Life on Steroids: Bodybuilders Describe Their Perceptions of the Anabolic-Androgenic Steroid Use Period

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A significant amount of attention has been given to the psychological effects of anabolic-androgenic steroid (AAS) use in sport (Bahrke, Yesalis, & Wright, 1996). However, apart from a few selected case studies, a relative dearth of information has been provided concerning the subjective experience of people using AAS. The purpose of this study was to examine the perceptions of 10 men who were using or had previously used AAS. The participants in this study were weight trainers with primarily a bodybuilding emphasis. All had used AAS at some point in their training experience. The study involved in-depth interviews focusing on the AAS use experience. Nine of the 10 men described their AAS use experience in a very favorable manner. The men perceived increases in muscle mass, strength, peer recognition, social status, sexual performance, and vocational performance. These findings are discussed relative to current AAS educational programs and interventions.

The use of anabolic-androgenic steroids (AAS) has received significant attention within the last decade. Specifically, psychological and behavioral issues concerning AAS use have been reported on in a number of studies. A review article by Bahrke, Yesalis, and Wright (1996) revealed that nearly 50 reports examining the psychological and behavioral effects of endogenous testosterone and AAS use were produced between 1990 and 1996. Numerous studies have noted psychiatric dysfunction associated with AAS use, including mood disturbances, increased aggression and hostility, paranoia, depression and anxiety, and significant personality change (Cooper, Noakes, Dunne, Lambert, & Rochford, 1996; Lefavi, Reeve,

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& Newland, 1990; Pope & Katz, 1994; Silvester, 1995). Other studies, however, have reported no change in mood, personality, aggression, or hostility (Bahrke, Wright, Strauss, & Catlin, 1992; Malone, Dimeff, Lombardo, & Sample, 1995).

Recently, Sharp and Collins (1998) provided a critique of previously published studies concerning AAS and psychological issues. They voiced concern that most authors have incorrectly suggested a causal relationship between psychological dysfunction and AAS use without taking into consideration the constellation of other factors that may affect the AAS-using individual. They contend that this resultant error occurs primarily due to the pharmacologically oriented approach of most studies. Such studies fail to acknowledge the role of social mediation in the AAS use experience. Therefore, they propose that a complex biopsychosocial approach is needed to determine the true nature of the influence of AAS use on the individual.

Considering such recommendations, we have noted a dearth of studies in which individuals who have used AAS actually describe their perceptions of the experience. Reports that have described the AAS use period have tended to be anecdotal in nature and written for the general public (Chaiken & Tander, 1988; Fussell, 1991; Goldman, 1984).

On reviewing the literature, one would suspect the AAS use period to be a very negative occurrence for an individual. This would cause one to question why an individual would choose to use AAS. Yet literally thousands of individuals have chosen to use AAS. Therefore, a greater understanding of the AAS use period is needed. This led us to the current study, in which in-depth interviews were conducted with individuals who had or who were currently using AAS, and who were asked to describe their perceptions of the AAS use experience.

Method

Participants

This study entailed in-depth interviews with 10 male bodybuilders. All of the men had used AAS at some point during their involvement in the activity of bodybuilding. At the time of the interview 5 of the men were using AAS, and 5 had discontinued use. Four of the 5 who had discontinued use indicated that they had stopped using AAS permanently. The ages of the participants ranged from 18 to 35 years, with the exception of 1 bodybuilder, who was 57. Eight of the 10 men were White, 1 participant was African American, and 1 participant was Hispanic. The participants resided in the upper Midwest and Southwest regions of the United States, except for 1 participant, who resided in Canada.

Educational levels of the participants varied. All of the men had completed high school. Two were currently undergraduate students. One was a master’s-level sociology student who was also employed as a full-time social worker. Two were completing doctoral programs in exercise physiology. One of the men had completed a degree in engineering and was employed as an engineer in an automotive parts-manufacturing plant. One participant had completed an undergraduate degree and worked as a correctional officer in a state correctional facility. Another participant was a physician in private practice and an adjunct professor at a state university. The remaining 2 participants had completed high school. One was
employed in an automotive plant; the other worked as a sales representative for an international office furniture company.

