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Diagnosing the male steroid user: drug use, body image and disordered masculinity

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ABSTRACT As steroid use has gained prominence as a dangerous form of substance abuse, two main sets of discourses have been deployed to investigate and ameliorate this emerging public health threat. This article examines these two discursive frameworks and their constitution of the male steroid user as psychologically disordered, drawing on a range of medical and psychological literature. The first framework understands steroid use as a form of illicit drug use, and constitutes the steroid user as an antisocial and excessively masculine subject. The second locates steroid use within the field of body image disorder, producing the steroid user as a damaged and feminized male, a vivid example of masculinity in crisis. Both of these approaches tend to elide the specificity of steroid use and its associated bodily practices in their eagerness to form it into an easily comprehended entity which can be targeted by medical and legal governance.

KEYWORDS *anabolic steroids; body image; drug use; masculinity*

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Introduction

In 1990, anabolic steroids became addictive drugs. Their new status did not result from chemical alteration nor change in potency, but was attained through their classification in the United States as controlled substances, policed by the Drug Enforcement Administration. Prior to this, steroids

were prescription drugs, regulated by the Food and Drug Authority. This legislative shift constituted anabolic steroids as addictive, because controlled substances are classified on the grounds of their potential for producing dependence. Steroids, which are forms of natural and artificial testosterone, were placed in Schedule III of the Controlled Substances Act, which also contains amphetamines, codeine, morphine and opium-based compounds. A similar although less dramatic move was made in the United Kingdom in 1996, when the regulation of steroids was shifted from the Medicines Act to the Misuse of Drugs Act (Cole Kleinman and Petit, 2000).

The reclassification of steroids occurred in the context of increasing medical, public and media concern about an epidemic of abuse. In the same year that Olympic sprinter Ben Johnson was disqualified for testing positive to a banned steroid, 6.6 per cent of male high school seniors reported having used anabolic steroids in a US national survey. More than one-third of users said they were 15 or younger when they first used steroids and many users reported appearance rather than performance as their reason for taking the drugs (Buckley et al., 1988). Following these two events, the media presented steroids as the latest drug scourge and legislation was passed in many states to control their supply. The health of the youth of America was officially under threat from the seductive effects of artificial testosterone.

The emergence of steroid use as a major public health problem affecting the general population rather than a highly specialized practice confined to the world of elite sport has, not surprisingly, fostered new characterizations of the steroid user, and of steroids themselves.[1] This article is concerned with the discursive constitution of male steroid users and steroid use found in recent medical and psychological texts. Discursive practices 'introduce something into the play of true and false and constitute it as an object for moral reflection, scientific knowledge or political analysis' (Foucault, 1988: 257). Not only are steroid users delineated as particular sorts of subjects through the discursive practices of medicine, psychology and public health, steroids themselves are 'introduced into the play of true and false' and made to perform as moral, scientific and political objects.

Central to the current performance of steroids as morally suspect substances is their rapidly consolidating identity as illicit psychoactive drugs. Medical and psychiatric discourse assumes that it is their inherent properties that make steroids a drug problem. But membership of the general category 'drug' is not objectively determined. The medical definition of a drug as 'a chemical other than those required for the maintenance of normal health, which on administration alters biological function' (Johns, 1990: 5) inevitably involves normative social and ethical judgements about health and function. As I have argued elsewhere, the concept drug also contains value-laden connotations of artificiality, specifically an alien and a malevolent ability to corrupt the body and the self (Keane, 2002). The status of testosterone as 'the male sex hormone',

a kind of concentrated essence of masculinity, enhances the transformative power attributed to steroids. In contrast, 'female' sex hormones have been successfully domesticated, medicalized and commercialized and are not imbued with such dangerous capacities.

In early sensationalized texts such as *Death in the locker room*, the steroid-using athlete and bodybuilder is presented as a site of monstrous physicality, his unnatural body destined to develop a range of rare cancers and deforming diseases (Goldman, 1984). Use by females is described by author, anti-drug campaigner and athlete Bob Goldman as 'the drug bastardization of the female form' (1984: 44), resulting in the spectacle of 'female athletes turning male' (1984: 47). Athletes from the Soviet Union and other 'eastern bloc' countries feature prominently in this text as the prime examples of corporeal and ethical disorder. The freakish and foreign steroid user is presented to the reader as 'other' to themselves. However, the willingness of users to risk disease and death is attributed to an overemphasis on winning in sports, as well as the lure of enormous commercial rewards, which lead to a fanatical single-mindedness among athletes. Here, the desire to use steroids is a distortion or magnification of a fundamentally noble and healthy, although minority impulse – the intense desire for sporting victory.

