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RUN FOR HEALTH: HEALTH(ICIZATION), SUPPLEMENTS, AND DOPING IN NON-  
ELITE ROAD RUNNING

By:

April Henning

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2014

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This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirements for the degree of Doctor of Philosophy.

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## **Abstract**

### **RUN FOR HEALTH: HEALTH(IZATION), SUPPLEMENTS, AND DOPING IN NON-ELITE ROAD RUNNING**

By

**APRIL D. HENNING**

Advisor: Victoria Pitts-Taylor

Running races are commonly viewed as one of the clearest examples of competition and it is less common to view training or racing as a non-competitive health practice. However, the majority of non-elite runners who participate in races do so in order to reap benefits from the training process many undertake in preparation for a race. This dissertation is a study of non-elite or amateur runners' pursuit of health, their varied understandings of health, the ironies and inconsistencies of healthism, and the folk measures of health employed within the running community. Through qualitative interviews with amateur runners in New York City about their perceptions of running, health, doping, and supplements, I explore the value non-elite runners place on health and fitness, the ways running is used to signal one's commitment to these values, and the relationship between healthist demands and training methods that border on harmful, such as the use of over the counter (OTC) pain medications to mask pain or use of unregulated and potentially dangerous dietary supplements. I demonstrate that non-elite runners rarely engage in training or participate in a race with the expectation or desire for a zero-sum victory. Rather, I argue that non-elite runners engage in running as part of

healthicized body practice, through which each defines herself as a healthy, morally good neoliberal citizen. Performance enhancing substances (PES) are viewed as a way to circumvent the struggle, pain, need for intense dedication to improve one's performance—the experiences that non-elites runners feel they must experience in order to claim the identity of runner. Non-elite runners avoid intentionally using PES in favor of nutritional supplements, based on the incorrect belief that such products marketed specifically to improve health or performance are well regulated for safety and regarded as effective. Often these products are unregulated and of questionable quality and safety—many of the same reasons offered by non-elite runners for avoiding banned PES. Given the contradictions inherent in healthiest practices undertaken by runners, the study also addresses the underlying ethos of healthicism at work, which I argue are rooted in neoliberalism.

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community. Besides providing me with a research topic and participants, it has provided me a home and facilitated some of my most treasured friendships. My Athena New York teammates have covered hundreds, if not thousands, of miles with me, reminding me that this work is important outside of my little office and inspiring me to keep going.

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This brings me to Steve Remy. For possibly the first time—as Steve can attest—words fail me. Steve is my spouse, friend, favorite historian, number one fan, collaborator in ridiculousness, office mate, pusher up the hills, perspective giver, trusted editor, (extremely patient) sounding board, debate partner, fearless adventurer, and best human I can think of—and that’s just for starters. It would be impossible to articulate the profound influence he has had on all aspects of my life and how fortunate I am to have him in my life. Stev, you are my favorite.

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## Introduction

### **Road Rules: Situating Non-Elite Road Running**

“You’re a mover and a sweater. Exercise is your Prozac, and running is a big part of your lifelong routine. When you hit the road or the treadmill, you run ’til you feel the burn and melt away your sins. You’re psyched to feel good and look good—even when you don’t break the tape.”

*-New York Road Runners Website<sup>1</sup>*

Discussing the difficulty in finding a doctor you like and can trust, a friend of mine I will call Vanessa declared, “I really enjoy going to the doctor for my annual check-up. It’s like going to the class I’m really good at.” She explained how she enjoys the laudatory reaction of doctors when they go through the usual check-up routine of reviewing her blood work, taking her blood pressure, and listening to her breathing and heartbeat. She described that she would then remind the doctor that she was a life-long distance runner and this would elicit the type of “of course!” response that would bring a second round of pats on the back for partaking in her chosen hobby. Being told she was healthy and healthier than most in her early 30s age cohort by these medical metrics made her feel confident in what she considers her pro-health lifestyle choices: wellness visits with her doctor, following a vegetarian diet, bicycle commuting, and competitive running. What Vanessa did not disclose to her doctor was that she often has pain in her hamstrings and hips from her intense training, that her sleep is interrupted by stress-induced nightmares

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<sup>1</sup> <http://www.nyrr.org/i-want-to/shape-stay-fit>

about missing the start of a marathon she is supposed to run, or that she must use carbohydrate and electrolyte replacement supplements to prevent low blood sugar and dehydration while training. Like the positive results and feedback from her doctor, she accepted these other, often unpleasant, events as part of being a runner.

This conversation took place nearly three years ago as we ran up to meet our running teammates for a weekly speed workout, but I was reminded of this exchange while writing this dissertation. Initially this project was focused on the ways non-elite runners—those who race for pleasure or reasons other than as an income source—understood and perceived doping at all levels of their sport. However, in analyzing my interview data it became clear that, like Vanessa, what most non-elite runners were talking about was health: promoting health, protecting health, maintaining health, becoming healthy, enhancing health. While enhancing performance was important to some extent, what really motivated these athletes was their health. Some aspect of health and wellness—physical, mental, social—was the reason given by every runner interviewed for this project for why they run. Instead of being driven by a competitive urge to win or to win races and prize purses like elite runners, non-elite runners use running as an enhancement to their health. This was true even as these athletes described illnesses and injuries resulting from their training.

Once this became clear, what became important were the various ways non-elite runners seek to enhance their health and the ways these efforts could actually make them vulnerable to anti-health outcomes. Though non-elites appear to avoid the substances they understand as doping, they are active consumers of sports,

health, and nutritional supplements. Supplement products are currently unregulated in the U.S. the way products classified as food or drugs are regulated and monitored by the Food and Drug Administration (FDA). Because many of these products and their effects have not been studied in an objective way, manufacturers' claims and anecdotal evidence are all consumers have to go on when deciding whether or not to use a product. The non-elite runners in this project rely on those within their running community or on self-experimentation, trial and error, to determine the best ways to train and remain healthy. Some of this knowledge is very sound and safe, but some is incorrect and potentially dangerous. The most troubling finding was these runners' assumptions that someone or some institution outside of the supplement industry, such as a federal agency or sports regulatory body, was ensuring that the products available for purchase and use would not have negative health impacts. The lack of a check on the negative effects of these products coupled with the misinformation, or lack of information, and misunderstandings of supplement products endanger the health of non-elite runners seeking these products.

In many ways doping and, more broadly, all forms of performance enhancement are present in every aspect of this project. Each of these runners races competitively and many maintain training volumes and intensities that rival their elite counterparts. This type of intense training can lead to injury or symptoms of overtraining such as exhaustion or anemia. Because of this investment of time and other resources, enhancing performance was important and many went out of their way to do so, mostly by acquiring and trying new techniques, products,

and supplements. As more and more enhancement products are available to consumers the line between the doping agents anti-doping agencies tell us are harmful and the supplements manufacturers promise will aid the quest for better health and performance is harder and harder to follow.

