 'recreational' bodybuilder, who reported using steroids once, also legitimated steroid-taking by contrasting steroid users with other categories of drug-taker:

I wouldn't put them [steroid users] in the same category [as other drug users]. I mean, I know it's a drug when it boils down to it but the thing is, as I said, it's a conscious decision to improve yourself. I mean, if you get people who use heroin and people like that, they do it for a buzz first of all like. In the end it's habitual, they've got to have it to survive basically. (Respondent 16.)

In their study of a campus drug-using community, Schaps and Sanders (1970) explain how students ingesting recreational drugs differ from drug-using musicians and others because they stress 'lofty' motives. Explicitly drawing from Mills (1940), these researchers state that the students' motivational structures and the patterns of their purposes are relative to societal frames. In contrast to musicians, students are 'more involved in the larger society and are therefore more accountable to it [they] can be expected to offer, both to themselves and to others, more compelling arguments than sheer pleasure for their violations of societal standards' (Schaps & Sanders, 1970, p. 141). Certainly, in contrast to opiate injectors as described in contemporary ethnographies (e.g. McKeganey & Barnard, 1992), steroid-using bodybuilders are more involved in the 'straight' world of production and consumption. As noted, most bodybuilders frequenting commercial gyms are in full-time formal employment, unlike many young heroin injectors inhabiting deprived British inner cities.³ Here respondents using constructive rationales for steroid use obviously consider these to be the most compelling arguments for drug use. As stated by a former competition bodybuilder who reported taking steroids once, but discontinued following an adverse reaction: 'Bodybuilders take drugs to enhance themselves, not to bloody induce some kind of catatonic state away from reality' (Respondent 29). Another respondent, who regularly used steroids, similarly defended his steroid-using peers:

There's no high to be got off it [steroids]. I mean, people wouldn't take cocaine if they didn't get a rush. If you take steroids you don't get a rush, you don't

³The socio-economic marginalisation of many opiate injectors in Britain notwithstanding, these people are often part of a strong working-class culture that emphasises neighbourliness and reciprocity (McKeganey & Barnard, 1992). It is to be reiterated, therefore, that opiate injectors, are not cultural isolates and, moreover, within their bounded groups the disapprobation of certain risk practices (e.g. casual needle-sharing) enables even the most stigmatised of members to present themselves as wholly responsible (Bloor, 1995, p. 95).

get any buzz. You know? There's no highness [*sic*] about it, so, they're not doing it for that reason. They're not trying to get away from reality, are they? (Respondent 23.)

This does not mean pleasure is irrelevant in bodybuilding settings. After all, bodybuilders derive *aesthetic* pleasure from their own and other members' body modification practices. Steroid-related pleasures are also directly linked to the sentient (feeling) rather than the specular (visible) body (*cf.* Crossley, 1995). Elsewhere I have elaborated upon what Mansfield and McGinn (1993) term the 'erotics of the gym'—the sensuous bodily pleasures associated with intense anaerobic exercise which may be enhanced through steroid use (Monaghan, 2001c). However, the national physique champion and gym owner quoted below stressed that the 'highs' associated with chemical bodybuilding are achieved rather than pharmacological. Embodying powerful ascetic ideologies, dedicated steroid-using bodybuilders reportedly derive pleasure from their constructive efforts:

The buzz [high] off it is like a self-achieved buzz. You couldn't take gear [steroids] sitting in your armchair and just sit there and start glowing and start laughing your head off sort of thing. To be honest the only way I think a steroid works is if you go into the gym, you attack the weights, you go home, you take your rest, you take everything into consideration that makes a bodybuilder. And this is where the achievement and goals come from really. It's the hard work that you put into it, and it's not just the drug itself. The drug only assists the bodybuilder to make his goals really [...] Look at say cocaine or heroin. You can just take that, sit in your chair and imagine yourself being on the moon if you wanted to. But whereas, when it comes down to bodybuilding, unless you go out and achieve these goals yourself physically, then it's not going to come to you. (Respondent 18.)

