

Men's Performance and Image-Enhancing Drug Use as Self-Transformation: Working Out in Makeover Culture

Dr J. R. Latham* (corresponding author) textual.gore@gmail.com

Alfred Deakin Institute for Citizenship and Globalisation, Deakin University

School of Culture and Communication, University of Melbourne

ORCID: [0000-0002-3705-4577](https://orcid.org/0000-0002-3705-4577)

Twitter: @drjrlatham

Professor Suzanne Fraser s.fraser@latrobe.edu.au

Australian Research Centre in Sex, Health and Society, La Trobe University

Twitter: @suzannemfraser

Dr Renae Fomiatti r.fomiatti@latrobe.edu.au

Australian Research Centre in Sex, Health and Society, La Trobe University

Twitter: @renaefomiatti

Professor David Moore d.moore4@latrobe.edu.au

Australian Research Centre in Sex, Health and Society, La Trobe University

National Drug Research Institute, Curtin University – Melbourne, Australia

Twitter: @davidmoore111

Associate Professor Kate Seear kate.seear@monash.edu

Faculty of Law, Monash University

Springvale Monash Legal Service

National Drug Research Institute, Curtin University – Melbourne, Australia

Twitter: @kate_seear

Dr Campbell Aitken aitken@burnet.edu.au

Burnet Institute, Melbourne, Australia

Department of Epidemiology and Preventative Medicine, Monash University

Twitter: @cka_express

Abstract

This article investigates how men who inject performance and image-enhancing drugs (PIEDs) describe their experiences of embodiment and masculinity, locating that analysis in the context of contemporary ‘makeover culture’ (Jones 2008) and the imperatives of self-transformation (Heyes 2007). Drawing on qualitative data from interviews we conducted with 60 men who inject PIEDs in Australia, our analysis suggests there is a pragmatic logic associated with PIED use that challenges much research concerning this population, which tends to pathologise men who use PIEDs as disordered in their relationship to their bodies and cultural norms of masculinity. We unpack how the men interviewed describe everyday practices of doing gender in the context of illicit drug use, the implications in normative understandings of maleness and masculinity, and how PIED consumption practices encouraged particular attention to working on the self. Our findings suggest that drug-injecting practices can be understood as forms of self-transformation in makeover culture that have the potential to make new, unexpected possibilities for being in the world, and can inform harm reduction measures, including the de-stigmatisation of drug use more broadly.

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The whole thing about my training is just an endless process; like, I like training. I like the feeling of exerting myself and straining myself, and the feeling you get at the end of a workout. And because I don't really like competing anymore, so it's just ... it's just about the training. It's just about the next day and I don't really ... I don't need an end goal because I like the process.

Basil (participant, 25, Vic.)

Self-renovation by whatever means is compulsory and never-ending. Self-improvement is something that makeover culture insists *everyone* needs[.]

Meredith Jones
(2008, 57; original emphasis)

Introduction

What, precisely, is being enhanced by men's use of 'performance and image-enhancing drugs'? This article uses qualitative interviews with 60 men who inject performance and image-enhancing drugs (PIEDs) from across Australia to explore how their accounts of their experiences relate to imperatives of contemporary subjectivity. To do so, we engage the work of feminist theorists Cressida Heyes and Meredith Jones, who have each articulated paradigms of the relationship between subjectivity and gender norms in the context of 'makeover culture'. Jones (2008) argues that we must be under constant renovation and renewal to be good citizens in contemporary Western societies (and beyond). For Heyes (2007), a Foucauldian feminist philosopher, attention to practices of the body have the potential to enable new capacities while simultaneously tightening the grip of disciplinary power (Foucault [1977] 1991). In this article we combine these two ways of thinking about gender and embodiment to explore how men who inject PIEDs understand their own relationships to, and participation in, contemporary understandings of maleness, masculinity, embodiment and drug injecting. First, we explain how participants emphasised PIED consumption practices as entangled with and inseparable from an array of normative

everyday activities. Second, we show how PIED use relates to norms of maleness and masculinity, (re)producing men's muscularity as desirable, normative and natural. Third, we suggest that PIED use promoted particular attention to experiences of the body that might also resist normalisation. We want to take care here not to suggest that men who use PIEDs necessarily experience a *pathological* relationship to ideals of maleness and masculinity; a dominant way of understanding this population (see Moore et al. 2019). Rather, we want to flip this logic on its head: in our study, men who used PIEDs frequently did so with an accompanying insight into their own use as normative. By attending to *how* subjectivity and culture are co-constituting in practices of PIED consumption, we aim to contribute to a growing body of literature that questions its pathologisation and, in doing so, generate better approaches to the development and dissemination of health information and harm reduction strategies to this group of people who inject drugs. How does using PIEDs mobilise particular attention to bodily practices of self-care, and with what effects? What do these practices indicate about contemporary understandings of gender, embodiment and drug use?

