

Doping, Fitness and the Changing Bodies

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The Plasticity of the Male Body: A Cultural Frame on Doping in Fitness Centres.

Based on interviews with:

- Men who have experienced using anabolic steroids (AAS) in fitness centres
- A mother to a 20-year old son who is using AAS
- A former bodybuilder who has been using steroids for several years
- A former track and field athlete, weight lifting, fitness competitions etc. who has been using steroids for more than ten years

Based on

- Science research publications from an interdisciplinary approach.
- Popular literature, biographies and news from various daily papers in an international perspective.
- Anonymous dialogs on the Internet between men who exchange knowledge and experience with the use of anabolic steroids, Human Growth hormone, and insulin.

Science researchers from an interdisciplinary approach:

Anti Doping Hotline: *Michael von Linstow*, Danish consultant doctor (rheumatology).

Doping research (medicine): *Rasmus Damsgaard*, Danish expert, former Head of Info. Anti Doping Dk.

Doping research (interdisciplinary): *Tommy Moberg*, Swedish former social worker, anonymous counselling drug addicts and men using steroids.

Doping research (sociology): *Inge Kryger Pedersen*, Danish ass. Professor, gender and sport.

Gender studies and Men's studies: *Jørgen Lorentzen*, Norwegian ass. professor in literature.

Psychiatry, eating disorders, elite athletes: *Finn Skårderud*, Norwegian professor and expert for the Norwegian elite sport organisation Olympiatoppen.

Psychology: *Søren Nørskov*, Danish private clinic, counselling for men with eating disorders and muscle dysmorphia (megareksi).

Estimated number of men using anabolic steroids in various western countries:

Denmark: 10-20.000 in 2005

Sweden: 50.000 in 2003

Great Britain: 45.000 in 2001-02

Germany: 200.000 in 2001

Italy: 500.000 in 2005

USA: 2-3.000.000 in 2002

Norway: 1-2% of youngsters and 1,4 % of the military using all doping drugs in 1999

Sources: Inge Kryger Pedersen, Anti Doping Denmark. Thurelius A-M. (Ed) (2005) Doping. Förlagshuset Gothia. British Home Office, (Kelso, Guardian 2003). Department of Medicine, Lübeck university. Jyllands-Posten, March 16. 2001). Sandro Donati (2005) National Anti-Mafia Directorate in Italy and Libera - a civil society anti-mafia group. www.playthegame.org. Olivardia in Cash & Pruzinsky (Eds.) (2002): Body Image. The Guilford Press. Handlingsplan for anti-doping arbeid i Norge. The Ministry of Culture and Church Affairs, Norway.

Main question for the work on the book:

Why do so many men "develop" the desire to change the body towards the stereotypical image of the male body?

Men's Conflicts with Food, Weight, Shape & Appearance:

- Increasing body weight and **body fat**.
- Body shape concerns.
- **Eating disorders**, such as anorexia nervosa, bulimia, and binge eating disorder.
- Lack of exercise.
- **Compulsive exercising**.
- **Low self-esteem about body size of shape**, aging, hair loss, height, etc.
- Conflicts about sexuality from low body image.
- Appearance obsession.
- Using plastic surgery to conform to social expectations.
- Psychological damage from **childhood teasing about weight, height, shape, appearance**, etc.
- Weight prejudice in work and social situations.
- Confusion about health and nutrition.
- Having genetic traits that conflict with media images and fashion trends"

Millions of men face problems like these, and **many suffer in silence**. They have repressed their feelings and lied about their behaviors, because **men are brought up not to talk about these things** – not showing any **insecurity**.