Stylised bodybuilders embody a subcultural system of relevances and typifications that is accepted beyond question by other group members (Monaghan, 2001a, pp. 45–72). Parameters for 'successful' bodybuilding—knowledge, dedication, finance and genetic potential—constitute bodybuilders' commonsense understandings of reality. Here, individuals as bodybuilders are 'at home' (Schutz, 1964, p. 252). In this context bodybuilders' 'background expectancies' or 'sets of taken-for-granted ideas that permit the interactants to interpret remarks as accounts in the first place' (Scott & Lyman, 1968, p. 53), render the following constructive rationales for illicit steroid use acceptable. These vocabularies of motive are likely to be honoured by other bodybuilders because, at least within this sub-

culture, 'everyone knows' steroids are simply an adjunct to the demanding bodybuilding lifestyle. As stated by non-competitors who used subcultural typifications to define the appropriateness of accomplished bodybuilders' steroid use:

Just taking steroids, growth hormones or whatever isn't going to produce a good physique. I mean, there's a lot of training and dieting and intelligence that goes into producing a good physique as well. Dedication, a lot of things which people would recognise as being in common with other sports, you know, like training and skill, strength and endurance and all sorts of psychological qualities as well that go into being a top bodybuilder. So, they aren't steroid freaks or drug abusers. There's a lot more to it than that. (Respondent 25. Non-steroid user.)

People get this fucking wild imagination and say: 'he's a big boy'. And say straight away: 'he's on steroids'. They think you take steroids or a jab [injection] and they think you are going to grow overnight. No, you've got to work at it. Just because you take steroids doesn't mean you are going to grow overnight. You've got to do your half of it, or even do ninety percent of it. You've got to train and eat properly. (Respondent 48. Steroid user.)

According to respondents who were doing 'being responsible' during interviewing, third parties who reportedly administer steroids without a proper training programme and diet *abuse* rather than *use* these drugs. Steroid abuse was widely disparaged by dedicated 1990s bodybuilders—it could not be justified through constructive rationales—just as taking LSD, without realising its higher meditative potential, was disparaged by 1960s 'heads' (Davis & Munoz, 1968; also, see the accounts of steroid abuse in Bloor, Monaghan, Dobash, & Dobash, 1998). Interestingly, nobody contacted during this research claimed they currently abused steroids.

In summary, illicit steroid use, as opposed to steroid abuse, may be justified by (non-)competition bodybuilders and affiliative others through the avowal of self-fulfilment accounts or constructive rationales. These vocabularies of motive, which justify usage as being in accord with collectivity rules, bridge the gap between (potential) action and societal expectation for competent group members (similarly, see Bittner, 1965, on rule use). Embodying powerful ascetic ideologies—in a larger society intent on self-promotion and achieving 'the look' (Lupton, 1997)—(steroid-using) bodybuilders legitimated their own and/or other bodybuilders' instrumental steroid use. Respondents voicing this type of account resisted accusations of opprobrium and defended the fundamental tenets of their drug subculture by engaging in 'dividing practices' (Foucault, 1983).

Here narrators contrasted themselves with recreational or ‘proper’ drug users and those taking steroids in the absence of hard training and proper diet.

Condemnation of condemners

This vocabulary of motive for illicit steroid use, and ‘a denial of injury’ discussed shortly, are again justifications rather than excuses for ‘untoward’ action (Scott & Lyman, 1968; Weinstein, 1980). These accounts, voiced by ‘pro-steroid’ bodybuilders and other group members, are the ‘techniques of neutralization’ first discussed by Sykes and Matza (1957) in their study of juvenile delinquency. In condemning their condemners, transgressors shift the focus of attention away from their own ‘deviant’ acts to the motives and behaviour of those who disapprove of their violations. Sykes and Matza (1957, p. 668) add:

The validity of this jaundiced viewpoint is not so important as its function in turning back or deflecting the negative sanctions attached to violations of the norms. The delinquent, in effect, has changed the subject of the conversation in the dialogue between his own deviant impulses and the reactions of others; and by attacking others, the wrongfulness of his own behavior is more easily repressed or lost to view.

During interviewing I asked all respondents: ‘What would you say to someone who claimed bodybuilders were a bunch of drug abusers?’ Whereas marginal members were likely to agree, respondents integrated into bodybuilding subculture (i.e. those who trained in bodybuilding gyms, identified themselves as bodybuilders, physically looked like bodybuilders, read bodybuilding paraphernalia) often condemned their (imagined) condemners. Evaluations of the external body were central in such talk. In visually oriented consumer culture, where the body has become an index of the self and the consequences of bodily neglect are a lowering of one’s acceptability as a person and an indication of low self-esteem (Featherstone, 1991), it is unsurprising that bodybuilders felt physically (if not morally) superior to potential condemners. A steroid user retorted in response to my question:

The people that normally think like that have a pint in one hand and a big fat stomach hanging over their trousers and a bag of chips in the other hand [...] What you find, you can’t even educate half the people like that anyway. They’re just totally blind. All they can see is their point of view. (Respondent 32.)