Background

The category of PIEDs is very broad. It commonly includes anabolic-androgenic steroids, anti-oestrogenic agents, beta-2 agonists (e.g., clenbuterol), chorionic gonadotrophin, human growth hormone, and various peptides (ACIC 2018, 76). Australian national data sources and research on PIED consumption are scarce, which makes ascertaining the prevalence of use difficult, but PIED consumers are known to be accessing needle and syringe exchange programs (NSPs) in greater numbers than in the past (Iversen et al. 2013; Memedovic et al. 2017). Anabolic-androgenic steroids are reported to be the most widely used PIED (Larance et al. 2008), but the category and the substances contained within it are unstable. The category is also fundamentally political. The very term 'performance and image-enhancing

drugs' is, for instance, constituted in particularly gendered ways. Whilst we specify that our own work concerns *men's* PIED use, this is somewhat tautological as the category itself is constituted with and for men as its primary subject. While some women use (men's) PIEDs, including testosterone and other steroids, women's engagement in practices of consumption that might be understood as 'performance and image-enhancing', such as use of weight-loss pills or depilatory creams, is normalised for women. That is, women are expected to pay constant attention to appearance as a way of normatively performing femininity. Hence, women's use of, in some cases, precisely the same products (such as injecting Melanotans) tends to be treated as less remarkable. In this way, we would argue that the key component in constituting a disparate set of substances *as drugs* and (therefore) as a matter of public/health concern is that PIEDs are *gender-enhancing technologies* related to men's *performance of masculinity*, in addition to *the route of consumption* (often injecting) and the *means of acquisition* (often illegal). We also recognise that there are trans men who use testosterone and other steroids in similar ways to the nontrans men interviewed in this study (see Latham forthcoming). Other work from this project addresses harm reduction strategies for men using PIEDs (Fomiatti et al. forthcoming). In this article, however, we want to improve understandings of PIED use by examining *how* practices of men's PIED injecting relate to contemporary imperatives of self-transformation in makeover culture.

Literature Review

There is growing research interest in PIED use, yet the specificities and embodied practices of PIED consumers have received little attention from researchers (Seear et al. 2015; Moore et al. 2019) over the twenty years since Lee Monaghan's (2001a, b) detailed ethnographic research into the 'vibrant physicality' of bodybuilding (including PIED use). Existing research does, however, highlight the limitations of the dominant conceptual frameworks

underpinning knowledge about PIED consumption, and stresses the importance of paying more attention to social context (see Monaghan 2001b; Keane 2009; Kimergård and McVeigh 2017; Santos and Coomber 2017; Bates et al. 2018; Coquet, Roussel, and Ohl 2018). Helen Keane (2005), for example, analysed the emergent discourses of steroid use in medical and psychological research as consisting of two equally limiting interpretations: the disordered drug abuser and the vulnerable subject insecure in his masculinity. An analysis of social science research on PIED consumption published since Keane's article suggests that '[i]n quantitative, and to a lesser extent qualitative, research, men who use PIEDs continue to be pathologised as insecure, low in confidence and self-esteem, susceptible to media influence, vulnerable, and as marked by "obsession", "compensatory behaviours" and crisis' (Moore et al. 2019). This analysis also identifies an emerging tendency for the two discourses to overlap, such that 'the male steroid user becomes doubly disordered as both insecure in his masculine body and at risk of drug dependence' (Moore et al. 2019). What might be gained from investigating men's PIED injecting in a way that resists these pathologising assumptions?

The argument that PIED consumption is informed either by a 'crisis in masculinity' (e.g., Bucher 2012, 285; Underwood 2017, 84) or by a pathology inaugurated by cultural obsession with muscularity (e.g., Basaria 2018; Griffiths et al. 2018) overlooks the ways that subjects, substances and their social lives are co-constituting (see Fraser and Moore 2011; Sear 2013; also Barad 2007). This kind of research thus necessarily discounts the *variety* of ways in which men consume PIEDs, particularly those experiences understood as positive or beneficial, and contributes to a continuing lacuna whereby 'the shared meanings of those groups of people closest to the activity remain relatively unexplored' (Monaghan 2009, 1979). Our work in this article addresses this persistent lacuna, adding to the small body of

research that considers some of the complexities and contradictions of men's PIED consumption practices.