In more recent medical, psychological and public health texts, the physical abnormalities produced by steroid use are much less prominent. Serious adverse physical outcomes are cautiously described as infrequent and largely 'unestablished'. Indeed, the apparent lack of significant negative effects is viewed as an obstacle for prevention strategies; one publication observes that 'Another fly in the education ointment is the possibility that anabolic steroids taken intermittently in low to moderate doses may have only a negligible impact on health . . .' (Yesalis et al., 2000a: 468). Whereas the steroid user remains a pathological subject in recent literature, his body and his mind disturbed by the influence of foreign substances, the nature of his disorder is quite different from that of the high-profile 'dope cheat'. The recreational and amateur steroid user is diagnosed largely in terms of psychopathology, his massive, hard and muscular body appearing as a symptom of underlying psychological vulnerability and psychic disturbance.[2] This article examines the constitution of the male steroid user in two separate discursive fields or frameworks, both of which locate a disordered masculinity at the core of his subjectivity. However, his deviation from normality takes virtually opposite directions in the two frameworks.

The first field of discourses is that of drug abuse and addiction. Steroid use has been readily formulated as a type of substance abuse, despite the significant differences between it and most other forms of recreational drug consumption. Pre-existing and well-established discourses about illicit drugs have been drawn on by researchers and commentators in their efforts to understand the complex bodily practices of the steroid user and form them into a unified and comprehensible issue. Psychology and medicine

tend to understand drug use as a sign of individual pathology, and focus on the negative effects of drug use. Attentiveness to pathologies and problems is further encouraged by the political context of the US 'war against drugs'. In the substance abuse framework, the danger of addiction and the threat of an anti-social and excessive masculinity are central themes. This broad discursive framework for interpreting steroid use as illicit drug use can be divided into a number of subfields which focus on the problem of youth drug use, the psychological and social disorders of users and the dangerous and transformative power of addictive drugs.

The second, and more tightly contained, construction of steroid use locates it not as a drug problem, but as a symptom of cultural disorder, or to use Susan Bordo's phrase, a psychopathology which is a crystallization of culture (1997: 139). In psychiatric and popular texts that identify the rise of body image disorders in men, steroid use and bodybuilding are linked to eating disorders and other predominantly female body practices such as plastic surgery. These disorders and practices are interpreted as reflections of some of 'the central ills' of contemporary western culture, especially its obsession with the body and its attachment to rigid ideals of embodiment (Bordo, 1997: 139). More specifically, steroid use is constituted as a symptom of a relatively new but increasingly prevalent syndrome, muscle dysmorphia, a kind of reverse anorexia in men. In this framework, the steroid user is a feminized subject, his muscular physique acting as ironic testimony to his vulnerability to media images and his lack of a healthy male identity. This production of the steroid user as damaged by cultural forces appropriates feminist theories about the power of representational regimes, especially the notion that the unrealistic images that circulate in mass culture can have negative effects on individual wellbeing.[3] However, it also draws its power from widespread articulations of men as victims in post-feminist society.

My investigation of the delineation of the steroid user has a number of critical aims. The medical and psychological discourses that dominate the two fields view steroid use as a pathology, requiring medical or therapeutic intervention in order to return the individual to health. But they are concerned with moral and ethical health as well as physiological and psychological functioning, promoting a regulatory ideal of balance, productivity, authentic masculinity and a naturally achieved fitness. Moreover, along with the therapeutic impulse, it is assumed that expanding scientific knowledge of steroid use and enhancing medical and legal authority over vulnerable groups and individuals is the key to defusing the threat to public health. Without denying the risks of steroid use and the predicaments faced by users, the often highly disciplined body management regimes and intense embodied experiences of steroid users demand more nuanced and contextualized analysis than these approaches allow. As Lee Monaghan's ethnographic work on bodybuilding has demonstrated, building a muscular body involves a learnt aesthetic that differentiates between different kinds of

muscular embodiment (1999, 2001). The incorporation of steroid use into the pre-existing discursive fields of 'illicit drug use' and 'body image disorder' exacerbates the erasure of the specific practices and aims of users, and the varied meanings attached to their projects of self-improvement. More generally, my discussion also aims to highlight the way demonized substances and their use are so readily converted into evidence of socio-cultural disorder that the move is hardly visible as a rhetorical strategy. They then become mobilized as support for regressive claims about the dangers of contemporary life and the need for more detailed and intensive governmental control of individual conduct.