The blurriness of the line between performance enhancing supplements (PES), which are at the center of anti-doping efforts in sport, and supplements was evident by these runners' dearth of knowledge of what is officially considered doping. Much of this knowledge was gleaned from media reports of elite athletes who had failed a doping test or from discussions with fellow runners and athletes about the latest doping scandal or which elites were worthy of suspicion. Often centered on rumor, half-truths, and the latest doping agent in the news, understandings of official doping rules and definitions were quite often misinformed. This deficiency was greatest when discussing why some products might be safe from a health perspective but banned, unsafe but allowed for use, or unsafe and/or banned but available. Elite testing protocols, usually covered in the media around the time of a doping scandal, had a large role in shaping the interviewees' understandings of doping, as the vast majority of interviewees could name a banned doping agent not at the center of a professional athlete's doping scandal. This knowledge gap was specifically important for understanding interviewees' perceptions of their own practices as healthy while maintaining that doping and PES present unnecessary health risks.

This project is a study of non-elite runners' pursuit of health, their varied understandings of health, the ironies and inconsistencies of healthism, and the folk

measures of health employed within the running community. Although running races are commonly understood as one of the clearest examples of competition, it is less common to view racing as a non-competitive health practice. However, the majority of runners who participate in races take part in order to reap benefits beyond a finisher's medal or even a place on the winner's podium. By understanding training and racing as practices and demonstrations of health, we can learn much about the nature of health in neoliberal society. This project explores the value non-elite runners place on health and fitness, the ways running is used to signal one's commitment to these values, and the relationship between healthist demands and training methods that border on harmful, such as the use of over the counter (OTC) pain medications to mask pain or use of unregulated and potentially dangerous dietary supplements. Given the contradictions inherent in healthiest practices undertaken by runners, the study also seeks to address the underlying ethos of healthicism at work, which I link to neoliberalism.

Instead of focusing on elite and professional or collegiate athletes I am interested in the population of runners who make up most of the field at races, but who have been left out of the scholarship on running. I study non-elite runners who participate in the sport for very different reasons than elite runners but who train just as hard and with as much focus. I investigate the training practices of these runners as they seek ways to stave off injury, speed recovery, run faster, slow the effects of aging, and, above all, be healthy. I ask why non-elites run and race, what they receive as a result of their efforts, and how running shapes and reflects their identities as healthful citizens. I also examine the potentially dangerous

enhancement choices these runners make in the name of becoming or remaining healthy. I present non-elite running as a highly visible display of health connected to social imperatives of health. In the remainder of this introductory chapter I will provide context for this study, focusing first on the sport of road running generally and within New York City where this study is set. Following this background I will review the academic literature on healthicization and neoliberal governance, within which this dissertation is situated. I will then explain the research methods used for data collection and outline the arguments in subsequent chapters. Finally, I offer some notes for consideration when determining the generalizability of this research.

## **Literature**

Health seems to be a national obsession in the U.S. Public policy, media, and corporate channels have expanded health and wellness to virtually all realms of life. In the past several years laws banning smoking, trans-fats, and even large sugary soft drinks have been passed in New York City, with many other states and localities following suit as they seek to legislate health. Mainstream media outlets promote health and wellness to consumers: the *New York Times* features a weekly “Health” section as well as on-line “Well” blog, television shows such as *The Dr. Oz Show*, and numerous magazines such as *Men’s Health*, *Prevention*, and *Fitness* all offer coverage of medical research, advice on exercise and fitness, nutrition, and tips on general healthful living. Corporations are joining in the health movement both by offering wellness programs to employees (Berry, Mirabito, and Baun 2010) and by developing, marketing, and selling health and wellness products and services to

consumers (Ayo 2012), including pharmaceuticals, aimed at improving one's quality of life.

Instead of coercing or mandating individuals into making prescribed lifestyle choices individuals are encouraged to choose to be or become healthy in ways deemed acceptable by various experts. Foucault's (2007) concept of governmentality as it works within a neoliberal social, political, and cultural context provides a useful instrument for understanding how health claims and discourses work to shape how non-elite runners understand running and training practices, especially with regard to nutritional supplements. Rather than focusing on repressive state-level regulations, this concept allows an exploration of how training decisions are shaped through processes delimiting "health" is and the best ways to achieve it by encouraging individuals to make specific choices.

### *Neoliberal Governmentality*

Neoliberalism is a term describing an approach to government that scholars have characterized in various ways. Harvey (2005) sees neoliberalism as a political endeavor to restore power to economic elites through free market competition, expansion of private property, and a decline in state-based welfare protections, while Dean (2008) broadly describes neoliberalism as "a philosophy viewing market exchange as a guide for all human action" (p. 48) wherein human freedom is optimized through the function of markets. Ayo (2012: 101) generalizes neoliberalism as "a political and economic approach which favours the expansion and intensification of markets, while at the same time minimizing government

intervention.” Though each view of neoliberalism frames it in economic and/or political terms, this approach is “inherently social and moral in its philosophy (Ayo 2012). Describing various forms neo-liberalism, Foucault observed that neoliberal thought understood the state as organized by the market—as opposed to the inverse view of classical liberals—and that the rational subject at the foundation of government is not a limit on government action, but instead can be manipulated by altering the conditions in which she is located (Lemke 2001). Such conditions include the responsibilities of the government towards citizens.

Minimizing government intervention into some market activities underpinning economic and social life, mainly socially redistributive state interventions, is a foundational principle of the various characterizations of neoliberalism. This non-interference is often achieved through the downloading of responsibilities for managing risks to social welfare onto individuals, as well as onto groups or organizations in the private sector (Ericson, Barry and Doyle 2000; Lemke 2001). For example, cutting federal budget commitments for welfare programs for the poor and the defunding of sports programs can force reliance on non-profit groups or private philanthropy to meet these needs. When individuals cannot rely on government to their needs they must be proactive and address these issues on their own as individuals or as part of associations, unions, or other groups. Advocates of neoliberalism support this type of privatization, though it can result in private interests and industries wielding large amounts of influence over the shape and implementation of programs while reinforcing the position of these resource-

rich entities—and that of the resource-poor they target (Wilson and Hayhurst 2009).

Moving from understanding neoliberalism as a theory to understanding how this approach can be practically applied is aided with the concept of governmentality (Foucault 2007). Governmentality is a tool for understanding how neoliberalism is accomplished by providing a way to understand how a neoliberal government's techniques, institutions, practices, and knowledges bring about certain subjectivities that align with its goals. Government as the "art of government" or the "conduct of conduct" includes various forms of government, including the governing one does over the self and the governing over others (Foucault 1990, 2007; Petersen 2003). Dean (1999) refined the concept, arguing that governmentality must not stop with the state but must include all the various forms of "conduct of conduct," including individual governing of self conduct and of the conduct of others. Power is not limited to the state to exercise in a top-down manner, but is de-centered and dispersed between the state, institutions, private interests, and individuals. In this way government and the individual "co-determine each other's emergence" (Lemke 2001: 191).