Pathologising research tells us little about how maleness and masculinity emerge through and alongside PIED-injecting practices, and serves to further stigmatise and marginalise a category of people who use drugs already under-served by traditional drug and harm reduction services (see Hart 2018). As has been well established in feminist theory (although this kind of scholarly attention overwhelmingly focuses on the experiences of women), gender emerges through everyday practices of the self (Butler [1990] 1999, 1993). Hence, we argue that we can better understand practices of PIED injecting if we treat the subject as emergent in contingent everyday practices, of which drug use forms a part. Heeding Keane's (2005, 193) call for further research into 'the varied meanings attached to [PIED consumers'] *projects of self-improvement*' (emphasis added), we investigate how ideas around self-improvement shape the ways that men describe PIED consumption, and how these relate to contemporary understandings of embodiment, gender and drug use.

Theoretical Approach

To pursue our aims, we draw together the work of two feminist theorists of embodiment, philosopher Cressida Heyes and cultural studies scholar Meredith Jones. Along with other theorists, Heyes and Jones recognise that the rise of neoliberalism and consumer culture in contemporary Western societies (and beyond) has meant that 'how we look has become more important to how we understand ourselves' (Heyes 2007, 6; see also Rose 2001; Featherstone 2010; Orbach 2010). This change has been accompanied by increasing demands that men attend to their physical appearance in ways that had previously been feminised domains of women alone (see Bordo 1999). Appearance, in this conventional model, is invested with

moral meaning that ‘links beauty with moral goodness’ (Featherstone 2010, 195) and ‘ugliness’ (see Przybylo and Rodrigues 2018) with moral reprehensibility. Linked to this, the body of the drug user has long been held to account for violating norms of social sensibility (see Keane 2002; Race 2009; Fraser and Seear 2011). However, such relations and processes of normalisation are not seamless. Here we ask: in what ways do PIED consumers and their practices complicate understandings of drug use and the body?

The ways in which we understand ourselves through our bodies is a key philosophical and feminist issue taken up by Heyes (2007) in her book *Self-Transformations: Foucault, Ethics, and Normalized Bodies*. Heyes’ concern is how we might become more ethical in our relationships with the technologies of the self implicated in gender normalisation. Here ‘normalisation’ refers to Michel Foucault’s ([1977] 1991) notion of disciplinary power as a modern system of relations in which deviant behaviour is called to account and reformed by the imposition of norms. As Sandra Bartky (1990) and Susan Bordo (1993), among others, note, this includes norms of gendered embodiment, which are particularly effective means of social control. Key to normalisation is its ability to conceal itself by synonymising the ‘normal’ with the ‘natural’ (Foucault [1978] 1990a; Butler [1990] 1999). Here, socially and historically contingent bodily habits are taken for granted and presented as arising from nature. Yet, as Foucault ([1978] 1990a) also observed, power is enabling as well as constraining; producing modes of individuality at the same time as modes of conformity. As Heyes (2007, vi) notes, ‘while the normalizing system of gender makes suffering victims of many of us, that’s not all it does: it enables capacities and insights that can be either recruited back into the service of oppression or turned in a different direction’. Heyes’ work considers how we might disambiguate those embodied practices that might advance our freedom by

resisting normalisation from those that recapitulate forms of disciplinary power; a concern she terms an ‘ethics of self-transformation’.

Heyes draws on Foucault’s ([1985] 1990b, [1986] 1988) later work on the interplay of technologies of power and technologies of the self, in which he argues that a good (ethical) life resists normalisation via an ‘aesthetics of existence’; that is, the making of life into an art form. Foucault reclaims the Greek term *askesis* (loosely meaning a kind of practical training) to signify practices of self-care. That is, an ethically engaged life must be *practised*, meaning ‘art, in its living and working out, is not about accomplishment. It is about energy and time and discipline and self-criticism and pursuit and letting go’ (McWhorter 1999, 227). Heyes (2007) argues that key to disrupting normalisation via embodied asketic practices is ‘the possibility of openness to self-creation’ (119) in which ‘thinking ourselves differently [than the norm predicts] is important, but even more so is practicing ourselves into something new’ (9). This way of thinking lets us examine how using PIEDs exceeds its oversimplification as a (disordered) quest for an idealised body. Importantly, it illuminates PIED consumption as a somaesthetic practice that is transformative and generative – forging new ways of living and re-making culture (and gender) in unanticipated ways.