Youth, sport and drugs

Drug use by adolescents, or 'teen drug abuse' as it is commonly called in anti-drug rhetoric, inevitably invokes a highly moralized discourse of innocence under threat, and the duty of parents, schools and governments to both protect *and* punish. Despite the highly varied and often positive experiences of recreational and social drug use reported by young people, 'teen drug use' is always constituted as harmful, with negative long-term as well as short-term effects.[4] As well as damaging the physical and psychological wellbeing of a vulnerable group, it is read as evidence of familial and societal breakdown. On one hand, in anti-drug discourse, youth drug use is presented as virtually inevitable, because adolescence is taken to be almost a psychiatric disorder in itself. Adolescence is described in one guide to drug abuse as a tumultuous period of emotional and social crisis, marked by conflict and confusion. The 'tremendous pressures' the adolescent faces makes him or her likely to seek chemical relief. Unfortunately, use of psychoactive substances during this period interferes with crucial developmental tasks, and the user is likely to become an emotionally and morally immature adult (Landry, 1993: 252). But as well as being expected as part of the turmoil of adolescence, the existence of drug use among young people is perceived as a sign that institutions such as families, schools and communities are failing and are themselves in crisis. Most notably, adolescent drug use is one of the many toxic outcomes attributed to the forms of bad socialization currently labelled 'the dysfunctional family'. Viewing drug use as simultaneously inevitable *and* a sign of domestic and societal breakdown produces a sense of open-ended urgency in which the demand for decisive and wide-reaching action is often accompanied by the claim that the response is too little, too late and that further intervention is required.

Reports of steroid use among high school and college students published from the late 1980s onwards emerged into this context of anxiety about young drug users. However, the relationship between sport and steroid use produced a peculiarly inflected and unstable account of youth in trouble. According to the epidemiological research, the majority of steroid users

were involved in sports, and steroid use was also associated with the use of cigarettes, alcohol and illegal drugs (Buckley et al., 1988; Adlaf and Smart, 1992; Yesalis and Bahrke, 1995; Pedersen and Wichstrøm, 2001). This linking of sport and drug use challenges dominant images of young illicit drug users as alienated from school life and unconcerned with health and fitness. It also brings into question the assumption that school sport automatically promotes psychological and physical wellbeing.

In fact the relationship between sport and steroid use presented in this discourse is complex and ambiguous. Sport has long been encouraged by parents, schools and governments as a prophylaxis for and antidote to drug use (and other anti-social behaviours); proof that you can be popular without being rebellious (Gatz et al., 2002). Rather than questioning the virtues of school sport, however, inquiry into steroid use has focused on the individual adolescents using these substances and the 'psychological, sociologic or pathological attributes' that might account for their failure to benefit from the moral lessons of competitive physical activity (Buckley et al., 1988: 3445).[5] In addition, some researchers have emphasized the significant numbers of young steroid users who are not participants in competitive sport, and the importance of enhancement of appearance, muscularity and masculinity as reasons for steroid use (Pedersen and Wichstrøm, 2001). As I will outline below, what emerges from this confluence of themes is an image of the steroid user as an anti-social, reckless and aggressive young male, a muscular and hormonally saturated juvenile delinquent.

Research on young steroid users often begins with the stated expectation that they may differ significantly from other drug users because of their concern with athletic performance and physique enhancement (DuRant et al., 1993). However, the dominant themes of adolescent drug-use research are followed, which tends to emphasize the isomorphism between steroid use and other types of illicit drug use. Rather than being distinct from other young drug users, it seems that steroid users are more likely to use alcohol, tobacco and other 'mood-altering' drugs including marijuana and cocaine than non-users (Adlaf and Smart, 1992; DuRant et al., 1993; Scott et al., 1996). Despite the influence of sport, steroid use is presented as a dangerous precedent for other types of drug abuse and antisocial behaviour. Steroids are often injected, and this represents 'an increased level of commitment to drug use', which leads anabolic-steroid users to engage in 'behavior similar to other adolescent substance abusers', including getting needles through the 'black market' (DuRant et al., 1993: 923).[6] Here steroids join cigarettes and marijuana as potential 'gateway drugs', enticing the unsuspecting young user into the world of hardcore substance abuse and criminality (DuPont, 1985; National Center on Addiction and Substance Abuse, 1994). Descriptions of steroid use as taking place among 'cliques' enhance this picture of a tightly formed, secretive but expanding subculture made up of troubled youth (Komoroski and Rickert, 1992). Thus

despite the recognition of the connection between sport and steroid use, a striking rhetorical effect of the drug abuse discourse is the minimization of the particular instrumental reasons for steroid use, indeed the possible rationality of such use for the ambitious and committed young athlete.

Instead, the steroid user embodies a destructive, out-of-control and unsocialized masculinity; his behaviours and attitudes represent a distorted form of the competitiveness, strength and manliness of the successful sportsman (Whitson, 1990; Messner, 1992). As well as having a tendency to violence and aggression, the steroid user is presented as a reckless risk-taker prone to other forms of dangerous behaviour such as drinking and driving, carrying a gun and riding a motorbike without a helmet (Middleman et al., 1995; Scott et al., 1996). This construction of the steroid user again shifts the focus from the connection between steroids and sport to the familiar spectre of teenage hooliganism. Contrasts between non-steroid-using athletes and steroid-using athletes also protect the connection between sport and undesirable conduct from serious scrutiny. Although a survey of Nebraska secondary schools found that almost three-quarters of steroid users participated in school sport, the authors suggest that steroid-using athletes participated not for pleasure, but for 'extrinsic' reasons: to gain a scholarship or to meet the expectations of parents, coaches and friends (Scott et al., 1996: 2071). This surely shaky distinction between authentic sports lovers and those who cynically use sport as a means for other ends enables sport to be recuperated as antithetical to drug use.