As noted by Sykes and Matza (1957), other people’s behaviour is also significant for those employing this technique of neutralisation. This may be all the more salient in a larger healthist and medicalised culture

where health and individual behaviour (rather than social location) are claimed to be intimately related. The pursuit of health through lifestyle, which entails the avoidance of harmful commodities, has become an imperative in contemporary society (Lupton, 1997). In the following excerpt a ‘health conscious’ steroid-using bodybuilder, besides denying injury, condemns imagined condemners by calling them hypocrites:

If they were stood there with a fag in their hand and a pint of beer, I’d say: ‘it’s no different to what you’re doing is it?’ If not, it’s probably a lot worse what they’re doing. A lot of people are hypocrites without realising what they’re saying [...] They’re talking about what I’m putting in my body. They’re probably going to have chicken curry afterwards, twenty fags, ten pints of Guinness, and tell me injecting steroids is a bad thing, which it isn’t compared to some things people do, but there you go. (Respondent 31.)

A young bodybuilder, who concealed his steroid use from his father but was open about this when interacting with other gym members, defended himself and his drug-using peers by underscoring the irrelevancy of steroid use relative to the behaviour of real condemners:

I was in the pub with my dad the other day and we had a conversation about steroids. He doesn’t know I’m on them but I was saying to him there’s nothing wrong with it, it doesn’t harm anyone. He couldn’t understand it. I think he thinks steroids are hard drugs like cocaine or something. I pointed out that he was a chain smoker and a drinker, and he eats loads of fatty food, so saying steroids are bad for your health...he’s in no position to say that. (Field Diary: Temple Gym.)

As previously stated, there is an identifiable ethnopharmacological stock-of-knowledge within bodybuilding subculture comprising a taxonomy of different steroids, theories of usage, methods of administration, and awareness of effects and possible side effects. Many bodybuilders claim theirs is a knowledge empowered community, and that competent bodybuilders are more educated on this topic than the typical doctor (Monaghan, 1999b). A weight trainer and former professional bodybuilding judge, who claimed he never used steroids, espoused this rhetoric of legitimisation. He also extended his criticism to people more generally, arguing there is considerable misinformation circulating among the mainstream public. In short, he condemned condemners by claiming people outside of bodybuilding do not understand:

I mean, if you have a bottle of aspirin, a bottle of painkillers, a bottle of sleeping tablets, and a bottle of steroids, the only one that wouldn’t kill you is the

steroids [...] I think it's all overemphasised. I think there's so much bullshit about it. I think people get the wrong idea about it. They don't understand it. (Respondent 13.)

A practising ethnopharmacologist, in presenting himself as knowledgeable, also criticised 'ignorant outsiders' who claim steroids per se are dangerous drugs:

It's like, people who know little about steroids make sweeping statements about steroids being bad. But what steroids are they talking about: Anavar, Primobolan, Androxon, Deca? Steroids differ so much in what they can do and what they're used for medically. (Field Diary: Al's Gym.)

Others condemned the media and the law. The body-builder below, as well as legitimating his personal use of steroids, justified the illegal act of steroid dealing and expressed a general sense of injustice against the unenlightened establishment:

The thing is, we're carrying the can. Because the media have given such an adverse publicity and the people outside think drugs are drugs—irrelevant of whether it's a steroid or whether it's cocaine, Crack. They think a drug is a drug. They don't see the difference between one and the other. So therefore they see us as drug users. This is the biggest problem. The media think 'yes,' they catch a steroid dealer. But he's not dealing in anything really that's harmful to a person. Compared to cocaine, to Crack, to heroin, this is Mickey Mouse stuff. So I just feel we're being very harshly dealt with. (Respondent 21.)