Following his work on disciplining individual bodies, Foucault (1990) considered the management of populations. Apparatuses including schools, hospitals, military barracks, were developed for disciplining individual bodies, however, biopolitical techniques enabled the regulation of entire populations. Knowledge produced through techniques such as demographics and statistics, then disseminated through experts who used the information to make recommendations

for how to properly behave and make decisions in the care of one's self (Rose 1999; Petersen 2003). In order for neoliberalism to reach its goals of reducing state-provided security, health, and welfare services, it must cultivate an environment in which individuals freely choose to become responsible for managing these aspects of social life—individuals must become self-governing. Self-government works through the deployment of technologies of power, or technologies of government, which Rose (1999: 52) describes as "technologies imbued with aspirations for the shaping of conduct in the hope of producing certain desired effects and averting certain undesired ones." The individual subject's behaviors are a response to a cost-benefit analysis of the rewards or penalties of those actions (Dean 2008) and the prescriptions are presented as options.

One group of technologies of power are the technologies of the self, those transformative practices individuals perform on their own bodies, minds, and lifestyles in order to reach a certain level of contentment or self-understanding. Technologies of self emerge from sources of expertise, which occupies a space between government, knowledge, and choice. Technologies are based on behavioral prescriptions disseminated by experts—often located outside central bureaucracies and therefore often understood as "objective"—based on the "mechanisms of the market and the imperative of self-realization" (Rose 1999: 87). Individuals govern themselves in accordance with expert advice and knowledge, believing they are making a "free choice" to live what experts have defined as good, healthy lives (Rose 1999). In this way, citizenship is based on personal responsibility in tandem with individual self-projects informed by expertise (Ibid).

Running is one way to manifest a commitment to a healthy lifestyle and demonstrate making good choices. Running for wellness or fitness signals an individual has acknowledged they understand the risks of sedentary lifestyles and inactivity and the benefits it can confer, have accepted recommendations of health experts, and are taking responsibility for managing their own risk. Running in this context shifts from pleasure or leisure to a demonstration of conformity to the demands of biocitizenship. Three different technologies of self are relevant to the current study: healthicization, responsabilization, and normalization.

*Running: Healthy, Responsible, Normal*

Running, especially road running, has cycled in popularity over the past six decades, punctuated by two boom periods. The first running boom arose from a confluence of events beginning in the late 1960s continuing through the mid 1980s, including: the 1966 launch of what would become the monthly running publication *Runner's World* magazine; American Frank Shorter's televised win in the 1972 Olympic Games marathon; Katherine Switzer's gender barrier-busting run in the 1967 Boston Marathon; the 1972 passage of Title IX requiring parity between men and women's sports; publication of Jim Fixx's best-selling book *The Complete Book of Running* praising running for its health benefits in 1977; American Joan Benoit's gold medal in the first women's Olympic Games marathon in 1984. Estimates put the number of new runners during this era near 25 million.

Running is currently in the midst of what many within the sport refer to as the second running boom. After waning in the late 1980s and early 90s, by the mid-

1990s running once again took off as a fitness endeavor. Besides being bigger—in terms of both the number of people running and of available races at all distances—this second boom differs from the first in that it is largely regarded as more democratic, welcoming participants of any ability level. Driven by increasing women’s participation and events focused on participation instead of finishing times or competitiveness, running is now part of a comprehensive approach to health and wellness. With the growing focus on wellness, fitness, and weight loss, running may appear to be a completely benign and logical activity, even a positive sign that individuals are looking after themselves and making health a priority. We are constantly reminded by mainstream media coverage of medical studies that aerobic activities, especially running, are effective preventative treatments for the growing risk of cardiovascular, metabolic, and cognitive diseases. For example, running is a way to protect one’s risk of Alzheimer’s (Reynolds 2012), protect cognitive function in the aging brain (Douglas 2012), improve children’s IQ scores (Reynolds 2010), can stimulate the growth of new brain cells (Reynolds 2009), and alleviate stress. Runner’s World magazine notes that one of running’s virtues is that it “is an amazing tool for weight control” (Lorge Butler 2011), is effective in combating genetic obesity (Burfoot 2012), and that logging running miles reduces the risk of type-2 diabetes (Douglas 2012). Running, then, has become a normal, responsible, and above all a healthy thing to do.

Though health and hygiene are political objectives (Rose 1999: 86), health is a personal, individual responsibility viewed as necessary for the maintenance of society (Foucault 1990). Medical technologies increasingly seek to uncover more

and more biological information through blood and tissue tests, MRIs, fMRIs, even genetic testing beginning in-utero, all in order to determine who is at risk, for what, and how to best manage that risk. Instead of bureaucracies directing us in modes of healthfulness, experts offer instruction and advice based on the assumption that individuals want to be healthy (Rose 1999: 86-87). In this way, health and the best ways of achieving health are presented to the individual as a choice, albeit one we are obliged to choose (Rose 1999: 87).

Social scientists have noted the emergence of healthicization processes that work similarly to processes of medicalization. Medical sociologist Conrad (1994) observed that similarly to medicalization, healthicization forges a link between health and morality. However, while medicalization processes make social problems into medical issues, healthicization, or “the new health morality,” (Becker 1986, cited in Conrad 1994) transforms health into a virtue. Williams (2002: 185) further distinguished these two processes: medicalization focuses on “biomedical causes and interventions” to issues or problems, while healthicization focuses on “lifestyle causes and behavioural interventions.” Armstrong (1995) asserted that problematizing the elements of a normal lifestyle, such as diet or physical activity, is at the root of the turn towards healthicization or, as he termed it, “surveillance medicine.” When considered within the healthicization context or “healthist culture” (Hislop and Arber 2003), these elements become harbingers of one’s future health status. Incorrect or unhealthy habits and choices are then positioned as the underlying cause of “previously biomedically defined events” (Conrad 1994: 387), such as high cholesterol or diabetes.

Since individual's choices lead to these negative health outcomes, changes to those lifestyle decisions and behaviors in favor of different pro-health choices are presented as the cure. As the continuously increasing numbers of participants in road races demonstrate, running and racing are no longer reserved for sinewy, fitness fanatics, but have become normalized activities for a large segment of the population. Normalization derives from population-level programs and systems of measurement from which individuals are categorized as "normal" if they fit within specified metrics of behavior and appearance, and "pathological" if they do not. Norms<sup>2</sup> require certain practices and behaviors in order to achieve normality, which is often a reflection of politically defined goals. Active lifestyles, or the lack thereof, are politically charged topics, where one must care enough about their health and wellbeing to choose to be active on a regular basis in order to be of normal health, weight, and disposition. Becoming and being normal requires continuous self-monitoring of behavior and impulses to conform to expert-established goals that determine conduct, and in so doing further establish the bounds of normality (Rose 1999).

Shame, which is administered both by those in official positions of authority and through the scrutiny by one's peers on his or her own conduct and results in an imperative for self-care, is the enforcement mechanism for normalization (Rose 1999: 73-74). Our choices, then, reflect back onto the character of the chooser (Crawford 1980; Rose 1999; Galvin 2002; Petersen 2003). The perceived link between health and morality deems those who are healthy as having made "correct"

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<sup>2</sup> A norm is that "which is socially worthy, statistically average, scientifically healthy and personally desirable" (Rose 1999, 76).

choices. Health is viewed as controllable and attainable, as long as one is willing to behave in the prescribed manner. Healthicization processes have led to a conflation of morality with wellness, with the result that good health and wellness have become indicators of virtue.