In her 2008 book, *Skintight: An Anatomy of Cosmetic Surgery*, Jones suggests that contemporary Western societies are organised around projects of ceaseless self-improvement in what has become ‘makeover culture’. Put simply, in makeover culture ‘the process of continually *becoming something better* is more important than achieving a static point of completion’ (Jones 2008, 1; original emphasis). Jones articulates this argument through an analysis of cosmetic surgery. However, as Jones (2008, 57) makes clear in the epigraph to our article, makeover culture permeates contemporary society and is not reducible to bodily

practices: ‘it is a continuing enterprise that may be realised via home renovation, lifelong learning, career enhancement or body-work such as cosmetic surgery’. For Jones, writing over ten years ago, cosmetic surgery was the ‘quintessential example’ (Jones 2008, 12) of makeover culture, and thus its exemplars must be women – the primary consumers (and targets) of cosmetic surgery procedures (see Heyes and Jones 2009). We would argue, however, that men’s increasing use of PIEDs highlights the expansion of makeover culture, and is itself a quintessential contemporary example of it; men too are enacting gendered selves in makeover culture. As Claire Tanner, JaneMaree Maher and Suzanne Fraser (2013, 60-61) note, ‘For men, changing physical demands in employment and daily life in Western societies have reduced the need for physical strength but have paradoxically intensified the demand for hard, buff masculine bodies that signal health and power.’ If PIEDs are indeed ‘enhancing’, perhaps they are not only enhancing for individuals but for makeover culture itself. As Kane Race (2009, 155) argues, ‘Our tastes and cultural choices – including our choices in the world of goods – *do not* spring from some unadulterated exercise of sovereign will. They are acquired, slowly and laboriously, in the day-to-day round of existence, socially shaped, ingrained in the body and naturalized by power’ (original emphasis).

These are useful theoretical frameworks for our analysis because they draw attention to practices of the self as always already implicated in gender enhancement, and recognise the co-constitution of ‘self’ and ‘culture’. Viewed this way, we can explore the relationships between PIED-injecting practices, gender norms and the embodied imperatives of contemporary society in ways not reducible to pathology or insecurity. That said, we are not suggesting that using PIEDs is inherently radical, subversive or even transformative. Nor is it inherently normalising or conformist. We also recognise that bodybuilding, more generally, has already been analysed as a form of ‘somatic training’ (Shusterman 2000, 535; see

Andreasson 2014) and theorised as an ethical practice in relation to health (Keane 2009). While much feminist work on bodybuilding has focused on women's practices (e.g., Shilling and Bunsell 2014; see Dean 2011), we are interested instead in how men's PIED-injecting practices may both reinforce and resist gender normalisation. In particular, our analysis suggests that the illicit and marginalising corollaries of injecting PIEDs (e.g., buying 'drugs', obtaining needles) present the opportunity for specific kinds of self-reflection ('Will I buy illegal substances? Will I visit a needle and syringe program?') that can precipitate what Heyes (2007, 135) describes as 'a moment of agency in which the recognition of our narrowed possibilities, suffering, and fear under this regime of truth makes "considered indocility" worthwhile'. Hence our point is to outline how an ethics of self-transformation in makeover culture is a useful way to understand PIED-using practices, and to illuminate what such an understanding might offer in terms of thinking about health and harm reduction strategies – and drug use – more broadly.

Method and Participants

This article draws on qualitative data collected through in-depth, semi-structured interviews conducted for an Australian Research Council-funded project entitled 'Understanding performance and image-enhancing drug injecting to improve health and minimise hepatitis C transmission' (DP170100302). Interviews ranging from 45 to 90 minutes in duration were conducted between September 2017 and September 2018 with 60 men who reported injecting a PIED in the previous 12 months. Participants were located in urban and regional locations in Victoria (n = 20), Queensland (n = 15), Western Australia (n = 13) and New South Wales (n = 12). One participant used peptides exclusively, while all other participants used a range of PIEDs, and almost all used anabolic-androgenic steroids (most frequently including forms of testosterone). The men interviewed were aged 19 to 72 years, with 18 participants aged

under 25 years and 42 aged over 25 years. Forty-seven men identified as heterosexual, eight as gay and one as bisexual. None disclosed that they were trans or had a trans history. Thirty-three participants reported that they and their parents were born in Australia, 13 participants reported that they were born in Australia and one or both of their parents were born overseas, and 14 participants reported being born overseas. All were given an information sheet describing the aims of the project, were asked to sign a consent form, and were reimbursed AUD50 for their time and contribution to the research. They were also offered health information about hepatitis C.