Of the 10 participants, 5 were competitive bodybuilders and 5 were non-competitive bodybuilders. A competitive bodybuilder was defined as a bodybuilder who had competed in a bodybuilding contest or was currently preparing for a contest. A noncompetitive bodybuilder was defined as a serious weight trainer who had never competed in a bodybuilding contest and was not currently preparing for one.

**Gaining Access to the Participants.** The first author of this study was in the unique situation that allowed access to the participants of the study. I had been involved in weight training for approximately 15 years and competitive bodybuilding for approximately 4 years. During this time, I had become personally acquainted with each of the subjects. Every person who was asked to be a part of the study agreed to participate.

We felt that a personal relationship with the subjects was of extreme importance, because many of the questions developed for the interview were of a personal nature. Although in some cases this may have led to a “halo” effect, the nature of the questions and the quality of responses justified such a methodological approach.

**The Interview**

The interview questions concerning AAS use were part of a larger interview addressing participation in bodybuilding. A structured interview format was developed in an effort to more fully understand the ramifications of AAS use in the men’s lives. The preplanned questions pertaining to AAS use consisted of three sections: (a) initiation of AAS use, (b) perceptions regarding the psychological effects of the AAS use period (personality effects, self-confidence, psychological addiction, perceptions of others), and (c) perceptions of the physical effects of AAS. Probing questions were used to elicit further information as deemed necessary by the interviewer. The interview questions did not include questions pertaining to the type(s) of AAS used or length of time of use. The AAS interview questions are listed in the Appendix.

**Data-Collection Procedure**

The 10 interviews were conducted in a direct, in-depth interview format. The interviews took place in various locations that were convenient for the participant. These locations included the participants’ homes, a participant’s business office, a gym office, and the researcher’s home. The interviews were completed in areas that ensured confidentiality and noninterference from others. The interviews were tape-recorded and then transcribed verbatim. The interviews lasted between 1 hr and 1 hr and 45 min.

**Data Analysis**

Transcriptions of tape recordings were completed after the cessation of the interviews. The pages of documentation were content-analyzed using the procedures discussed by Patton (1990) and appropriated to sport by Scanlan, Ravizza, and Stein (1989) and Gould, Eklund, and Jackson (1992). During the content analysis, the first author (a) repeatedly read the transcriptions and listened to the interview
tapes, (b) manually tagged quotes in the transcriptions by emerging themes, (c) identified raw data themes from compiled or paraphrased quotations, and (d) refined raw data themes using inductive and deductive procedures for further categorization. The second author served as a source of critique through each step of the data-analysis process, providing input to protect the analysis from bias.

Results

Anabolic Steroid Use

All 10 participants in the study had used anabolic steroids at some point in their lives. At the time of the interview period, 5 of the men were using AAS, 4 had discontinued use permanently, and 1 had discontinued use temporarily depending on future competitive plans.

Initial Use. The amount of time the participants had been weight training before initiation of AAS use varied greatly. The range was from less than 1 year to over 35 years of weight training. Nine of the 10 men, however, had been training for less than 10 years before experimenting with AAS.

A number of common themes surfaced concerning the initiation of use (see Table 1). First, the men reported feeling they were at a plateau in their training. They stated they had made nearly all the gains they could make naturally (without AAS). Second, frustration then occurred as they saw others pass them with the aid of AAS. Third, this situation created a certain amount of curiosity concerning the efficacy of AAS (see Table 1). What will these drugs do? Are they some sort of "magical" potion? What was all the hype about? The two quotes below help illustrate those sentiments:

Well, I waited a long time, until I was about 23 years old. I felt I had reached a peak, a plateau. I did them partly to see what it was like, partly because of my friends [who] had tried them and said that there was something magical

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about them. And, I guess, partly because I just wanted to be bigger like everyone else, faster.