Neoliberal governments need subjects to take on more and more problems as individual responsibilities in order for it to narrow its own scope of obligations. The government is able to maintain indirect control over these issues and goals by responsabilizing citizens. By placing risk (e.g. of illness) squarely into the sphere of personal responsibility and outside the purview of the government, such threats are converted into “problem[s] of ‘self-care’” (Lemke 2001: 201). These conscientious individuals—meaning those who rationally consider the pros and cons of behavioral options—also wear the mantle of morality, as they have made good, responsible choices (Ibid).

In the United States, as well as other countries, the meaning of citizen has undergone a shift from one who participates in public life to an individualistic model wherein each individual is expected to look after their own welfare, including their health. Along with responsibilities for securing one’s economic status citizens are required to be knowledgeable of and responsible for their risk for disease, including those stemming from genetics and lifestyle decisions or circumstances (Petersen and Lupton 1996; Petersen 2003; Rose 2006). Under the Affordable Care Act, the national health care law passed in 2010, individuals in the U.S. are responsible for procuring healthcare—through federal Medicare or Medicaid programs, state-based exchanges, employers, or private insurers—or risk paying a fine for their choice to

forgo health insurance. While it remains to be seen if this legislation will make healthcare more accessible, it will continue to be the responsibility of the individual to seek out guidance and information regarding how to maintain or protect their own health, including those imperatives to exercise. It rests with the individual to make healthy choices and demonstrate their adherence to the requirements of being a “good”—healthy, responsible, virtuous—citizen.

The responsibility to be well is heightened by the seemingly ubiquitous opportunities to be healthy, make choices that will reduce our risk of disease or infection, and to enhance our health and wellbeing. The media touts research assuring us active lifestyles and specific diets bolstered by vitamin and nutritional supplements are the way to maintain health, while pharmaceutical companies market directly to consumers urging us to ask our doctors for medications (Figert 2011; Clarke and Shim 2011). Further, policy makers demonize what they consider poor choices of widely available, affordable sugary and fatty foods and sedentary lifestyles as the root of current health epidemics (Pollan 2006; Guthman and DuPuis 2006; Rinarman 2007). Unhealthy individuals are presented as bad citizens who make convenient, unhealthy choices that lead to problems including joblessness, poor health, rising healthcare costs, and obesity epidemic, among others (Gillick 1984; Rinarman 2007).

Sociological work on the body has addressed cultural shifts such as increased consumerism and individualism, which is argued to result from the move to high or late modernity (Giddens 1991; Shilling 2005; Turner 2006). Individual identities are no longer rooted one’s location within traditional social structures, leading

individuals to find other spaces in which to ground their identities which are now accomplished rather than conferred (Giddens 1991). Giddens (1991: 102) argued that we, as individuals, are responsible for the “design of our bodies,” so that this designable or changeable body can be made to reflect or symbolize an individual’s values and beliefs. As part of constructing one’s self as a healthy, good citizen, individuals engage the physical body as a visible space for demonstrating these attributes. Shilling (2005) described the body as a site for expressing one’s self through on going “body projects.” These projects may be focused on (re)shaping the body but as the body becomes more and more crucial to the individual’s self-identity it serves as a reflection of the individual’s inner self (Giddens 1991; Shilling 2005).

Running and the running body assume particular meanings in a neoliberal context where morality and citizenship are bound up with health and fitness. Gillick (1984: 384) argues that beginning in the 1960’s, running has become a way of “shifting responsibility for environmental change from society to the individual, and of redefining ‘being ill’ as ‘being guilty.’” No longer simply a leisure pursuit, running has become a “health promotion activity” (Gillick 1984: 383) that appealed “to the venerable notion of upright living as a means to personal and social renewal” (Gillick 1984: 371). Running, an example of “upright living” is part of body projects through which the moral goodness of the selves that are “dedicated, controlled, disciplined, culturally and economically invested in health and are self-responsible” (Shipway and Holloway 2010: 275) are reflected on the healthy and fit bodies of runners. Smith (2000), drawing on Jacoby’s (1980, cited in Smith 2000) “calculated

hedonism,” notes that by allowing more control over one’s weight and fitness, running allows the individual do maintain a “clear conscience” when making indulgent choices. As part of the perpetual body project, these lifestyle choices become visible on the surface of the body. The individual can use running to shape the visible exterior of the body to be “in line with the designs of its owner” (Shilling 2005: 3), including his or her values and moral position.

### *Health and Healthicization*

As a biomedical concept health is an objective goal—to reach a physical state without physical failure or the presence of illness (Annandale 1998). This implies that there is an attainable state of health that can be assessed through a wide variety of measurement techniques (McDowell 2006) or through a diagnosis of health or illness by a medical professional (Bury 2005). However, this construction of health has been criticized for overlooking individuals’ embodied experiences (Blaxter 1990; Annandale 1998; Bury 2005) and for ignoring the complex ways lay individuals experience. The meaning of health can vary widely. Blaxter’s (1990) work on lay health demonstrated how health and illness or disease are not necessarily mutually exclusive, as many in her study viewed themselves as healthy even though they reported having a chronic condition (i.e. diabetes). Similarly, Annandale (1998) presents a broader view of health where health and illness, as well as health and injury, are not set in opposition to one another but can be experienced simultaneously.

The ability to perceive one's self as healthy at the same time one experiences infirmities has specific implications for athletes, as a sports context can influence the ways athletes experience their bodies and understand their own health. Nancy Theberge's (2008: 219) research on elite athletes' perceptions of health expanded on this experiential understanding, reporting that athletes perceive health not in terms of illness or injury, but see "health as capacity, and the primary frame of reference in which they consider capacity is their immediate competitive careers." Athletes in Theberge's study generally viewed participation in sport as promoting their overall wellbeing, despite recognition that sport can often have a negative impact on health. This can lead many athletes to overlook their health as an effect of their position within a competitive sport context. Health, for the athletes in Theberge's study, was an outcome or set of outcomes influenced by their participation in sport.

Focusing on health as an outcome limits how we can understand the ways athletes view the benefits of their participation in their sport. Viewing the pursuit of health through sport as a process or set of processes allows a deeper investigation and understanding of how runners conceptualize their pursuit of health. Healthicization is a process through which individuals strive towards health. This process can include any number of on-going events or sub-processes, which for runners include various training processes, routines, and habits. It is this constant practice of training and aspiring to health that is important.

The runners interviewed here often used the term "health" as a way of describing the benefits they sought and perceived themselves as acquiring through

training and running. Often, they were not discussing their participation in terms of specific metrics such as reaching a specific blood pressure level or specific indicator of cardio fitness. Instead, like Vanessa, they described an on-going process of pursuing health—healthicization—in which they work to continuously remain and become ever more “healthy.” This may include achieving some biomedical metrics, but more importantly it includes becoming or remaining a healthy, moral citizen through a continuous body project of which running and training are at the core.