The interviews were digitally recorded, transcribed and imported into NVivo 11 for data management and coding. A coding framework was generated using a combination of methods: codes were identified in response to previous research on PIED consumption, on the basis of emerging themes in the data, and in consultation with the project's advisory board. To protect participants' identities, each was given a pseudonym and all identifying details were removed from the transcripts. Curtin University's Human Research Ethics Committee approved the study (HRE2017-0372). More detail on this research project, and the background research that informs it, has been published elsewhere (Seear et al. 2015; Fomiatti et al. forthcoming).

Labour on Display

A key theme in participants' accounts of using PIEDs was the ways in which PIED injecting was embedded with, and inseparable from, a range of other everyday practices needing to be consistently worked on. Participants tended to be well aware – and often critical – of the stereotypical 'effects' of PIED use, such as increased aggression ('roid rage'), sex drive and self-obsession, as well as the purportedly magical transformations they are said to produce.

On the contrary, almost all of the men in this study emphasised the need to work hard and entrench PIED use with other highly self-disciplined practices (such as strict attention to diet, exercise regimes, rest and sleep patterns). For example, Paul (50, Vic.) explained that:

It's not going to *give you* results. So you got to actually also train hard and watch your diet. If those two aren't included with it, you take as much as you like, that's not going to change your physique. That's not going to change the way you look because you've got to train hard to achieve the results you want. (original emphasis)

It was also apparent from the interviews that PIED-using regimes encompassed far more than weight training. Like many of the men interviewed, Gabe (22, Vic) undertook rigorous research, and adopted a 'state of mind to be able to push yourself,' while Daniel (29, WA), explained that 'you've still got to grow the muscle yourself [...] it was still a lot of hard work [and] I was very strict with my diet'. This kind of dedication to the pursuit of embodied self-improvement could be wide-ranging, as Ryan (43, NSW) articulated:

it costs me hundreds of dollars [...] when they look at you they think [...] 'he looks amazing', and I'm like, 'if you only knew the amount of time, energy, money and commitment and everything that it takes to actually get here'.

What is clear from these accounts is how participants' interest in using PIEDs goes beyond simply wanting to 'look better', and includes a desire that the vast amount of hard work required to achieve such a look be recognised.

One of the key aspects of makeover culture is its emphasis on *making visible the labour* of working on the self (Jones 2008), since working on the self is itself an ethical achievement.

Injecting PIEDs was often described as facilitating this visibility. As Daniel put it:

It was more a case of I got to a point naturally where for three years I didn't change and you're going to the gym every day. It wasn't a chore because you loved it, but you were going to the gym and you just weren't getting any better: any bigger, any stronger. [...] I wanted to make use of what was out there to start *seeing the results* and make the most of what I was doing, you know. So, yeah, it was just to get a bit bigger, to get stronger. (emphasis added)

Although Daniel enjoyed the actual regime of exercise, he describes frustration that the results of his hard work at the gym were not visible. Here we can see how Daniel's decision to start using PIEDs, like many participants in the study, related to an imperative of ongoing transformation; he wanted to 'see the results'. In this sense, Daniel's work ethic was made more visible by his PIED use. Importantly, there is also a tension here between making work on the self visible – an enterprise enjoined of all neoliberal subjects – and pursuing an embodiment understood as 'natural' for men, as this 'natural' look requires substantial work (see Fraser 2003).

By drawing attention to the role of labour in men's practices of self-transformation through PIED use, our analysis also challenges the popular understanding of PIED use as 'cheating' or 'easy' (see Seear 2013) disputed by many in the study. Paul (50, Vic.), for example, remarked that although 'people think that it's cheating', he did not 'see it as that because you're still putting a lot of hard work into it'. As Glen (26, Vic.) explained:

some people seem to believe that [using] steroids is a cheating way to put on size, but you can't just take it and all of a sudden you grow, like you still need to put in hard work and so what I find is that you have the energy to push yourself a little harder. And then you also repair yourself quicker, so where you might still be sore the next day and not go [to] the gym, with this, you can wake up the next day and you feel fine and so you can go straight back into it and keep going.

Many participants also spoke about PIEDs as 'recovery enhancers' that improved their ability to work out more frequently. For others, using PIEDS allowed them to be more efficient at the gym, which meant more time to meet employment demands or pursue other interests.

Ryan (43, NSW), for instance, said: 'I want to make that one hour that I'm going to be at the gym the most, just basically pull the best out of that hour that I can possibly get. Because I don't want to spend my life at the gym'. In these accounts there is an imperative of efficiency with one's time (see also Keane 2009). Again, this imperative aligns with the central ethic of makeover culture, which stipulates we must *ceaselessly* work on ourselves.