The possibility of future legal sanctions in Britain against steroid users also prompted some to mount a verbal attack against the state and the police. As Sykes and Matza (1957) remind us, what is of most significance here is the function rather than the validity of such talk. By condemning the authorities, the steroid-using gym owner and steroid dealer quoted below was able to neutralise the moral bind of conventional society:

At the moment the police can't cope with the ordinary drugs out there. So what'll happen is, when they get to the stage where they can't arrest people, because if they say arrested a druggie, he's probably on the bones of his arse, got no money right. He's probably robbing anything anyway. So, they'd take him off the streets and it'd probably cost £300 a week to keep him in a secure prison and treat him as well, right. If you get someone taking steroids, then they arrest him, he's probably got a job because he trains at a gym and he can pay a fine. So, they'll get them in the end. Because, all it is, all they do is look at a way of making revenue. And I think it's the only way they'll go about it [...] The government will say:

'look, drop the hard drugs, because half the blokes you're catching haven't got no money anyway. Let's start hitting the people with the steroids because they're working and we can get some bloody money'. That's all it is. They just won't admit it. (Respondent 10.)

In summary, condemnation of condemners may serve as a powerful vocabulary of motive which justifies illicit steroid use. Moral, legal or health-related objections raised by real or imagined people in the social environment are easily neutralised by those supporting the fundamental tenets of this drug subculture. Respondents justifying their own or other bodybuilders' illicit steroid use were able to reject accusations of opprobrium by claiming condemners are likely to be in poor physical shape, engage in more common risk practices (e.g. smoking, eating fat laden food, excessive alcohol consumption) and be ignorant about steroids. Institutions were also criticised, including: medicine, the media and the law. Of course, whether such accounts are valid or not is of secondary importance. What is significant is that members' accounts sustain illicit steroid use and figure in the negotiation of potentially deviant identities. According to Sykes and Matza, this and other techniques of neutralisation are 'critical in lessening the effectiveness of [mainstream] social controls' (1957, p. 669).

Denial of injury

Weinstein (1980, p. 582) writes: 'with a *denial of injury* it is maintained that drug use is permissible on the grounds that it is not injurious to health'. Although this type of account has been broached, it perhaps stretches credulity to believe that illicit steroid users are able successfully to use this vocabulary of motive. Medicine, which remains a powerful institution of social control (Zola, 1972) despite mounting public skepticism (Gabe, Kelleher, & Williams, 1994), warns against the hazards of steroids. Steroid contraindications, as described in the medical and behavioural science literature (Kashkin, 1992; Uzych, 1992), include: acne, hair loss, oedema (water retention), hypertension, cardio-vascular disease, aggression and violence. Other side effects are gender specific. Male steroid users may experience gynecomastia (development of breast tissue), impotence and testicular atrophy. Female steroid users may suffer irreversible masculinising side effects such as excessive facial and body hair and deepening of the voice (Strauss & Yesalis, 1993).

Significantly, steroid use (as opposed to abuse) in bodybuilding is conducted within ethnopharmacological parameters aimed at *minimising harm* while maximising benefits. Thus, while steroid users often report side effects—particularly short term and reversible side

effects such as testicular atrophy, water retention and acne (Korkia & Stimson, 1993, p. 90)—many steroid-using bodybuilders are able to resist the claim that they are simply abandoning their health. Certainly, experienced steroid users claim immediate and cumulative steroid side effects may be reduced or avoided. Ethnopharmacological risk management strategies include abstaining from particularly toxic compounds, cycling steroids (using for a specified period following by a period of abstinence), tailoring dosages in response to observed (side) effects and administering other compounds to combat steroid side effects. Steroid users practising these, and other (gender specific) harm-reduction techniques, often used ‘denial of injury’ as a vocabulary of motive. An experienced steroid user, who reported suffering no ill effects, said:

I just take to everything. Do you know what I mean? Some guys don’t, but I don’t get spots, trouble with the old dick, none of that. Never lost no hair, no problems at all. Never had a side effect. I started getting itchy nipples [possible gynaecomastia]. I take two Nolvadex [anti-oestrogen] tablets and that’s gone. No problems at all. (Respondent 23.)

A steroid-using competition bodybuilder, who attributed his nosebleeds and hypertension to a steroid accessory drug (Clenbuterol), claimed all physique-enhancing drugs are relatively safe provided they are not taken in excessive dosages: ‘Everything’s OK in moderation. If people want to take stupid amounts, let them take stupid amounts. They are the ones that are damaging their health. So, let them get on with it’ (Respondent 22).