The process of health means specific things to runners, some of whom characterize their pursuit of health in ways that may seem at best unpleasant, and at worst, dangerous to objective measures of health. Many runners broadly outlined training in the pursuit of health a repetitive process of running many miles, racing, and recovering, or of running many miles, becoming injured or ill, recovering from injury, and resuming training. The volume of training done by several of the interviewees exceeded—often by quite a bit—the amount of training or exercise recommended by their own health care providers and health agencies (CDC 2013; WHO 2010). Many described becoming injured or ill as a result of their training, which all described as a healthful pursuit or something they undertook to “be healthy.” Some of these runners illustrated how, in some extreme cases, healthicization may actually lead to a bodily breakdown or other objectively unhealthy or negative outcomes. Since an objective pro-health outcome or goal is not the point, runners understand these struggles to be part of the process of pursuing health.

### *Training: A Healthful Pursuit?*

Positive associations between sport and pro-health outcomes are contradicted by the potential for damage to one's health that participation in sports has been shown to pose. Often the conflation of physical activity with sport underpins much of the promotion and perception of sport as a pro-health activity (Waddington 2004). Assuming the benefits of physical activity translate directly to organized sport overshadows some critical evaluation of the impacts on health from involvement in sport, as opposed to those of physical activity not necessarily in a sporting context (Waddington 2000, 2004). Running in moderate amounts, such as those recommended by agencies such as the 75 minutes per week recommended by the CDC or Center for Disease Control (CDC 2008: 1), has been praised as an efficient way to help "improve your health." Considering running and public health, Shipway and Holloway (2010: 275) concluded "activities such as running have the potential to contribute towards the development of interventions to promote improved physical and psychological well-being, healthy ageing and the reduction of obesity, if given higher priority within public and private sector leisure provision."

Running beyond this moderate amount, to what many see as excess, is often thought to cause damage to the body and one's health. Runners continue to face long-standing questions about health problems and sports medicine researchers have studied common running fears such as joint breakdown (Hinterwimmer et al 2013; Williams 2013), foot injury (Lieberman et al. 2010; Nielsen et al. 2013), hormonal imbalances (Hackney et al. 2012), disordered eating (Lipsey et al. 2006; Hulley et al. 2007) the female athlete triad of disordered eating, amenorrhoea, and

osteoporosis (George, Leonard, Hutchinson 2011), exercise dependence (Paradis et al. 2013), and cardiac risk (Thompson et al. 1982; Mittleman et al. 1993; Maron, Poliac and Roberts 1996; Redelmeier and Greenwald 2007; Wen et al. 2011; O’Keefe et al. 2012) that are thought to result from excessive training. A recent review of studies on endurance running and injury found that the results of most studies of injury in runners are conflicting and there is no single set of criteria—training volume, intensity, frequency, or a runner’s level of experience—that can determine who or what causes running injuries or other negative health outcomes (Nielsen et al. 2013). Similarly, researchers considering overtraining, a condition that has been linked anecdotally to endurance training, have not been able to say what exactly this condition is or what type of training (high intensity vs. high volume vs. too much of either in too short a time span) from which it stems (Lehmann et al. 1997; Halson and Jeukendrup 2004; Grant et al. 2012).

Due to the conflicting findings in the literature on running and health outcomes, running has been found to be neither necessarily healthy nor unhealthy at any level, duration, or intensity beyond the recommended 75 minutes per week based on any objective outcome measure. Despite the conflicting research findings on objective health outcomes of running and training at high volume and intensity levels, runners are likely to view their participation as part of being, becoming, and remaining healthy. Sport and exercise psychologists have found individuals who engage in exercise report their motivation to continuously take part to becoming or staying fit and healthy, pleasure, socializing with others, and personal psychological benefits (Carron, Hausenblas and Estabrooks, 2003; Vallerand and Rousseau 2001,

cited in Paradis et al. 2013)—each a benefit to social, mental, or physical health. As an individual’s morality is increasingly tied to her taking responsibility for her own health status and making expertly defined healthy lifestyle choices, running is a way for to demonstrate status as a good citizen. Runners’ perceptions that by continuously engaging in training and racing they are pursuing healthfulness—and the accompanying choices regarding how to continue this pursuit—are at the center of this dissertation.

### *Road Running, Doping, and Supplement Use*

Running is a growing, global sport undertaken by runners of all ages over a variety of events on indoor and outdoor tracks, cross country courses, roads, and trails. Road running in particular has seen the numbers of participants at races of all distances increase annually in recent years. In 2010, 67,999 runners finished the Sun-Herald City2Surf 14k race in Sydney, Australia, the largest race of any distance that year (RunningUSA.org). In the U.S., the largest race was the annual Atlanta Journal-Constitution Peachtree Road Race 10k, which had 50,918 finishers. The largest marathon was the ING New York City Marathon with 44,977 finishers. As a further illustration of the growth in this sport, RunningUSA.org reported 13,974,000 runners participated in road races in 2011, compared with 4,797,00 in 1990. The world’s largest road running association is the New York Road Runners (NYRR) based in New York City (NYRR 2013).

Unlike many other sports, including the major U.S. professional sports of baseball, American football, hockey, and basketball, road racing is a participant-

centric sport. Due to the logistics and costs of putting on a road race, in most cases elite and non-elite runners compete not only on the same course but also in the same race. Also in contrast to fan-centric sports, there are often as many if not more participants at road races than spectators, as non-elite runners share the race with their professional counterparts. Given the unusual event structure of road racing events, this presents a rather unique dynamic among runners of different abilities, as the elites at the head of the field race with and against the non-elite runners further back.

Elite runners are the group usually targeted by anti-doping efforts, the most well known of which are organized by the World Anti-Doping Administration (WADA). Established in 1999, WADA is comprised of a Foundation Board, an Executive Committee, and several sub-committees. The Foundation Board and each committee are composed of equal numbers of representatives from both the Olympic Movement and governments (WADA 2009). The International Olympic Committee created WADA for several purposes: to define what specifically the problem of doping entails; to institute regulations around doping practices and substances; and to conduct biological tests of competitors to ensure that they are in compliance with the anti-doping rules of competition (Houlihan 2003). WADA's doping policy is updated annually to prohibit those products and procedures that are considered doping agents or practices (WADA 2012). WADA differentiates between what is banned while "in-competition," "out of competition," and at all times, as well as defining some sport-specific bans (Ibid). WADA sets international standards member organizations then use as a guide in developing their own anti-

doping testing programs. Promoting athlete health is one of WADA's main goals and forms part of the foundation on which current anti-doping policies are based (Black 1996; Waddington 2000), though anti-doping scholars have questioned WADA's health promotion claims, which I will discuss below.

In road running, registering with anti-doping agencies is reserved for only elite runners, leaving the vast majority of road race participants untested and often uninformed about which specific substances are banned and why, as well as any potential negative health impacts of banned substances. While non-elite athletes are not subject to doping control tests, and so are not forced to comply with official guidelines, they nonetheless require information regarding their training decisions. Running organizations also have an interest in keeping the growing numbers of non-elite participants in good health and reducing health risks for participants. In efforts to influence athletes' health choices and reduce negative health risks, experts, including medical professionals, sports organizations, and anti-doping agencies, impose regulations and guidelines for healthful participation.