Related to this ethic of ceaseless work and improvement, some of the men in the study had been using PIEDs for decades (including steady use and cycling on-and-off), and described their use as a ‘lifestyle’. As James (35, Vic.) outlined:

You constantly get ‘How long have you been training?’ Like if I told them six weeks, they’d go and do it. You try to explain, ‘Well, it’s something that I’ve done for 15 years or 16 years’, and the look that I get is a bit, ‘How long?’ Well, that is how long I’ve been training and I don’t think they kind of grasp that it’s not something that happens overnight and *it’s more of a lifestyle* than just a ‘I just want to get big this year’ type thing. (emphasis added)

This take on PIED use marks a shift from that found in previous studies in which ‘sacrificing the flexibility and pleasures of “normal life”’ (Keane 2009, 173; see also Monaghan 2001b) was a key marker of dedication and success in bodybuilding regimes. On the contrary, men in this study described how their experiences using PIEDs formed part of their lifestyle and enhanced many aspects of their ‘normal lives’. In this way, we can see how PIED consumption practices relate to the demands of everyday life in makeover culture.

Enhancing Performances of Normative Masculinity

As we noted above, research on PIEDs is dominated by the assumption that men who use them are expressing a disordered relationship to norms of masculinity and their own embodiment. Our analysis challenges this conceptualisation by showing how PIED use aligns with the imperatives of self-improvement pervasive in makeover culture. Certainly, men in this study described a variety of benefits they experienced as their bodies came to more closely resemble contemporary ideals of maleness and masculinity. Some of the men interviewed spelt this out explicitly. Cameron (36, NSW), for instance, said: ‘When you’re using it, you feel a lot more stronger and more confident and more, well, I suppose more of a man’. Many participants described the habits produced by PIED consumption regimes as

having profound psychological effects. At times these effects were directly attributed to PIEDs themselves. For example, according to Michael (22, Vic.):

It makes you think that you're like, especially when you're in a workout, that you're just like the biggest there and it's just like ... it's like you are at the top of the dominance hierarchy instantaneously, because that's just what this chemical's putting in your mind basically.

However, as an extensive critical literature suggests, drug effects cannot be mapped so straightforwardly to pharmacology (e.g., Gomart 2002; Fraser and Moore 2011; Fraser and Seear 2011; Fraser, Moore, and Keane 2013; Pienaar et al. 2016). Instead, we argue that the kind of transformational experience described by Michael can be better understood via feminist approaches to embodied practices of the self.

Increasing self-confidence was described by almost all of the 60 men in this study (see also Vassallo and Olrich 2010). This effect is, of course, implicated in normalisation. As Heyes (2007, 35) observes, gender-enhancing technologies 'promise far more than a transformation of the flesh; they guarantee a new relationship to oneself in which one will be more self-confident, have more capacities, live a better life, and even be more "natural"'. In this sense, the increased capabilities facilitated by PIEDs cannot be attributed directly to the PIEDs themselves, but rather are co-constituted through normalising practices in which the naturalisation of muscularity with maleness provides particular rewards. Tibor (23, NSW), for instance, described his experience of increased confidence as follows:

every day when I stand in front of the mirror I looked better and every day I felt better. And this gave a very good feeling that if you are not using steroids you're not going to have, because you are not going to see any change, even if you train for like two months. In this two months' time I achieved way more and better things than what I did any time before and my strength was way better. So I had much more power, I could lift much more weights. I was getting bigger much faster, so it was like yeah ... so this is why I was more confident and I felt good from it.

In complicating the association between steroid use and ‘increased libido’, the description from another participant, Angelo (35, NSW), makes a similar point:

I’m a lot more sexually active when I’m on steroids. And it’s not just like a hormonal thing, it’s also a psychological thing. Like when I feel, you know, my body is in a really good condition, then I feel a lot more self-confident about myself and I’m a lot more sexually active during those times.

These accounts help to illustrate how ‘looking good’ and ‘feeling good’ are co-constitutive (see Monaghan 2001b), where the enduring work to ‘look good’ (meaning alignment with normative expressions of maleness and masculinity) is a key marker of makeover culture (see Fraser 2003). This is an important point as it illustrates how men using PIEDs are not necessarily (re)producing ‘hyper’ masculinities (e.g., Halkitis, Moeller, and DeRaleau 2008; Smith and Stewart 2012). Rather, this attention to appearance is *normative* in makeover culture. That is, success in makeover culture is enacted and acquired by making visible the work of self-improvement, and in ceaseless renovation. Gender normalisation means we are rewarded in relation to our proximity to gender norms. Within makeover culture, then, gender normalisation rewards men using PIEDs both in terms of their movement towards ideals of maleness and in their display of the physical manifestations of their labour. As we outline in the following section, however, PIED use is not *reducible* to these normative implications.