Disturbed, addicted and intoxicated

Under the illicit drug framework, use of a substance such as anabolic steroids is read both as the sign of an underlying psychological or social disorder and the cause of these disorders. Therefore one key to understanding (and combating) the phenomenon is to identify the differences between the steroid-using individual and the 'normal' population. In studies of adult steroid users, personality tests and profiles of mood and psychiatric symptoms are utilized to locate the particular characterlogical flaws and disturbances of this group of drug users (Moss et al., 1992; Bahrke et al., 1992; Williamson, 1994; Porcerelli and Sandler, 1995; Schwerin et al., 1997; Korkia, 1998). Particular attention has been paid to measurements of aggressiveness and hostility, but results have been mixed, with some studies finding no differences between users and controls, others identifying increased aggression, hostility, narcissism and irritability among current users. Moreover, it is difficult to distinguish the effects of steroids from pre-existing dispositions and the effects of heavy training and diet, prompting one researcher to state that 'generalizations about mood and behavior alterations and their severity in AS [steroid] users cannot be readily made' (Korkia, 1998: 106). Nevertheless, in its continuing and scouring search for the psychopathologies of the steroid user, medical and

psychological literature reproduces the truth of steroids as a psychoactive and dangerous drug and the user as a disturbed and dangerous individual. In the conventions of illicit drug research, the fact that there is little firm evidence of adverse effects becomes the very reason to devote more energy and resources to the task of uncovering them (see Williamson, 1994: 21).

The research may be inconclusive, but the transformative powers of steroids are already vividly portrayed in the accounts of addiction and intoxication that medical discourse produces when an illicit drug is identified as dangerous and growing in popularity. The National Institute on Drug Abuse states that:

> an undetermined percentage of steroid users become addicted to the drugs as evidenced by their continuing to take steroids in spite of the physical problems, negative effects on social relations, or nervousness and irritability . . . they also experience withdrawal symptoms such as mood swings, fatigue, restlessness, loss of appetite, insomnia, reduced sex drive and the desire to take more steroids. (2000: 6)

Clinical reports support the notion of steroid dependence by providing case histories that conform to the conventional narrative of the downward physical, psychological and moral trajectory of addiction. A letter to the *American Journal of Psychiatry* describes a young weightlifter whose use had begun with cycles of four weeks on and then four weeks off the drug, but feeling he should be 'a little bigger' he started decreasing the steroid-free intervals. He increased his use until he was combining four different steroids. He could not stop using despite negative effects including depression, lack of energy, acne, an apparent heart murmur and strained relationships caused by his volatile moods. During his steroid-free periods he craved steroids, and suffered from lowered self-esteem and anxiety about his body (Hays et al., 1990).

But despite reports such as these, which describe the experience of users in terms of withdrawal, craving and escalation, steroids fit awkwardly in the category of addictive substances. Unlike classic psychoactive drugs like heroin and cocaine, they do not produce immediate pleasure, euphoria or intoxication in most users. They also tend to be used in carefully planned cycles which can feature tapering as well as increasing doses, which is incongruent with the escalation and loss of control associated with addiction. In addition, users primarily seek their body-altering rather than mood-altering abilities. Indeed, the World Health Organization places steroids in the category of abusable but non-dependence-producing substances, along with laxatives and antidepressants (1993: 21–2). The psychoactive qualities and dependence-producing potential of steroids are the subject of a debate which circles around the question of how a substance which is not psychoactive in a strict sense can be understood to produce the behavioural diagnostic criteria and subjective experiences of addiction (Keane, 2003). It could be the intense physical training that is

an almost universal accompaniment to steroid use, which produces psychoactive effects and dependence, or the positive rewards of increased size and strength to which users become addicted. The locus of addiction in this case may not be the scapegoated substance, but other social and culturally inflected practices and relations closely related to and enhanced by the substance (Midgley et al., 1999). The habit of attributing malevolent agency to whatever is swallowed or injected nevertheless ensures that steroids continue to be constituted as, and to perform as, the source of compulsive and destructive conduct.