A particularly knowledgeable bodybuilder reflected upon the relativity of steroid ‘use’ and ‘abuse’ by stating ‘a very fine line’ divides these practices. Even so, he reasoned that long-term steroid use could probably be maintained with minimal risk to health. After emphasising the importance of avoiding particularly androgenic (i.e. strong, toxic) compounds, reading indigenous pharmacopoeia and other harm minimisation strategies, he stated: ‘I think that steroid use can probably go on for years and years and years if done sensibly, if done in moderation, and taking the other precautions I talked about’ (Respondent 24). One ethnopharmacological precaution is the avoidance of alcohol while using steroids. A high level competition bodybuilder, who told me his steroid courses could last up to 12 months (lengthy even by subcultural standards), proclaimed a position of responsibility and denied serious injury when he said:

Alcohol and drugs, it’s a fact that they both put stresses on the liver. In my case, you’re gonna take steroids which causes a certain amount of stress on the liver so avoid alcohol which, as everybody knows,

can cause cirrhosis of the liver. So I think you’re just shortening the odds by fifty percent if you don’t combine both. That was a major factor in why I stopped drinking initially. (Respondent 21.)

Other health-related factors are salient when explaining illicit steroid use. In postmodern culture health is often conceived in representational rather than instrumental terms. According to Glassner (1990), in postmodernity the image of healthiness has almost become more real than the ‘real’ thing it references. Certainly, bodybuilding, similar to fitness more generally, may be accounted for on ‘health’ grounds despite its promotion of physiologically detrimental practices. Many bodybuilders present an image of vibrant physicality and experience wellbeing in the gym which may have benefits for everyday pragmatic embodiment (Monaghan, 2001c). In this context a denial of injury may be a particularly powerful vocabulary of motive for illicit steroid use. A bodybuilder, who reported never using steroids, nonetheless legitimated others’ steroid use when he said: ‘You’ve only got to take one look at their [steroid-using bodybuilders’] physique. They don’t look ill do they? They don’t look ill’ (Respondent 41). Many bodybuilders’ adherence to low-fat diets and regular exercise also buttresses their view that they are ‘healthier than the average person’ (Respondent 19, female steroid user).

A denial of injury seems to be particularly salient when ‘mouthed with a personal reference; that is, [when] users affirm that a particular drug has not harmed their mind or body [and] has not addicted them’ (Weinstein, 1980, p. 582). Bodybuilders, while accepting some people may become psychologically dependent upon steroids, systematically rejected the idea that steroids are addictive in the same way that opiates are physiologically addictive. The following account, mouthed with a personal reference and extended to other steroid users, was typical:

I’ve never craved a tablet or an injection. When I’ve come off them I can’t say that I missed them or needed to have them. Like with hard drugs you have the craving, you’ve got to have it. You don’t feel well or whatever it is until you have it, so you have to have it. But with steroids, no, it’s not a problem like that...If someone can’t afford their injections then they go without and it doesn’t really lead to a big change in attitude. (Field Diary: Home.)

In elaborating upon this particular vocabulary of motive, Weinstein adds: ‘Users also offer this justification in a general sense [...] by holding that drug use is not socially disruptive, destructive, or detrimental to individuals’ (1980, p. 582). In attempting to counter the dominant view in society that steroid users are comparable to other maligned drug takers, a non-steroid-using

female bodybuilder stated: ‘No, it’s not the same thing, is it? They’re not going around thieving, beating people up to get money for their addiction. It’s not like that. It’s not a social disease like heroin takers. That’s a disease’ (Respondent 11). Male steroid-using bodybuilders agreed:

I don’t think steroids cause that much threat, you know, to society and that like. You know, it’s not like cocaine or heroin and that where people do sort of, they’re sort of addicted to the drug that they have to well, burgle or whatever to get money for you know, for the drug. I can’t see steroids doing that to anyone like. (Respondent 42.)

And:

I’ve never met anyone who has taken steroids who was driven to poverty to be on the streets, to doing robberies. Do you think? At the end of the day, you train better in the gym. But when you’re taking a lot of the anti-social drugs, they’re going to slip off and just do their own thing under a bridge or just crash out in houses and, whereas there’s no benefit in that is there? (Respondent 10.)