Further, men’s attention to appearance is fraught, as it creates tensions between expectations of masculinity and makeover culture. For example, Lou (22, Vic.) described ambivalence about his experience of being judged on his appearance – as effective in some ways and disconcerting in others:

I would notice that people would back down a lot quicker and I would get respect from all of the people that I wouldn’t generally want to get respect from. [...] In a work environment, if I was on a construction site or so forth, I would have more respect purely because of my size, which I think is just ridiculous really.

In another example, Luke (24, WA) described his experience of changing from ‘self-conscious, skinny little gamer kid’ to ‘gym freak’ as positive, at least in the beginning:

people just like look at you and come and talk to you; guys want to be your friends, girls want to be with you. I liked the attention. I was an introverted little kid that kind of did his own thing and then all of a sudden, people love you. And I was never that popular in school and all of a sudden, I became popular.

Here, Luke describes a marked shift in how he is treated by others as he appears closer to ideals of male muscularity. His enjoyment of this newfound popularity was short-lived, however: ‘it’s all superficial. I liked it at the start, but then after a time, I realised it’s just fake. They just like you because of what you look like, they don’t like you for you’. For Luke, enacting a kind of physical presentation closer to norms of maleness, and the attention that came with it, did not match other characteristics he came to understand as more important, such as having interests outside of gym training and drug use. Both Lou’s and Luke’s comments convey the demand of the ‘somatic individual’ (Rose 2001), in which how we look should express who we are and shows some of the ways this might be experienced as unpleasant or inauthentic. That is, these remarks reveal tensions between imperatives of normative masculinity, in which muscularity is naturalised to seem inevitable rather than a hard-earned achievement, and makeover culture, which demands self-renovation be made visible.

Producing Habits: Askesis on PIEDs

Perhaps unsurprisingly, most of the men interviewed had particular aesthetic effects in mind when they started using PIEDs. This initial focus on outcomes, however, was often superseded by an enjoyment of the *processes* involved in achieving those effects, as Basil’s epigraph to this article recounts. That is, the practices and habits enabled by and entangled with PIED injecting could act as a catalyst to produce kinds of attention to embodied practices (askesis) that might exceed normalisation.

There is an important – and difficult to disambiguate – difference between ‘the normalized pleasures we are typically permitted to have’ and ‘a kind of joy that feels distinctively and transformatively different’ (Heyes 2007, 132), which can be harnessed via askesis. For example, many participants gave compelling accounts of the meanings of the work ethic they developed in relation to using PIEDs, and how it benefited other areas of their lives. Glen (24, Vic.), for instance, described his experience in the following way:

now things are actually really good [at] work, like sort of nominated for a few awards and things like that, so it’s sort of ... there’s a lot of things that are sort of falling into place at the same time that just like everything in general in my life is a lot better. And it’s not, I mean, it’s not related to doing the steroids, but also I find doing the steroids is making me put the effort in going to the gym, which is putting on size, which is making me happier, which is making me work better and everything sort of seems to be linking back to each other.

In disciplining himself to the habitual practices PIED use invited, Glen’s work ethic became irreducible to the gym, and the characteristics he developed such as focus and dedication transferred to other areas of self-improvement. These may well be the pleasures generated by conformity in normalisation, which we discussed in the previous section. Yet it was also the case that other men interviewed described variations on a kind of joy that ‘permeates a life in ways that open one up to new experiences and ways of being in the world’ (Heyes 2007, 132). For example, Efron (40, WA), described his experience as follows:

the biggest thing that I noticed, and some of it could be psychosomatic, who knows, but I felt myself really slowing down and [becoming] very grounded as well [...] Let’s see if I can try and find a way to explain it. [...] ‘grounded’ is more of a sense, you can feel more clarity in the things around you, a lot more detail in the things surrounding you, and a lot more comfortable in taking in multiple stimuli at one time as well. So feeling a lot more relaxed, a lot more calm, and able to connect to the environment.

Many participants described a kind of happiness they found difficult to quantify or explain. For example, Sean (30, Qld) put it like this: ‘I used to do competitive bodybuilding and then I slowed down because it was like a bit too crazy diet-wise and stuff, so now I do it because I

enjoy the actual training component [...] Yeah, but I enjoy it. Like mentally I enjoy it [...] just...it makes me happy'. These unpredictable or unexpected experiences suggest that using PIEDs can and does promote kinds of 'future uncertainties' that cannot be reduced to the trajectory of normalisation, which Heyes (2007, 118) puts forward as ethical self-transformation. While the men in this study described striving for particular aesthetic ideals in taking up PIED consumption, *in the process* of learning to use PIEDs 'effectively' – in terms of building muscle mass – some men also learned new ways of being. Our argument here is that the embodied practices and habits so integral to using PIEDs may well produce new possibilities for flourishing. That is, using PIEDs elicits particular habits of self-care that are simultaneously normalising (in terms of the reproduction of gendered ideals and the normative expectations of makeover culture) while also potentially generating new ways of being.