It is the development of 'roid rage' as not only a description of, but also a widely deployed explanation for, aggression and violent acts that has done the most to secure the status of steroids as powerfully psychoactive. The discourse on 'roid rage' is currently characterized by reliance on a small number of sensational cases of murder and violence, and self-reported accounts of aggressive behaviour triggered by trivial annoyances (Pope and Katz, 1994: 379; Corrigan, 1996). In these accounts, steroids, like other illicit psychoactive drugs, are able to produce rapid and profound transformation of the self, easily breaking down the moral code of otherwise normal and law-abiding individuals. A *Medical Journal of Australia* article, which focuses on two brutal murders committed by bodybuilders states that:

> Rage may result from taking either a high steroid dose or stopping taking the drug. Severe symptoms of steroid withdrawal may not be a problem in athletes because they take anabolic steroids in certain well-defined phases and because they reduce the dose gradually. Bodybuilders or weight trainers, however, have greater problems with withdrawal. They lose their new improved body image as their recently enhanced musculature shrinks away, and are likely to be driven back to taking steroids again and to have great trouble stopping them in the future. (Corrigan, 1996: 223)

In this passage, 'roid rage' is attributed to disturbances that occur due to high doses of steroids, the cessation of these high doses and the psychological pain resulting from muscle loss. The overall image, of dependence, withdrawal, compulsion, loss of control and sudden and uncharacteristic outbreaks of psychiatric disturbance is a generic image of the drug abuser whose will has been taken over by an alien substance.

One of the consequences of the construction of steroid users as drug abusers, and steroids as dangerous, intoxicating and addictive drugs is the production of a threat to public health which justifies increased control and tougher penalties for sale and possession. The emergence of a new form of illicit youth drug use also provides a boost for the rhetoric of the war against drugs and the image of the United States as a nation under siege by illegal substances. At the same time, the constitution of individual steroid users as addicts brings them into a well-established discourse of disease and recovery, in which the restoration of health demands submission to psychological and medical expertise. Suggested treatment for steroid dependence

currently includes 'supportive therapy and monitoring' as well as the use of antidepressants, neuroleptic drugs and endocrine therapies if necessary (Brower, 2000: 316). Endocrine or hormone therapies are designed to overcome the problems caused by suppression of the user's own testosterone production, a side effect of steroid use. In an irony common to drug-based treatments for drug dependence, endocrine therapies include prescription of 'a testosterone ester', treatment with human chorionic gonadotropin (HCG), or administration of oestrogen blockers (Brower, 2000: 316). The first is an anabolic steroid; the latter two are substances frequently taken by steroid users in order to minimize side effects. When HCG and oestrogen blockers are self-administered by users they are part of the problem of 'multiple drug use' or 'polypharmacy', a sign of the toxicity and riskiness of their drug regime. But in a medically authorized treatment regime the same drugs are converted into cures for the disorder caused by their use.

The illicit drug approach to steroid use is a broad discursive framework that brings together familiar and well-established themes of troubled and antisocial youth, individual psychopathology and addiction to delineate this emergent public health problem. It is enabled and bolstered in part by the widespread use of general terms such as 'drug abuse' in contemporary public discourse, which both constructs a meaningful single category (drugs) out of disparate substances and emphasizes the commonalities between very different forms of substance use.

The illicit drug framework, dominated by medical and psychiatric discourse, is also firmly focused on the individual steroid user. While it presents him as an aggressive, anti-social male it does not include any sustained account of the role of gender norms in forming his behaviour. Even discussions of cases of 'roid rage' which feature violence against women and extreme reactions to presumed slights to masculine status do not generally mention the significance of conventional masculinity. However, there is another discursive field that has become increasingly prominent in diagnosis of the steroid user, one that places changes in normative masculinity at the centre of the problem and de-emphasizes the identity of steroids as drugs. Although it is also dominated by medical and psychiatric discourse, it draws on a range of sources including social psychological accounts of eating disorders, feminist criticism of beauty ideals and popular notions of a 'crisis in masculinity'. It suggests that although steroid use is dangerous and potentially addictive, it is best understood as a symptom of a deeper malaise – a crisis in male embodiment produced by increasingly demanding ideals of appearance.

Steroid user as cultural victim

Prominent Harvard Psychiatrist Harrison Pope and his colleagues identified what they termed 'reverse anorexia' in young male steroid users in the early

1990s. These men were chronically preoccupied with their perceived lack of muscularity, and regarded themselves as small and weak despite their actual strength and size. They felt they were not 'real men'. They exercised excessively but hid their bodies, wearing bulky clothes and avoiding beaches, pools and locker rooms. Pope suggested that this syndrome was analogous to anorexia nervosa in young women. Just as media images and social pressure to be thin promoted anorexia nervosa, he argued, the gym subculture, bodybuilding magazines and Hollywood action movies were beginning to produce a similar but opposite disorder in men (Pope et al., 1993). This disorder was closely linked to steroid use: men desperate to increase their size were easily tempted by chemical aids and the new hyper-muscular ideal could not be achieved without them.