Guiding athletes towards institutionally defined pro-health and risk minimizing choices was part of the reasoning behind the United States federal government when classifying anabolic steroids as controlled substances (Denham 1997), and this argument was underscored in George W. Bush's 2004 call for putting in place bans on steroids in professional sports. Concern for athlete health is also widely cited by health professionals (Spedding and Spedding 2008), some athletes (Alaranta et al. 2006), journalists, and some researchers (Wiesing 2011) as a main reason for anti-doping efforts in sport. WADA uses the actual or potential threat of

harm to an athlete's health as a justification for banning certain drugs and substances (WADA 2009).<sup>3</sup> WADA does not offer a clear definition of what "health" in this context means, which has become a point of critique for sports scholars.

Several sport researchers, however, have questioned the health promotion argument for anti-doping efforts (Konig 1995; Waddington 2004, 2000; Kayser and Smith 2008; Vidar Hanstad and Waddington 2009; Beamish 2011). The conflation of physical activity with sport underpins much of the promotion and perception of sport as a pro-health activity (Waddington 2004). Assuming the benefits of physical activity translate directly to organized sport overshadows some critical evaluation of the impacts on health from involvement in sport, as opposed to those of physical activity not necessarily in a sporting context (Waddington 2000, 2004). WADA's approach, firstly, it is based on the common sense view that sport participation is inherently healthy; secondly, that some of the substances and practices prohibited by these agencies are or are potentially dangerous to the health of athletes and the best way to eradicate them is via bans. Eugen Konig (1995) critiqued the style of anti-doping efforts currently employed in elite and collegiate sport—and by WADA—for failing to promote athletes' health from other threats, such as physical injuries in contact sports or overtraining through conventional training methods.

The notion that doping is anti-health is at the foundation of many anti-doping efforts to equate the use of banned substances with negative health effects, though

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<sup>3</sup> WADA may ban a substance or practice if it meets two of three criteria: 1) it enhances or potentially enhances performance; 2) it presents a threat or the potential for threat to health; 3) it runs counter to "the spirit of sport." (WADA 2009).

some banned substances included on the prohibited list have been used in order to restore health in some cases. The practices and agents considered doping have been argued as consistent with the use of other accepted substances or practices that have come to be defined as a natural part of sport (Konig 1995). These accepted substances are viewed as fair or natural only because they do not violate the current rules of play and not because they provide any substantially different or pro-health benefits. For example, both blood transfusions<sup>4</sup> and the “train high, race low”<sup>5</sup> methods are quite effective for boosting an individual’s endurance by increasing an individual’s volume of oxygen-carrying red blood cells, thus increasing endurance. The former technique is akin to the donor-recipient blood transfusions common in formal medical settings, but within sport it is considered doping, anti-health, and it violates anti-doping regulations. However, the latter method is widely practiced and allowable under the rules governing road racing. Steroids, including those found in asthma medications, are currently banned by WADA, as are several ingredients found in over-the-counter cold and flu medications, anti-Lyme disease medications, and allergy medications (WADA 2012). Many of these substances are used in order to restore feelings of health, not to harm it, yet are banned anyway.

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<sup>4</sup> This is also called “blood doping.” In the most common process, a unit of blood is removed several weeks before a competition. The blood is spun in a centrifuge to distill the red blood cells and separate them from the plasma material. The blood cells are then frozen, to be re-injected just before a competition for increased endurance.

<sup>5</sup> Though there are several versions of this method, one of the most common entails living and training at a high altitude to force the body to produce more red blood cells to compensate for the increased altitude. Racing is then done at a lower altitude, where the body benefits from surplus red blood cells developed in training at altitude, increasing endurance.

Further complicating the matter is the availability and use of Therapeutic Use Exemptions (TUEs), which allow some banned substances to be used if an athlete's doctor files a medical declaration or an anti-doping agency approved medical necessity waiver is granted.<sup>6</sup>

Anti-doping scholars have also argued banning some substances actually risk athlete health more so than if the substances were allowed. As such, WADA is very careful to not claim to protect athlete health, but instead to promote health (Beamish 2011). The distinction is subtle, but important when considering the dangers of prohibition. Beamish and Ritchie (2006) argue that some of the most physically harmful steroids athletes have been known to use are also the ones that leave the body most quickly, allowing athletes to circumvent anti-doping testing. Further, bans on substances drives their use underground. This prevents athletes from receiving supervision from trained medical professionals, which often leads to trial and error experimentation to determine correct dosing (Monaghan 2001; Beamish 2011; Bailey 2013) or relying on "internet and locker-room (mis)information" (Bojsen-Møller and Christiansen 2010, 866). The bans also preclude any assurances to athletes that they are receiving the correct, pure substances they think they are using (Ibid) as well as deny any recourse if they do receive such tainted supplies.

Non-elite runners who register for United States Track and Field (USATF) or IAAF-sanctioned races agree to abide by those organizations governing rules,

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<sup>6</sup>Complete rules are available at <http://www.wada-ama.org/en/Science-Medicine/TUE/>.

including anti-doping rules. However, since non-elite athletes are not registered with anti-doping agencies most take no note of this part of the agreement and many are likely unaware they have done so. Non-elites do not have to submit TUEs or ensure that they are not using a banned substance, either intentionally or not, as elites must. As they are left out of direct anti-doping testing and enforcement, it is tempting to argue non-elites are unaffected by anti-doping efforts focused on the elite level of their sport. However, it is because they are not subject to anti-doping systems nor forced to comply with anti-doping regulations that non-elites are implicated within the wider arena of governmentality that envelops both elite and non-elite athletes and anti-doping agencies. Constantly working to become healthier is an imperative of citizenship that is presented as a choice individuals should make. Sports officials commonly discourage PES use in mainstream and niche sports media, in part, for presenting health risks to athletes. In order to remain healthy, runners and other athletes must choose to follow anti-doping regulations regardless if they will be tested or otherwise checked for compliance. However, non-elite runners are also confronted with other, sometimes complementary but sometimes conflicting discourses of health, competition, and performance that may result in their making choices far different from those desired by anti-doping advocates or health experts, such as using nutritional supplements.

The nutritional supplement industry is a \$28 billion industry in the U.S. and is largely self-regulated. Though the FDA regulates prescription medications and food products, nutritional supplements are not subject to the same level of scrutiny for safety or potential anti-health effects (Cohen 2009, Harel et al. 2013). Without

barriers to procuring supplements, such as a prescription requirement, many falsely believe these products have been tested for safety and effectiveness. Harmful supplements can present widespread public health problems, as with the 1997 recall and ban of the weight loss stimulant Fen-Phen. Because supplement use is widespread, physicians need to be better equipped than they are currently about the “effectiveness, safety, and legality” of supplements (Jenkinson and Harbert 2008: 1039).