Another related,

Initially, it was peer pressure as far as being pressured to take. Just the pressure of trying to keep up with my peers that were already taking. I told them I’d never take any drugs. I guess I was afraid I’d fall behind. Plus, I was young. I was 20, I guess. That had something to do with it. There was the curiosity of what would happen if I would. Maybe I would just instantly look like . . . instantly just get absolutely huge and gain all this weight. Just be big Joe Bodybuilder in three or four weeks. So, there is a curiosity there. And I can say it came down with me that the really burning desire to be a great bodybuilder and be the best that I could possibly be. I’d say those three aspects were major contributors of why I started taking drugs.

A fourth theme that surfaced, which was alluded to above, concerned the environmental context in which the men were involved. The men reported involvement in an environment where AAS use was tolerated and/or the men were influenced to initiate use by a close peer from within that environment.

Two of the men recounted negative situations outside of the athletic arena that affected decisions they made concerning AAS use. They reported a belief that the negative situations they were experiencing compelled them to use (see Table 1). The following response was very poignant:

It wasn’t a good reason to [begin taking AAS]. It wasn’t. Because I was against them. I had heard all the negatives. But I’d seen all the positives that they do. As far as if that’s what you want, they work. But, I had a personal thing with my son. We [the participant and the child’s mother] split up and I was having some problems seeing him, and she was being really, really hard. And she was using him as a tool to get to, to manipulate me. And I knew it, and there was nothing I could do, because it worked every time. And I got a bad attitude.

And I had a friend who was always stressing, or always suggesting that I try them, because he knew I could do it [be successful in bodybuilding]. And he could see that I was serious. And I’d been there a long time [a member of the gym]. And he said, “Hey, you know, you can do it and I’ll show you how to do it carefully.” And that’s what made me decide. I had a bad attitude, and I said, “Hell with it.” I know I’m going to get cancer, whatever. But, I said, “Hell with it,” you know. I’m working out hard, and I’m tired of seeing everyone pass me.

The decision to begin using AAS, however, was a difficult one to make. Five of the 10 men spoke of an internal conflict that arose when finally deciding to use (see Table 1). These men had been adamantly opposed to steroid use, and now they were making a decision to use. One subject described some of the thoughts that confronted him before beginning use:

I chose to . . . first of all, when I started I said I was never going to do them. I trained naturally for about 4 years. I got to the point where I kind of plateaued
out, I felt. And I was being accepted by a lot of bigger bodybuilders, just because I trained every day. I was getting in pretty decent shape. But I didn’t have the size. I felt I’d like to put on some size, but I don’t know. It’s kind of scary. So, I didn’t do it for a long time, and I see all these other people that were smaller than me just 6 months ago, and then, all of a sudden, they’re twice as big as I am. And what’s the deal? So, I chose to try them. Just as a kind of a personal experiment, I know the risks. I kind of wanted to say, “Hey, what’s everybody, what’s all this hype about?” So, I decided to do a cycle.

(Length of AAS-use cycles usually varies from 4–13 weeks.) He commented further:

Boy, I went for a month or two just saying, “Yeah, I’m going to do it. No, no, I can’t do it. It’s not that important.” It got to the point where I said, “Screw it. I’m going to try it. Then I can see for myself what it’s going to do.”

Another critical element of the decision to begin using AAS was the felt need to stay competitive in a sport. For 5 of the men, being competitive in their chosen sport was a factor in their decision to use. Four of the men were involved in the sport of bodybuilding. One was involved in football (and bodybuilding in a secondary manner). One subject involved exclusively in bodybuilding shared this:

I was under the influence of there’s no way you can compete and be competitive with other athletes if you can’t take these drugs. This has proven to be true throughout the years. But, I took it because of that at the time. I took it because I wanted to be competitive in bodybuilding.

Seven of the 10 participants echoed the same belief. They maintained that to be competitive at a high level of bodybuilding (state, national, or professional), AAS, among other drugs, were a must. The following response addressed the issue directly:

To be competitive in bodybuilding, unless they do some serious drug testing, you might as well take drugs if you want to win. If you want to be in this sport because you enjoy it, and you’re not completely hung up on the fact that you want to win—good, don’t take them. That’s fine. There’s no problem with that at all. And you can probably look great. The only problem is you’re not going to be as cut, you’re not going to be as massive as the rest of the guys on stage. That’s the reality of the sport.