Pope's research group proposed that reverse anorexia be classified as a form of body dysmorphic disorder and renamed 'muscle dysmorphia' in a 1997 article (Pope et al., 1997). Body dysmorphic disorder is defined as intense dissatisfaction with an imagined defect in appearance and is based on a notion of body image misperception. The sufferer is regarded as unable to see his or her body as it really is, usually because their perception is distorted by powerful negative emotions and rigid beliefs. Although body dysmorphic disorder is not an eating disorder, it has obvious similarities to anorexia nervosa in its intense and obsessive focus on the body; and body image distortion is one of the core symptoms of anorexia nervosa (American Psychiatric Association, 2000). Indeed, the anorexic's deluded insistence that her skeletal body is fat is routinely presented as a sign of the disorder's virulence. Thus the name change from reverse anorexia to muscle dysmorphia did not fundamentally shift the analogy between female anorexia and male muscle dysmorphia, especially in relation to the causal role attributed to exposure to media images and the pressure of body ideals.[7]

Harrison Pope was one of the pioneers of medical research on eating disorders and his work on muscle dysmorphia has adopted themes from this much more well-established field. In a depoliticized version of feminist cultural critique, familiar cultural suspects are blamed for the emergence of psychopathology, with masculinity and the male body simply substituted for femininity and the female body. For example, the excessively muscular physique of GI Joe and other action toys is linked to muscle dysmorphia in the same way that Barbie's 'inappropriate thinness' is blamed for girls' eating disorders (Pope et al., 1999). And the muscularity of the male bodies depicted in *Playgirl* centrefolds and magazine advertisements are found to produce 'body dissatisfaction in men', echoing arguments about the detrimental effect of unrealistic images of femininity on women's self-esteem (Leit et al., 2002). In their popular book *The Adonis complex* (compared on its back cover to Naomi Wolf's *The beauty myth*), Pope and his co-authors describe 'the oppressive cycle of male body obsession' as a threat 'as deadly and insidious as eating disorders are for women' (Pope et al.,

2000). The theme of male suffering as a mirror of female experience is continued throughout the text, and the call in the final chapter for men to resist media images recycles some of the language of feminist consciousness-raising.

The presentation of male body obsession and muscle dysmorphia as analogous to eating disorders in women has undoubtedly helped gain publicity and acceptance for these new disorders. 'Reverse anorexia' is quickly explained, easy to understand and has a satisfying logic. And it certainly makes sense that the appearance of the male body as erotic spectacle and commodity in mainstream culture will produce changes in the meanings and experiences of masculinity (Miller, 1998; Bordo, 1999). However, the current discourse of muscle dysmorphia assumes what these changes will be (and assumes they will be entirely detrimental), by slotting male body obsession and steroid use into a pre-existing account of the problematic relationship between representations of bodies and experiences of female embodiment. The resulting account of the cultural roots of male disorder raises more questions than it answers.

The analogy with anorexia depends on a highly attenuated vision of eating disorders, of the varied body projects of steroid users and of the heterogenous representations of desirable male bodies found in contemporary culture. Different practices of bodily discipline cannot be presumed to have the same goals or antecedents. Lee Monaghan argues convincingly that steroid use by bodybuilders tends to takes place within a particular subculture that produces a specific way of looking at bodies in its members (1999: 272). The aesthetic ideals that motivate bodybuilders are distinct from mainstream standards, he argues, and the motivation to build a muscular body develops from participation in the subculture. Therefore the specific project of bodybuilding cannot be glibly attributed to a generalized cultural trend, as the muscle dysmorphia model tends to do.

Muscle dysmorphia discourse also employs a two-dimensional model of gender in which masculinity and femininity are assumed to be opposite in their content (i.e. the male ideal of strength and largeness versus the female ideal of frailty and thinness), but equivalent in their form and effects (i.e. images of muscular men and thin women operate in the same way to influence individuals). It does not take into account the very different histories of representations of male and female bodies and the specific meanings attached to female and male body ideals. For instance, the significance of work and labour as connotations of the male body, and of muscles in particular, provides an important context to many images of male embodiment (Bordo, 1999: 28). In addition, the discourse takes body image to be a straightforward and stable entity, unless distorted by a particular disorder. A normal, healthy body image is assumed to depend on a realistic and objective perception of one's body; the ability to see it as it really is without excessive emotional investment in its configuration. The vicissitudes of the development of body image, and the necessarily intense investment of the

subject in his body and in particular body parts are excluded in the production of a simple dichotomy of health and disorder.