Interestingly, a former heroin addict turned steroid-using competition bodybuilder also denied injury to others. This respondent justified his current steroid assisted bodybuilding by sharply contrasting it with his previous ‘junkie’ behaviour:

When I was on heroin I could cut someone’s face from one side of it to the other, and think nothing of it. I couldn’t possibly do that if I wanted to now. It’s not in my heart. Heroin makes you emotionless, makes you feelingless [*sic*] and you can do anything and feel no way about it. Some of the things I gets told I done when I was a junkie. I look back at them and it scares me to be honest with you, it disgusts me. You know what I mean? I could have killed my own kids. I’m not joking! That’s how emotionless it can make you, heroin. It takes you, gives you no heart. It’s like people who go on the booze for years and years, they become emotionless, they can hurt anyone and can do anything, as long as they’re getting their drink they don’t care. It’s the same with heroin. As long as you get your heroin, you don’t give a shit who you hurt or what you do. So, coming from that to steroids. Bloody hell! Like I say, now I sit in most nights with my family and kids and I’m not interested in any trouble. I think it’s telling you a completely opposite story. (Respondent 43.)

As above, it is not only highly addictive illegal drugs which, at least for bodybuilders, are contrasted with steroids. Similar to marijuana users, (steroid-using) bodybuilders may also claim that ‘their’ drugs are less

harmful than many of the licit drugs taken by the majority of the population (*cf.* Weinstein, 1980, p. 582). This rhetoric of legitimisation may even be maintained despite widespread media claims that steroids cause violence or ‘Roid-Rage:

Probably sixty or seventy percent of people drink alcohol on a regular basis. Obviously the figures are probably greater. But um—I dunno—I mean, I’d like to say steroids are not in the same [league]. Well, they’re not. You don’t get people singing, dancing, falling around the streets when taking steroids, but then you’re supposed to get the so-called ‘Roid-Rages which manifest themselves in bodybuilders. Again, I don’t believe [...] it’s a media thing, isn’t it? ‘Roid-Rage. (Respondent 24.)

A high-level competition bodybuilder, whose steroid regimens were lengthy, acknowledged self-related harm but denied injury to others. Similar to other bodybuilders contacted during this study, he was loath to accept steroids as an exculpatory discourse for violence (see Monaghan, 2001a, pp. 156–80):

R35: You can’t class steroids as a drug like. You don’t get high on it, you still know what you’re doing while you’re taking it. Um, all right, they can harm you but like you know the effect. Like where you would take marijuana or anything like that, or ecstasy, where you didn’t even have a clue what you were doing. And they’re going out and they’d kill someone and they wouldn’t know they’d done it. Steroids can’t do nothing like that to you so I don’t really look at them as a drug ‘cause you don’t get no side effects off them in that sort of way like.

LM: But there’s been some steroid users in the courts who’ve been violent or whatever and said: ‘it wasn’t me, it was the steroids that made me do it’.

R35: Ah, they’re just using that as an excuse. Help them get off with it. That’s all. ‘Cause, like, ever since I’ve used them I’ve always known what I’ve been doing.

Another steroid user also denied injury to others. Interestingly he buttressed his argument by making recourse to the legality of steroid use in Britain and contrasting steroids with other illicit drugs and alcohol:

R36: Well, yes they [steroids] are classed as drugs. Are they as bad as Speed or heroin? I don’t think so. I have never known anybody yet to smash hotels in a fit of frenzy, to stab people or shoot people and cause fights. I don’t think it’s a bad drug. If it was a bad drug why aren’t steroids at this moment illegal to take? [...] Steroids, you can still take them and they [the police] can’t touch it. It’s only illegal to sell and make a profit out of it, so it can’t be that bad.

LM: So, in your view, steroid users aren't like drug abusers?

R36: Far from it. Drinking is a drug. How many fights have you seen through drink abuse and marriage break-ups through drink abuse? I think drink is a worse drug than steroids ever will be. Drink's ruined many a life.

During this study the legal status of steroids was under review. This culminated in a change in the law in 1996 so that possession of steroids *with intent to supply* became punishable under the Misuse of Drugs Act (1971). Between 1994 and 1995, steroid users I interviewed could not be certain that their drug-taking would remain legal. Even so, the possibility of future legal sanctions did not undermine steroid-using bodybuilders' identities as atypical drug users. As indicated below, this was permissible among coherent narrators through a denial of injury; here, relative to other drugs, steroids were claimed to be benign even when taken in excessive dosages:

LM: If steroid use became illegal do you think that might change how drug-using bodybuilders see themselves?