(Source: Andersen, 2000)

Other consequences:

Damage to the joints of the body from excessive weight lifting

Compulsive exercise

Diet and weight problems

Eating disorders → **Muscle dysmorphia**

Depression → suicide attempts → **suicide**

Non-clean drugs → **serious illness**

Overdose

Abuse of narcotic drugs, medication and / or alcohol

Money depth

Crime → trading illegal drugs

Violence

Divorce

Grey area between diagnosed eating disorders and

- Weight problems ("need another 17 kilos")
- Fear of fat ("six pack" non fat stomach)
- Diets (tuna fish-chocolate milk-oatmeal-shake)
- Protein powder (eating bucketful)
- Compulsive exercise (hours daily)
- Obsessed with the appearance of the body
- as an example looking in the mirror and the **biceps muscles look really small**
- Using AAS or other performance enhancing drugs

Diagnostic Criteria for Muscle Dysmorphia

A. Preoccupation with the idea that one's body is not sufficiently lean and muscular. Characteristic associated behaviors include long hours of **lifting weights** and excessive attention to **diet**.

B. The preoccupation is manifested by at least two of the following four criteria:

1. The individual frequently **gives up** important social, occupational, or recreational activities because of a compulsive need to maintain his workout schedule.
2. The individual **avoids situations where his body is exposed to others**, or endures such situations only with marked distress or intense anxiety.
3. The preoccupation about the inadequacy of body size or musculature causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
4. The individual continues to **workout, diet, or use performance enhancing substances** despite knowledge of adverse physical or psychological consequences.

C. The primary focus of the preoccupation is on being **too small or inadequately muscular**, [...] or a primary preoccupation only with other aspects of appearance as in other forms of body dysmorphic disorder. Source: Pope, Phillips & Olivardia, 2000

Causes behind eating disorders can be:

- Elite sport – for men as well as women!
- Traumas in childhood & adolescence
- Loss of parent by divorce, death, other
- Sexual assaults in childhood & adolescence
- Violence in childhood & adolescence(family)
- Long term mocking (school, family, sports)

Mocking is often based on the appearance of **the body** (red hair, too fat, too small, skin color)

Mocking is often underestimated as a suppressive technique and **very painful**

Mocking causes the feelings of guilt and **shame** in the victim

Norwegian professor Finn Skårderud says about the behaviour of someone with an eating disorder:

- The body functions like an object
- The person is trying to control the body in order to control the underlying chaos of repressed emotions, conflicts and traumas
- Some boys and men are brought up learning that the only acceptable emotions to express are aggression and anger
- These men find it very hard to seek counselling by psychiatrists and psychologists
- Experiencing violence and sexual assaults often results in self-destructive assaults on the body
- Emotional confusion and chaos while feeling angst, anxiety, **shame**, guilt, sorrow, anger

Norwegian professor Finn Skårderud underlines the difference between the feeling of shame we all experience and the unconscious, deep shame:

- Shame is the non-spoken-about-emotion behind eating disorders (shame is taboo)
- Shame makes the person want to disappear from earth
- The painful self-perception as someone who doesn't deserve to be loved causes the deep shame
- Suicide is often related to the deep shame
- The deep shame is linked to self-esteem, self-perception, self-image – the way a person is thinking about him self
- Shame is a very bodily felt emotion

The deep shame can be the unconscious emotion leading to the desire to change the body

**Gendered barriers and prejudices
against men** (in health care, research etc.)

**Men do not have conflicts and insecurities
with the appearance of their body**

Men do not develop eating disorders
(This is what one of the Danish experts on
eating disorders says!)

**Boys are not hurt as much as girls from
mocking**

**Boys are not hurt as much as girls from
violence**
(Norwegian professor Finn Skårderud says that
boys are more exposed to violence than girls!)

**Paedophiles do not commit sexual assaults
against boys**

These prejudices are not true

Conclusion: Lack of knowledge

Interdisciplinary science research programs

Cross-national science research programs

Prevention programs

Counselling and treatment programs

International harmonised anti doping laws

International engagement in common problems

Question for discussion:

The Scandinavian anti doping agencies do consider the problem of doping in fitness centres as one aspect of doping that they must engage resources in preventing. Should WADA care and engage resources in preventing the use of anabolic steroids outside the elite sport?