But perhaps the most striking characteristic of the body image discourse on steroids is its construction of the user as a feminized and therefore damaged subject. As Abigail Bray notes in her critique of feminist accounts of eating disorders, female readers and viewers have long been regarded as particularly vulnerable to the detrimental effects of popular culture (1996). Contemporary accounts of anorexia suggest that consuming images of female embodiment leads to a disorder of non-consumption among a female audience unable to resist media interpellation. Bray argues that the metaphor of consumption that this argument reproduces, constructs women as passive, docile and irrational. In male body image discourse, steroid users and compulsive exercisers are constituted as an equally deluded and damaged audience. Rather than producing an excessive and volatile masculinity, as seen in descriptions of 'roid rage', here the consumption of testosterone is evidence of an irrationality and impressionability marked as feminine.

In his overriding concern for his appearance, the steroid user also loses interest in the traditional and valorized masculine pursuits of heterosexuality and work, thereby furthering his feminized status. It is telling that the devastating nature of muscle dysmorphia is often illustrated through the sufferer's willingness to sacrifice conventional markers of masculine status. James 'a bright and sophisticated guy', described in *The Adonis complex*, has given up a lucrative professional job and 'rapid career advancement' to become a personal trainer so he can spend all day at the gym. The authors add that they know of lawyers, doctors and PhDs who left their professions because of their obsession with working out (Pope et al., 2000: 89–90). As well as evoking the standard narrative of drug addiction in which the addict gives up everything to feed his habit, the motif of self-imposed downward mobility emphasizes the men's alienation from normal manliness. Self-chosen deviation from conventional masculinity is readily interpreted as pathology.

In highlighting the lack of authentic, healthy masculinity behind the display of a muscular physique, the discourse of muscle dysmorphia echoes contemporary critical analysis of the meaning of muscularity. Utilizing Lacanian understandings of subjectivity, Leslie Heywood argues that bodybuilding paradoxically marks the passing of the masculine norm it seeks to embody because 'it draws attention to the fact that masculinity as well as femininity is a masquerade rather than unquestionable essence' (1997: 169). Bodybuilding displays a masculinity insecure not only of its status but its very existence, the hard and rippled flesh of the bodybuilder dramatically enacting the failure of the masculine master narrative (Heywood, 1997: 171).[8] Muscle dysmorphia discourse also diagnoses a lack behind the muscle, but combines this with a conservative commitment to a recuperation of a genuine and secure masculinity based on substance rather than

appearance. The process of recovery it promotes, which combines talking therapy with medication if required, is a healing remasculization in which sufferers come to recognize that they are real men whether they work out or not. It thus coheres with the popular arguments of commentators such as Susan Faludi who view the rise of a broadly defined 'ornamental masculinity' defined by appearance and consumption as both cause and sign of the loss of a robust ideal of manhood based on work, character and courage (1999).

Indeed, the body image framework of steroid use both reflects and reproduces what critic Sally Robinson (2000) calls the master narrative of white male decline in post-1960s America. This narrative maps a profound cultural, social and political decentring of white men, which begins with the liberation movements of the 1960s and 1970s and the increasing visibility of ethnic diversity. One response to this perceived crisis is the widespread representation of white men as victims of cultural change, rather than the victimizers of less powerful groups. In her analysis of novels, films and other texts, Robinson argues convincingly that white masculinity most powerfully represents itself as victimized through images of wounded bodies and accounts of psychological trauma. This is because the wounded male body is able to substitute for the political oppression experienced by marginalized identities, while also enabling an erasure of the institutional supports for white male dominance (Robinson, 2000: 7).[9] The rise of muscle dysmorphia suggests that the wounded, feminized male is also emerging as a rhetorically powerful image in medical and psychiatric discourse. Steroid use is a particularly compelling sign of wounded masculinity, thanks to the literalness of artificial testosterone as the substitute for an absent or nonfunctioning maleness.

The sexual politics of muscle dysmorphia are apparent in *The Adonis complex*, when Pope and his co-authors explain that so many men have become unhealthily obsessed with their bodies in recent decades because their masculinity is threatened by the highly visible presence of women in the public sphere:

> Women can fly jet fighters in combat. They can be police captains or brain surgeons or chief executive officers of multinational corporations. Women have penetrated even the most hallowed of male sanctuaries: venerable all-male military schools now accept female cadets, female journalists are allowed into the locker-room to interview professional football players, and the all male club has become nearly extinct . . . As positive as these advances obviously are, however, perhaps they cause some men to wonder . . . , 'What is there left for me to do to distinguish myself as a man?' (Pope et al., 2000: 23)

The assertion of the advantages of gender equality notwithstanding, this passage reveals the same sense of disquiet and anxiety at the presumed successes of second wave feminism that infuses most writing about masculinity-in-crisis. The presence of even token women in previously male

domains is viewed as producing individual and cultural disorder. Muscularity and physical strength have become masculine retreats from the encroachments of feminism and female power. And rather than signs of healthy male embodiment, the visually impressive muscles of the ideal male are the results of drug use and psychological pain. This account of male body obsession is more than an example of 'the slide into the therapeutic' (Robinson, 2000: 14), which often characterizes contemporary appropriations of feminist discourse; it uses feminist arguments and concepts to recentre and recuperate masculinity.