Supplement use by elite athletes is widespread (Baume, Hellemans and Saugy 2007; Suzic Lazic et al. 2011) as well as within the American population (Gahache et al. 2011). However, runners may still view these choices as part of the healthification process. As Turner (1995) notes, “the transformation of medical technology has made possible the construction of the human body as a personal project” (p. 236). Choosing to use nutritional supplements believed to offer performance or health enhancement, is not necessarily based on the desire for a particular outcome. Instead, it may be a choice that reflects the desire to continue the process of pursuing health by choosing the “healthy” alternative to PES. Nutritional supplements do not carry the stigma of PES use, which has been demonized as the choice of unhealthy, unethical, and immoral athletes—the bad citizens. Instead, as the name suggests, these products may be viewed as adjuncts to a healthy lifestyle and their use as part of the process of being healthy. For example, individuals using Fen-Phen were not demonized in the way of athletes using PES. By trying to obtain an expertly defined “normal” and “healthy” weight (Heyes 2006),

weight control-seeking Fen-Phen users were acting as good citizens pursuing health. Unlike with PES, the product was to blame and not the health-seeking product user.

## **Methods and Sample**

Data for this dissertation are drawn from in-depth interviews with non-elite runners<sup>7</sup>. Interviews were conducted using a semi-structured interview format with 28 non-elite New York City based runners. Each interview lasted between 15 minutes and two and one half hours, with the average interview lasting one hour. Affiliation with or membership on a club team governed by the New York Road Runners (NYRR) organization, the world's largest road running membership organization, was a prerequisite for participation. The reasoning behind limiting my sample to NYRR-affiliated team members is three-fold. Firstly, team affiliation requires at least minimal interaction with other runners, as opposed to fitness, recreational, or competitive solo runners who work out alone and/or do not interact with other runners. Secondly, as many runners may not race for personal winning or place, the team competition structure provides a team-oriented goal that can induce runners to not only race regularly in order to field a points-scoring team, but also provides a competitive goal outside of their own personal motivations. Thirdly, individuals competing in NYRR-sponsored races are required to agree to the rules of competition that include anti-doping regulations when registering for a race.

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<sup>7</sup> This project has received approval from the Institutional Review Board of Queens College at the City University of New York.

Therefore, racing for an affiliated team ensures that runners have agreed to a formal code of conduct.

Recruitment of interview participants began from my own position as a non-elite runner and built outward through the networks of the initial interviewees. The sample is a result four waves of recruitment. As a condition of taking part in the study, each interviewee provided contact information of any three non-elite runners who fit the study criteria. Using this information I contacted each runner via email notifying them they were recommended to me by another runner who had taken part in the study. This networking method, while similar to a snowball sampling method, has many advantages for qualitative research. By limiting the number of contacts from each respondent to three, the risk of “peers with larger personal networks to recruit more extensively than peers with smaller networks” is significantly reduced (Schensul et al. 1999: 218). Recruitment drew participants from up to five degrees of separation from myself. This distance works to ensure that participants differ from the initial participants—those from the personal network of the author—and that they provide a sufficient sample of the population, thereby reducing the bias often found in snowball samples (Semaan, Lauby and Liebman 2002).

Using this recruitment strategy, I conducted 28 semi-structured interviews between June 2011 and April 2012. The semi-structured interview provided a map for the interview to follow, and also allowed for flexibility during the discussion (Schensul et al. 1999). This flexibility was necessary at points in the interview to ask for clarification of a response, elaboration on a comment or response, or to ask a

follow-up question that arises from a participant's response. Following a prepared interview guide that outlined the issues within the broad topic of doping in road racing, open-ended questions focused on the participants' non-elite running careers (how long they have competed in road running events; which distances they most frequently race; weekly training volume), perceptions of health (what are pro- and anti-health supplements; where they seek out advice on nutrition and training), and views on supplements, over-the-counter (OTC) medications, enhancements, and doping (how they define enhancement; is doping the same as performance enhancement; who is an example of a doped athlete). The audio-recorded interviews were transcribed and the data organized using the qualitative analysis software Atlas.ti.

The athletes are presented here using pseudonyms to maintain confidentiality. Through our discussions it became clear that these athletes take their chosen sport very seriously, many achieving relatively high levels of competitive success within and apart from the New York City racing scene. Some have entered marathon and shorter length races as sub-elite runners—a distinction given to the tier of runners above the local competitive, but below the professional elites. Several are consistently classified as local competitive runners and frequently win or finish near the top of their respective five-year age groups. Interviewees ranged in age from 25 to 56, and 19 men and 9 women were included. Most of the interviewees identified exclusively as runners, though some also identified as multi-sport athletes such as cyclists, triathletes, or swimmers.

In addition to conducting interviews, I analyzed relevant policies and reports that regulate either or both PES and nutritional supplement technologies. These included the international anti-doping regulations found in WADA's Code and Prohibited Lists (WADA 2009; WADA 2012) and NYRR's Rules of Competition (NYRR 2013) for all race registrants. These documents set the context in which the non-elite runners at the center of this research compete. I also examined the FDA's Dietary Supplement Health and Education Act of 1994 (DSHEA 1994) that specifies how the FDA may regulate nutritional supplements, and the Drug Enforcement Administration's (DEA) Anabolic Steroid Control Act of 2004 and its subsequent amendments and additions, which provide a definition of anabolic steroids and details which substances are defined as such. The former regulatory policy details the ways and means through which the FDA oversees nutritional supplements and highlights the differences between the ways these products and foods or drugs are regulated in the U.S. Finally, I analyzed 2003 Report by the President's Council on Bioethics, *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (PCB 2003). The 2003 Report includes a full section titled "Superior Performance" and provides a framework for banning steroids and other performance enhancing technologies—including genetic doping, much of which only exists in theory—on ethical, legal, and health bases. This report was part of the rationale for the passage of the Anabolic Steroid Control Act of 2004 and the increased scrutiny on drug use in professional sports that resulted in the widely followed and reported upon 2005 Congressional hearings on steroid use in Major League Baseball.

## **Chapter outline**

In chapter one, “Zero-Sum vs. Non-Zero-Sum: The Character of Non-Elite Road Racing,” I draw on the emerging work on ethics in zero-sum versus non-zero sum situations (DeSantis and Hane 2010; Goodman 2010; Dodge et al. 2012). I will argue that despite the common view of road racing as a zero-sum undertaking, road racing at the non-elite level is best understood as a non-zero-sum activity and this understanding of racing shapes the runners' views of enhancement and doping within a running context. Thus, I frame running as a practice of healthicization. In chapter two, “It’s Not About the Race: Process vs. Outcome Goods,” I apply two concepts, outcome goods—the tangible benefits or results from an activity—and process goods—the intangible benefits from undertaking an activity—to runners’ views of training and nutrition practice. Viewing non-elite training as a healthicized body project, I demonstrate that while runners use the language of health outcomes to describe their reasons for running, what they actually describe is an often painful or unpleasant process through which they maintain their standing as good, healthy citizen-runners by continuously managing risk and striving to improve health. Here, I argue that because non-elite runners view training as necessarily difficult, requiring dedication, and the experience of suffering and hardship, using PES that may allow them to avoid or mitigate these unpleasant experiences conflicts with their understandings of “health.”