R23: No, I don't think it will. I don't think you can class it as such. As I said earlier, I mean yeah, I need my fix of steroids as such just as someone who smokes might need their cigarettes or someone who drinks might need a pint. I mean, you know, I haven't had a jab [injection] for two weeks because I can't afford it. I'm hardly frothing at the mouth. I've still been training and I'm stood here talking to you totally calm, so er, no I don't think it'll change their view of themselves at all. It will never be in the same class as heroin or something. I mean, heroin can kill you in months. One O.D. on it. I've known guys who've shoved ten mil [millilitres] of juice [steroid] in their system, in one go, in one day, they're still walking around. You know? I've seen them do that twice a week and that's true, that's true.

Finally, for the mainstream public and many official sports councils, illicit steroid use is contrary to the spirit of good competition. In short, 'doping' is said to injure the ethic of fair play (*cf.* Waddington, 2000, p. 97). Unlike many sports, competition bodybuilding—with the exception of 'marginal' federations such as the Association of Natural Bodybuilders—is a domain where steroid-taking is often accepted and expected. Testing for steroids seldom occurs within and between different official bodybuilding federations. There is also a commonly shared understanding among experienced competitors that if doping-tests are administered (in some high level events, for example), this is merely a public relations exercise. A female steroid-using physi-

que bodybuilder, of world amateur standard, denied injury to the ethic of fair play after claiming all sports people take ergogenic drugs:

Well, I don't think it's cheating. I cannot see that it's any more cheating than if you were to have a personal dietician or a personal trainer who would write you out or give you the ideal diet or the ideal training plan. I can't see that having, well, an artificial substance, is any more cheating than that. If you are competing against somebody who has not got his own nutritionist or has not got his own personal trainer, then they are still at a disadvantage. (Respondent 19.)

In summary, participants in bodybuilding subculture contacted for this research used various vocabularies of motive which justified (rather than excused) their own and/or other bodybuilders' illicit steroid use. As well as offering constructive rationales and condemning condemners, respondents often denied (serious) injury to themselves, others and the ethic of fair competition. Steroids, relative to other legal and illegal drugs, were claimed to be fairly innocuous substances. This type of account was even mouthed by those reportedly abstaining from steroids, thereby supporting the fundamental tenets of bodybuilding as a drug subculture. Those reporting steroid use also espoused this vocabulary as part of the underlying negotiation of self-identity. These utterances, from 'healthy-looking' gym members, gained added weight when containing a personal reference that the drug had not harmed or addicted them. To be sure, (tolerable) side effects are often associated with illicit steroid-taking and users were discursively aware of potentially serious health problems (e.g. harm to internal bodily organs). However, if steroids are used rather than abused, cumulative and long-term damage is reportedly minimised. Even if respondents exceeded ethnopharmacological parameters for 'correct' usage (Monaghan, 2001a, pp. 107–19), and admitted to jeopardising their own health, they were still able to deny injury to others. This type of account was particularly common, serving to legitimate (potential) steroid use and preserve competent social identities within a demonised drug subculture.

Conclusion

For the mainstream public it is largely taken-for-granted that illicit steroid use is unnecessary, wrong and dangerous. Correspondingly, explanations for steroid use as verbalised by those supporting the activity are likely to be rejected. It is unsurprising that members of bodybuilding subculture, who use or have used steroids for physique-enhancement, engage in strategies for

avoiding drug accounts in their contexts of everyday life. The likelihood of disapproval, or legal sanctions in some countries, mean illicit steroid users often find it situationally appropriate to conceal their 'deviant' acts from non-participants. Even non-users affiliated to bodybuilding subculture, who may otherwise justify steroid-taking, may find it appropriate at certain times and in certain contexts to denounce illicit steroid use.

Obtaining accounts for illicit steroid use in general, and vocabularies of motive *justifying* this 'risky' activity in particular, therefore poses distinct methodological problems for researchers. Others have reported difficulties accessing steroid users (e.g. Pates & Barry, 1996), and sociologists studying bodybuilding and steroid use tend to account for (excuse) the activity simply by making appeals to psycho-social forces (Klein, 1995). Correspondingly, large gaps remain in our social scientific knowledge of what legitimates and sustains this potentially health-damaging practice. During this study I adopted a physically demanding active membership role (Adler & Adler, 1987) which enabled me to generate ethnographic data and further sociological knowledge of an under-researched topic. This entailed, among other things, regularly exercising in bodybuilding gyms over a prolonged period. Overt research and social access was possible thereby enabling me to tap respondents' routinised and taken-for-granted understandings of social reality using a multi-methods approach. However, because steroid use is largely accepted and unquestioned within bodybuilding settings, depth interviews represented the most systematic means for obtaining vocabularies of motive. The rapport I generated with many respondents during fieldwork no doubt facilitated these more formal, pre-arranged interviews.