The recuperation of masculinity through a competitive claiming of pain is also evident in Pope et al.'s (2000) insistence that body image problems are just as prevalent among straight men as they are among gay men and women. But because it is less acceptable for straight men to discuss their feelings of anxiety about their bodies, and they are less practised in recognizing the effects of cultural ideals on their wellbeing, they argue, straight men's suffering is in fact greater than the more visible and acknowledged problems of more obviously disadvantaged groups (Pope et al., 2000: 5, 217).

The point of my critique is not to deny the existence of male suffering related to body image, but rather to highlight the limits of its expression in a rhetoric of masculine decline and cultural victimhood. In a similar way to the illicit drug framework, the discourse of body image and cultural pressure interprets steroid use and steroid users according to pre-existing and narrow models of pathology, here tied to a recuperative gender politics.

Conclusion

As steroid use has become prominent as a pervasive and risky form of substance abuse, two different sets of discourses have been deployed in attempts to investigate and ameliorate this new public health threat. Both produce the steroid user as psychologically disordered rather than emphasizing his physical abnormalities. The first understands steroid use as a form of illicit drug use, and utilizes familiar discourses of youth under threat, criminality and addiction. Here the steroid user appears as an antisocial, dangerous and excessively masculine subject. The second locates steroid use within a framework of body image disorder and cultural psychopathology, constituting intense bodybuilding in men as analogous to eating disorders in women. This produces the steroid user as a damaged and feminized male, a vivid example of contemporary masculinity in crisis.

Both of these approaches tend to elide the specificity of steroid use and its associated bodily practices in their eagerness to form it into an easily comprehended and unified entity that can be targeted by medical and legal governance. As well as pathologizing the user in familiar ways, they promote and incite anxiety about the risks of consumption and the seductions of the artificial. In the drug framework, the consumption of unnatural substances leads to psychopathology and loss of control. In the body-image framework,

the consumption of unnatural and unrealistic images leads to psychopathology and the consumption of dangerous substances.

More generally, what is clear from this example of discursive production is that psychoactive substances and substance use are never outside culture or politics, nor simply located within cultural contexts. They are significant players in the formation of cultural and political landscapes as well as being formed by their involvement in the social world. Once identified as sources of psychopathology, they are easily interpreted as signs of cultural disorder and decline, and invoked as evidence of the need for broad policies of intervention and control.

Notes

1. Research in the United States, Canada, the United Kingdom and Australia has supported the view that steroid use is now widespread among recreational bodybuilders and amateur athletes, although the difficulty of accurately determining prevalence is acknowledged. A widely reported statistic is that in the United States there are more than 1 million people who use or have used anabolic steroids and the problem is described in professional health and drug literature as well as popular texts as an epidemic (Williamson, 1994; Korkia, 1997; Peters et al., 1999; Yesalis et al., 2000b).
2. Another reason for the decreased emphasis on the monstrous body of the steroid user could well be the increased muscularity of the mainstream male body ideal which has normalized levels of muscle definition and size once found only in serious bodybuilders.
3. See Probyn (1988) for an account and critique of these views.
4. See Glassner and Loughlin (1987) and Shedler and Block (1990) on some positive elements and associations of adolescent drug use.
5. This is not to suggest that the psychological and medical literature on steroid use does not mention the influence of excessive competitiveness and 'societal fixation on winning' (Yesalis, 1992: 17) on steroid use, but these factors are seen as corrupting sport rather than inherent to it. There are also exceptions to the general reluctance to consider the similarities between sport and drug use. An article published in the *Journal of Substance Use and Misuse* observes that the 'athletic empiricism', which is the basis for successful training progress, is not unlike the learning process that occurs in a drug-use career (Auge and Auge, 1999: 243).
6. In terms of adverse physical effects, and given safe injecting practices, injectable steroids seem to be less risky than orally ingested forms largely because they are less toxic to the liver (Friedl, 2000). This contradicts the dominant view of injection as the inherently most dangerous and damaging drug use practice.
7. A significant minority of cases of anorexia are in men, and Pope's team have reported cases of muscle dysmorphia in female bodybuilders, but the disorders are nevertheless understood as female and male in their classic forms.
8. Heywood's analysis may seem to contradict Lee Monaghan's work, which I have also cited, but it is possible for a practice and associated representations to have cultural meanings which are not necessarily experienced or advocated by individual participants in that practice.
9. See Messner (1997) for a comprehensive sociological discussion of recuperative masculine politics and the rise of men's movements.

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