To summarize this section dealing with initiation of use, a number of interesting observations should be noted. First, in all instances the men had become involved in an environment (primarily bodybuilding gyms) where the use of AAS was taking place. Once in those surroundings, the men began comparing themselves to others on either a recreational or competitive level. Although AAS use may not have been encouraged, it certainly was not discouraged, at least by a significant sector within the setting. Second, frustration occurred on two levels: (a) a lack of noticeable improvement in strength and/or size gains being made and (b) being bypassed when comparing themselves to AAS-using individuals. Finally, curiosity developed concerning the effectiveness of the chemicals. These factors at least partially led to the decision to initiate AAS use.
On initiation of AAS use, the men began to experience a number of effects. Their perceptions of the effects of AAS use are discussed below.

**Perceived Effects of AAS Use**

Once the men began taking the steroids, their response toward the overall effects was very positive. Nine of the 10 men described their steroid-using experience(s) in attractive terms. The men described gains in muscle mass, excellent workouts, and obtaining goals they had set for themselves in the gym (see Table 2). Mentally, they reported feeling more alert, more aggressive, and more “tuned in” to their bodies. Some even reported greater effectiveness in the workplace.

One of the men described his general response to AAS use in the following manner:

> I am personally a lot more energetic and aggressive, probably a combination of those two words. Needless to say, I’m a lot more confident and potentially cocky for the fact that what happens is I’m physically looking better, be it bloated or not. I tend to be a bit more cut when I’m on drugs, so I tend to look a little better. My muscular definition is coming out, my strength is increasing, so each time [I’m in the gym] I try to obtain a new goal. I’m obtaining goals and as with anyone in life, when you try for something, to obtain goals, you feel great. You feel great because you can do it. I can do anything. I’m more horny. I’m more aggressive. I just tend to attack things a lot more and everything seems to be clicking. I feel better. I’m stronger. You do, you have

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to sleep because you’re training hard, but you don’t feel like you have to have as much sleep. You tend to be on top of the world. I don’t know, I guess I like that feeling.

The men commented on how their self-confidence was positively affected by AAS use. One man described having the “edge” throughout an AAS use cycle:

Oh yeah. King of the World. It’s just a good feeling. You can just think straight. It’s just a good feeling. But you just feel . . . you just think differently about situations. You react differently. You feel good about yourself, and you know you’ve got the edge. And that affects you throughout your whole cycle, whether you’re training or not. You’ve got the edge.

A further benefit of AAS was a reported increase in perceived peer recognition. Following is a summary of comments concerning this aspect of AAS use.

**Peer Recognition Due to AAS Use.** The participants reported an increase in recognition and notoriety in public due to their AAS use (see Table 2). The participants stated a belief that the increase in recognition occurred because the effects of the AAS were so visually apparent. The following responses highlight that occurrence. One man explained:

When you’re on steroids, if you’re bigger, you’re stronger, and you’re getting personal recognition from your peers . . . you’re enjoying it. You’re enjoying the peer recognition. If you’re on steroids, and because when you’re on steroids you grow, people are noticing you. You’re lifting more weight, or whatever the scenario is, that you’re getting more peer recognition.

Another had a few comments that spoke directly of the manner in which he was now being noticed:

I gained a good 20 pounds over the course of, say, 10 weeks. Which is incredible for me, when I can’t put on 5 pounds in 6 months. I was retaining a little excess water, but my strength was up. I was carrying around a lot of mass. I couldn’t tell how much underneath the water. But, everybody was saying, “Boy, you’re really looking big.”

He further noted:

I felt like I had made another step forward, and made it to another level. Another level as maybe being accepted as a serious bodybuilder. Because you could see the results and everything. I was getting all the . . . a lot of compliments. When I’d run into some guys that seemed bigger than I was, I wasn’t intimidated by them. I was another big guy. I kind of look on them like, what a bunch of idiots. But still, it’s nice that whereas most of the guys that are smaller, they’re [the big guys] over talking, “What a twig, what a dweeb.” This and that, and for once they’re going “Aw.”