While illicit drug use may be excused through the giving of accounts (Weinstein, 1980), during this research respondents who were affiliated to bodybuilding subculture often justified their own and/or other group members' instrumental *use* of steroids and many steroid accessory drugs. (On bodybuilders' use of these other drugs see Monaghan, 2001a, pp. 129–55). To reiterate, members' accounts are situated (Mills, 1940); hence, other vocabularies of motive may be offered to different audiences for purposes of presenting a moral self-image. Also, in providing morally adequate accounts, certain types of steroid and other 'physique-enhancing' drugs (e.g. Nubain) are constructed as 'risk boundaries' by 'sensible' bodybuilders within their subcultural context (*cf.* Wormley & Clarke, 1995, pp. 36–7). And, weight trainers marginal to bodybuilding subculture (for example, respondents who had never exercised in a bodybuilding gym) often disparaged steroid-taking and dismissed bodybuilders' physiques as mere steroid effects. However, and overwhelmingly,

bodybuilders and other group members I contacted - irrespective of their own reported (in)experience with steroids—presented different, more favourable, definitions of the situation. Their subculturally acquired vocabularies of motive for illicit steroid use emphasised the drugs' 'positive' effects and minimised or denied self-other related harm. In a subculture comprising a sophisticated ethnopharmacological stock-of-knowledge, and where 'excessively' muscular bodies were valorised, risk perception was socially organised by social norms and context (*cf.* Rhodes, 1997, p. 216).

In accounting for illicit steroid use, or, to be more specific, in *justifying* what many people consider untoward activity, 'pro-steroid' contacts espoused various vocabularies of motive. Three types of account, voiced singularly or in combination, were predominant during interviewing. Quoting respondents verbatim, this paper made detailed reference to self-fulfilment accounts or constructive rationales, condemnation of condemners and a denial of injury. Here steroids were considered a legitimate means to an end, the views of real or imagined condemners were dismissed and possible steroid-risks to oneself and others were minimised through knowledge. Functioning as 'techniques of neutralization' (Sykes & Matza, 1957), these vocabularies legitimated the narrator's own and/or other illicit steroid users medically defined risk practices. Here responsibility for steroid use was accepted but the pejorative quality associated with it was denied. Accounts, espoused by participants embodying and supporting the presuppositions of the bodybuilding collectivity, effectively sustained behaviour which medicine and other sources labelled as 'risk-inducing'. In a healthist, medicalised culture, these vocabularies of motive could also enable illicit steroid users to counter any objections arising in their own mind.

In closing this paper it should be recognised that the illicit use of steroids and other ergogenic drugs may be subjected to different types of social scientific analysis. Waddington (2000), for example, develops a critical sociological understanding of doping by exploring the medicalisation and 'de-amateurisation' (commercialisation, politicisation) of sport. Such processes, which may be less salient for non-professional steroid-using bodybuilders and recreational gym members, warrant social scientific attention alongside the role of steroid-taking in the construction of masculinity (Klein, 1993). While the accounts framework, as used in this paper, has much to offer concerning the analysis of (potential) steroid users' perspectives as social constructions, such analyses have been criticised for being unreflexive about differences between members vis-à-vis gender, class and ethnicity (Davis, 1995, p. 194). Nonetheless, as stressed by other sociologists researching illicit drug use, it is imperative to explore the social meanings which *participants* attach

to medically defined ‘risk behaviours’ (Rhodes, 1997). In the absence of these understandings, researchers may struggle to appreciate fully why illicit drug takers behave as they do. None of the sociological analyses mentioned above adequately account for illicit steroid use among (non-)competition athletes as understood by users themselves and their peers. It should be added that qualitative research on illicit drug use, and voluntarily risk-taking more generally, may also be of practical value. Clearly, experienced steroid-using bodybuilders are unlikely to be dissuaded from their ‘hazardous’ practices by clinicians perceived to be less knowledgeable (Monaghan, 1999b). However, as suggested by Hart and Carter (2000, p. 236), health promotion will be more adequate if it is connected to the meanings shaping people’s identities and lifestyle choices.

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