Conclusion

The transformed self is not just a goal, however; the process of transformation itself invents new capacities and invites reflection on a post-ascetic self that is not yet known. Foucault thought, of course, that care of the self as a practice of freedom would require that we reject the language of authenticity. That is, we should not understand ourselves as seeking to liberate a self that was always there, but rather to invent ourselves as something new that is not yet imagined. (Heyes 2007, 82)

In this article, we have destabilised common assumptions about the experiences of men who use performance and image-enhancing drugs. We have mobilised diverse accounts alongside insights into gender in makeover culture to suggest that using PIEDs cannot be understood merely as a form of disordered drug abuse that reinforces norms of maleness and masculinity, or as a pathological relation to striving after such norms. On the contrary, all subjects in makeover culture experience the imperative to re-make ourselves. Hence, our work challenges the dominant discourses of PIED users as insecure and psychologically suspect, as it shows how their practices reproduce normative expectations of everyday life, within which

we are all implicated. Indeed, PIED use presents just one of many practices of the self in contemporary Australian society with the potential to both reinforce gender norms and make new possibilities that are less likely to be co-opted in the service of normalisation. As Heyes argues, this can be transformative.

We have used the idea of self-transformation in makeover culture as a way of showing how contemporary imperatives for self-improvement and gender enhancement produce particular conditions in which men use PIEDs. Understanding PIED consumption as part of makeover culture, then, better attends to the complexities of the conditions through which (all) subjects are produced and in which we might then examine the ‘cultural normalisation’ of drug use (Duff 2004). The normative understanding of drug injecting we have put forward here also has the potential to inform the de-stigmatisation of drug use more broadly, as it shows some of the ways in which practices of drug use fit with, rather than undermine, contemporary expectations of subjectivity. In this way, our work calls into question the pathologisation of PIED use via the language and tools of psychological research, which assume gendered subjectivity to be anterior to, and therefore independent of, practices of PIED consumption. This paradigm fundamentally misunderstands how subjects are formed through relations and practices of culture. Instead, we are arguing for future research on PIED use to consider PIED-using practices via an ethics of self-transformation in the context of the imperatives of makeover culture.

One implication of this more flexible approach is that it provides a more sophisticated and persuasive foundation on which to base harm reduction strategies to support the health of men who use PIEDs, as well as the welfare of society as a whole. In particular, it better facilitates engaging men who inject PIEDs on their own terms. Drug injecting carries

particular risks of infection, in terms of bacterial infection at injection sites and via the transmission of blood-borne viruses (BBVs, e.g., hepatitis C, HIV). The nascent area of PIED-specific harm reduction would do well to mobilise attention to safer injecting practices as a form of self-care and as part of the wide-ranging labours involved in PIED consumption regimes. In so doing, PIED consumers could be interpellated as active participants in a politics of care that simultaneously supports and exceeds their own health, since the reduction of BBV transmissions benefits all. Acknowledging the positive experiences of using PIEDs would also increase the credibility of harm reduction information. As Race (2008) argues, mobilising understandings of pleasure in harm reduction provides a particularly fruitful opportunity through which to cultivate safer drug use (see also O'Malley and Valverde 2004).

It was also the case that many participants had health concerns relating to their PIED use, were keen amateur researchers, and expressed frustration at the lack of reliable information about different substances, combinations, and practices of use and desistance. There is a clear need for research in these areas and for that scholarly research to be translated into forms readable by a general audience, and made freely available. The pathologisation of PIED use has stifled these research possibilities. Indeed, health services and research would be improved by addressing the needs of this group of people who inject drugs by presuming men who use PIEDs to be invested in normative self-improvement, rather than disordered insecurity. From this position we can better investigate questions that could minimise related harms, such as: How do particular substances interact with one another? How do experiences of substance use change over time? What kinds of time frames for PIED consumption promote the best outcomes? What kinds of measures minimise potentially harmful outcomes? Our analysis suggests that men using PIEDs are keen to understand how they operate, and

addressing these kinds of questions presents a potent opportunity to mobilise attention to embodied practices of self-care for harm reduction.

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