As these quotations highlight, when the men were on AAS, they believed they were recipients of more attention. And the men enjoyed such attention. This corollary aspect of AAS use seemed to be a very powerful one. Some of the men, when describing their thoughts concerning psychological dependency (discussed later), pointed to increased peer recognition as a major influence. The latter quote
also highlights the fact that the men were gaining acceptance into new peer groups (the “serious” bodybuilding group). As Klein (1990) has noted, within the bodybuilding gym environment, the physically larger group enjoys high social status. Therefore, the men were also rising in status within their bodybuilding subculture.

**Libido and AAS Use.** Another benefit of AAS use was a perceived increase in libido (see Table 2). Four of the subjects spoke of an increase in libido. One participant said,

> You’re aggressive sexually, too. I’ve had a few girlfriends say, “Wow, I like it when you’re on it. You’re very aggressive in bed.” And I might come home from the gym and if I weren’t on a cycle, I might say, “Hey, I’m too tired.” But when you’re on [steroids], hey, you still got a little energy left.

The responses the men gave throughout the interviews concerning the overall AAS use period were overwhelmingly positive. The effects of AAS use went well beyond just an increase in size and strength. The men reported increases in peer recognition, enhanced physical stature, and increases in libido. The men were benefiting socially from having a highly mesomorphic physique. With such a multiplicity of positives being derived from the AAS use, it seems logical that some type of psychological dependence may occur. The next section will address this issue.

**Psychological Dependence on AAS.** The participants were questioned about the possibility of a psychological dependence on AAS. All of the men agreed there is a strong chance of developing a psychological dependence on AAS (see Table 3). If the participants had not experienced a personal dependence on AAS, they knew others who had. Their responses gave significant insight to the nature of the dependence. The men reported a belief that it was more of a secondary dependence on the size and strength AAS gave, rather than a primary dependence on the drug itself. Furthermore, the men stated that an important factor of dependence was the reinforcement given by others as they reacted to the increase in muscular size of the men. There was also mention of being dependent on the “mental edge” or mental focus that the AAS gave (which may indicate a primary dependence on AAS).

Following are a few of the responses given:

Sure, I know there is [a psychological dependence]. There’s definitely. I know that. I know for a fact that, because I have troubles when I do a cycle,

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coming off. Because you see, you like how they make you feel, okay? Mentally, they just do something to you. You feel great. And then you get so much stronger. And you blow right up. And you puff up, you know. And you look good. And you put on the weight. And that’s what bodybuilders want to do the most, is you want to get that weight. You want to get that weight up. And it comes up like nothing, man. And it’s just there. And then it goes. Just like it came. You keep some, but you lose the majority. You do keep some. And coming off, you lose that edge. You lose that strength, that cockiness. You know, all the good things that come, that you feel from them, go away. And you have to keep telling yourself, “Hey, there’s like a slump.”

Another participant agreed:

I can see you get addicted to the increase in size. You see the gains. Before you’re on them, before you ever do them, you plateau out. But you get used to it. Then, when you do a cycle of steroids, you see all of these incredible gains, and you say, “Boy, this beats everything. You know, I can train my ass off for 5 years and not get this.” So, you get off it. You shrink a little bit. You say, “Oh, I’m shrinking. I’m wasting away. I better get on another cycle.” You get on it again. You get addicted to the size that you’re carrying around. You want to be big. You’re getting noticed by everyone. It’s a big ego boost. Everyone is saying, “Boy, you’re really huge.” And it goes right to your head. And you get to the point where you feel like you can’t do it on your own. That’s what I see a lot of people getting. I’ll admit it, I was there, too.

Additionally, one man’s response summed it up well:

I’ve never been on the drugs where, “Oh my God, I have to have a shot, or I have to have a pill.” I’ve never met anybody that’s that way. But, they definitely want the effects of being big, because of the side effects of that. The side effects that they are getting peer recognition or personal recognition of some sort. “God, you’re really growing.” “God, you look great.” “God, you’re stronger than shit.” People thrive off that, and you can’t tell me in our society that people don’t thrive off recognition. “God, you did a good job today.” “God, you got a really good looking ear.” “God, you got a really good looking whatever.” It doesn’t matter what the scenario is. It’s the same situation, just in a little different ballpark. People get pumped on that shit.

The men’s quotes underscore the strong influence that AAS had in their lives. The gains in size and strength by themselves had a powerful influence, but just as significant, and possibly more so, were the increased social benefits afforded the men once they possessed a highly mesomorphic physique. The recognition by others was extremely significant.

Considering the fact that 9 of the 10 men spoke in very positive terms concerning their AAS use experiences, what then would lead them to discontinue use? The issue of discontinuance is magnified in importance when considered with how they spoke of the ease of becoming psychologically dependent on the substances.

**Discontinuance of AAS Use.** At the time of the interviews, 5 of the participants were currently using or planning to continue using AAS, and 5 had
discontinued use. All 10 participants were still bodybuilding intensively. The question arose, If the 5 men who once used AAS were still heavily involved in the same activity (and environment), why had they chosen to discontinue use?

For 2 of the 5 men who had quit using AAS, the issue had become one of conflicting values. The 2 men began to question the moral ethic of using AAS. One man began to examine the motivation behind his use:

In a negative way, I look at why am I doing this? I told myself I was never going to do this. Really, when I quit smoking dope and all that, I said I’m never going to do drugs again. That’s totally against my principles. Then I think to myself, well, that’s exactly what I’m doing right now, is drugs, you know. And its kind of, it kind of makes you think about what you’re doing. And that’s probably another reason why I don’t want to do them again. Because all these people look up to me, as far as my family. My brother particularly. I got him into lifting. He’s really into it. He got married, and he got overweight. And finally he’s in [the gym]. He’s training. He’s looking real good. And he’ll say, “Man, I can’t believe you’re really looking good and everything. Man, I’m glad that I can say that you aren’t doing drugs and stuff.” And that really hits you.

The impact of significant others in this person’s life gave him the motivation to discontinue use.

Another also spoke of a conflicting value structure:

Mentally, I kind of felt guilty the whole time I was on them, because I knew I’d compromised my morals. I’d always said that I would never take them. I just felt. . . . I was kind of ashamed of myself.

A third participant had discontinued use due to a lack of availability of AAS. He is now very much opposed to the use of AAS, although he admitted that he probably would have continued using if he had had access to a consistent and reliable source.

Only 1 participant reported discontinuing AAS use because of concern over negative health implications. This man is a physician and was in his mid-50s when he decided to try using AAS. Although he was very pleased with his physical gains, he became concerned when his cholesterol and low-density lipoprotein levels became elevated. He discontinued use in fear of developing cardiovascular problems.

The final participant who had discontinued use stated that he might use AAS again. He had won multiple bodybuilding titles. At the time of the interview he was still training heavily, but he was not competing in contests. He stated that if he ever decided to compete in bodybuilding contests again, he would consider use.

**Negative Effects of AAS Use.** As stated earlier, 9 of the 10 men described their AAS use experience in very positive terms. One of the men, however, had a different experience. When he depicted his experience, he mentioned feeling frequent joint pain during his AAS use period. He also stated that he had frequent muscle strains and pulls. His body retained fluids; he felt bloated.

Psychologically, he reported feeling guilt during his entire AAS use period. He believed that he had compromised his morals. He had told others that he would never take AAS, and then he did. He reported having feelings of
shame. He was one of the two men who had discontinued AAS use due to a conflict in morals.

This person was the only one to generally describe the AAS use period in a negative fashion. His experience may have been influenced by the strong guilt he experienced over the moral issue of using AAS. He stated that he perceived that others viewed him as a “drug monkey” while he was using; something he obviously did not enjoy.

**Discussion**

The content of this study gives greater insight into the nature of the AAS use experience. Although we as educators, sport psychologists, coaches, or others involved with athletics may wish this were not true, AAS use periods may be a very positive experience for some. Nine of the 10 men in this study described their AAS use period as an extremely gratifying experience. Mishkind, Rodin, Silberstein, & Streigel-Moore (1987) stated a belief that the male mesomorphic physique has become the embodiment of masculinity in Western society. Therefore, they contend, individuals possessing a mesomorphic physique will experience much greater privilege in our current culture. The privilege given to those possessing a hypermesomorphic physique would tend to be magnified further. The reports given by the men of this study give evidence to Mishkind et al.’s thesis. The participants of this study received reinforcement that went well beyond the walls of the gym. Reinforcement also occurred at their workplaces and at places of social interaction. They perceived feelings of increased status in most environments. Their descriptions indicate that they were enjoying the benefits of being the “embodiment of masculinity” in our culture. Furthermore, they did not report experiencing the horrific side effects often depicted in educational programs on AAS. However, one must not discount the possibility of long-term side effects that may be encountered in the future.

What are the implications of this study? Obviously, the first implication is that one must be cautious not to overgeneralize the results. The sample size was small ($N = 10$) and not random. We believe, however, that there are some important implications provided by the study that should be heeded. For the coach and those working in the educational setting, a realization must be made that a certain number of athletes using AAS may be enjoying the benefits of use. The situation may have a strong influence on others on the team to begin using such ergogenic aids, despite educational efforts focused on deterring use. Can educational programs be effective in deterring use in such an environment? We believe that the programs can be. However, as Goldberg and colleagues (Goldberg, Bosworth, Bents, & Trevisan, 1990; Goldberg et al. 1996) have shown, the programs must be grounded in fact, discussing both the positives and the negatives concerning AAS use. As Goldberg et al. found, those programs only emphasizing the negatives (i.e., “scare tactics”) are not effective. Furthermore, educational programs should present the facts of AAS use in the light of a moral decision-making process. As this study highlighted, a conflict in moral values led to the discontinuance of use by 2 men. Although 2 is not a large number, when placed in the context of 5 choosing to discontinue use, 2 becomes a significant number. Therefore, leaders involved with athletes should not shy away from reinforcing concepts of sportspersonship and speaking in terms of moral rightness concerning ergogenic aid issues.
Second, a professional involved with athletes (coach, sport psychologist, etc.) should realize the significant possibility of psychological dependence. The comments of the men highlight the ease of becoming psychologically dependent on the chemicals, especially due to the increased reinforcement received from peers and peer groups (and coaches, in the athletic settings).

Furthermore, if males on AAS have become the embodiment of masculinity as Mishkind et al. (1987) suggest, then the loss of muscle mass associated with AAS discontinuance could hypothetically lead the user to feel emasculated. Therefore, by choosing to discontinue use, the individual could lose significant amounts of peer recognition and reinforcement and feelings of perceived masculinity. Considering these factors, there may be a strong need for counseling. Additionally, the individual may be experiencing some form of body-image distortion (e.g., “muscle dysmorphia”; see Pope, Gruber, Choi, Olivardia, & Phillips, 1997). These issues may further complicate the counseling process, yet the involved professional needs to be fully aware of such topics.

In conclusion, we believe that further research needs to be advanced concerning the nature of AAS use, and we hope this article may serve as a springboard for future studies. Again, as Sharp and Collins (1998) noted, future research on AAS use will benefit from methodologies that attempt to take into account the complex nature from which the phenomenon occurs. Therefore, creative approaches to research methodology are needed, and this study, which used qualitative methods, represents just one approach. By embracing diverse methodologies perhaps we can gain an even greater understanding of the AAS use phenomenon.

References


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**Appendix**

**Interview Questions**

1. Have you ever used AAS or any other muscle-enhancing drug?
2. What are your thoughts concerning drug use in bodybuilding, by both males and females?
3. Why did you choose to begin taking AAS?
4. How do you feel physically when you are on steroids? (How is that different from when you are off AAS?)
5. Do you find any personality changes associated with AAS use?
6. Do you feel there is any type of psychological addiction to AAS? If so, please describe.
7. What about levels of self-confidence? Are they affected by AAS use?
8. Do others perceive you differently while you are on AAS?
9. Do you feel differently about yourself when you are on AAS?
10. What are the side effects from AAS?
11. Have you experienced any side effects from AAS thus far?
12. Do you think you will experience any permanent side effects from AAS use?
13. Why does a person take a drug if they know there may be possible permanent side effects?