I take up the sources of expertise on which runners rely when making decisions regarding training, supplements, and PES in third chapter, “Choosing Health? Sources of Expertise for Non-Elite Runners.” I examine how non-elite

runners' views of doping and health are informed by official and community sources of expertise, and how they accept or reject these recommendations in day-to-day decision-making. I demonstrate that even when they claim to embrace a community view of PES, their behaviors are much more in line with official anti-doping advice as a way to maintain their status as citizens. I consider the ways runners are unknowingly left vulnerable to negative health effects of unregulated supplements despite using these products as part of their pursuit of health and wellness in chapter four, "Supplementing Health? Risk and Reward of Enhancement Substances." I analyze the ways runners regard banned PES in contrast with legal nutritional supplements and how the consumption of such supplements is an important part of healthicization for non-elite runners. I argue these products are so widely available and normalized both within the running context and in broader U.S. society that their consumption is encouraged while their safety is taken for granted, despite evidence showing many popular products are often tainted or cross-contaminated with potentially harmful substances (Cohen 2009; Cohen, Travis and Venhuis 2013; Harel et al. 2013). In the concluding chapter I offer further avenues of investigation and recommendations for how a new approach to promoting health among non-elite athletes might look when the practices and motivations of these individuals are understood.

### **Notes On This Project**

Compared with the demographic patterns documented by Running USA (2013) in road running generally, the participants in this study are similar in many

ways: only two of the runners in this study were non-white, all were middle or upper class, urban, and all but one had attended college. The sample diverged from broader road running patterns along the lines of sex and competitiveness. In general, more females than males participate in road running though this sample has almost twice as many male interviewees than female. This may be related to gendered notions of competitiveness, as studies of the gendered roles in sport have shown that female athletes are generally portrayed as cooperative while males are competitive (Daddario 1994) and that males are expected to be competitive athletes while women are not (Cuneen and Claussen 1999), patterns reported outside of the sports world (Niederle and Vesterlund 2011). This project is focused on a very specific group of athletes: competitive, non-elite runners. Recruitment was based on referrals from other competitive athletes and it is possible that the “competitive” descriptor resulted in runners viewing male non-elite runners as more appropriate for the study than females.

The competitive descriptor is also important when considering the implications of this study for the wider population of non-elite runners and other amateur athletes. These are the runners who line up just behind the elite runners, who race for a place atop their age groups. Based on my experience as a member of the New York City running community as both a competitor, the head coach of an all-women’s competitive team, and a coach for a charity fundraising team comprised mostly of beginners, I acknowledge there are important differences within the population of non-elite runners. However, given the growing numbers of new runners each year, the continual expansion of the supplement industry, and my own

experience, I do not feel that these differences are so great that the findings here cannot be applied to other non-elite runners or to non-elite athletes in other sports. The runners in this study may be nearer the extreme end of the healthicization spectrum, but these findings might reveal something the about the broader interest by Americans in health and enhancement.

The runners in this project generally have had or continue to have successful racing careers. They are a group that enjoys the competitive aspect of racing more than the less competitive non-elites, largely because they race well and have had success doing so. Even so, the runners in this study focus less on competition as a motivating reason to run, citing health as their primary motivator. These runners also run a lot and their careers last for long stretches of their lives. Their commitment goes beyond a hobby; it is a lifestyle. Unlike shorter-term runners who may come and go, running a few races—maybe even a marathon—for a few years before moving away from the sport, for the runners in this study running is part of daily life. It may cycle in its intensity but is always present. Competitive runners also tend to have close ties to runners similar to themselves. Whether it is via a team, a regular running group, frequent trips to a local running shop, via running media and web forums, or on social media where they connect with other runners and log workouts, they interact with each other about their sport and their training. Finally, these runners constantly walk a fine line between health and injury or illness. Training to constantly become better and faster requires constantly pushing one's effort past where it has been before. Though running is often pleasurable, it can also be painful. Intense raining can lead to physical (pulled muscles, stress

fractures) and mental struggles (post-race or injury induced depression, racing anxiety), and social problems (isolation from friends and family in order to spend time training and recovering). Again, this also applies to less competitive non-elites, as any runner can struggle physically, emotionally, or socially as a result of their running.

Given the demands of training and their propensity for becoming injured or sick that requires such aids as supplements, the logical question is why these runners do not simply run less, or less intensely, or find another activity that can promote health? I have two responses. Firstly, running is a choice individuals are free to make, albeit within the context of a social imperative to health. Individuals are expected to engage in physical activity as part of the process of becoming ever healthier, regardless if it leads them to a greater sense of wellbeing and health or leaves them in a state of perpetual frustration and exhaustion. Running is a way to signal one's commitment to these neoliberal ideals of individual responsibility for risk management and health improvement. It is also an activity that is relatively low cost, can be done almost anywhere, requires little in the way of equipment, and is generally understood as a way to improve overall fitness. Thus, it can be an efficient means to meeting the minimum standards of exercise prescribed for health and expected of health conscious citizens. As technologies evolve and emerge to make training and recovery easier, faster, or more pleasurable, runners have an ever-growing array of tools that may enable them train at any intensity they deem acceptable or necessary to their pursuit of health. Secondly, instead of questioning what runners could be doing instead, we need to focus on understanding what

runners are actually doing and why. To do this, we need to ask additional questions that address the processes and meanings that inform athletes' decisions seek out enhancements and their perceptions of how such products benefit or harm both health and performance so that we may better understand how athlete health can be promoted and protected from the risks associated with products used with the intention to aid their pursuit of health. Employing the lens of healthicization allows a more nuanced analysis of such questions and deeper understanding of non-elite runners' views and behaviors. It is my intention in this dissertation to begin asking and answering these questions and to provide a foundation for a more comprehensive approach to promoting and protecting athlete health.

## Chapter I

### **Zero-Sum vs. Non-Zero-Sum: The Character of Non-Elite Road Racing**

“We are different, in essence, from other men. If you want to win something, run 100 meters. If you want to experience something, run a marathon.”

*-Emil Zapotek,*

*1952 Olympic gold medalist in the 5,000m, 10,000m, and marathon; named “Greatest Runner of All Time” by Runner’s World Magazine in 2013*

“Winning has nothing to do with racing. Most days don’t have races anyway. Winning is about struggle and effort and optimism, and never, ever, ever giving up.”

*-Amby Burfoot,*

*Winner, 1968 Boston Marathon and former editor-in-chief of Runner’s World magazine*

A popular feature on the *New York Times* “Well Blog” is the “Run Well” page. Though the Sports section offers little coverage of competitive racing, the weekly Health section and Well Blog frequently feature items focused on running. Beyond highlighting the news on scientific running research—much of it focused on the benefits and pro-health impacts of the sport—it chronicles the training of the runner-journalists and provides training plans and tips for new and experienced runners. That these articles and posts are health and wellness features of the most prominent newspaper of record reflects the running insider’s view of running as a

pro-health cardio exercise and less a competition for most runners. It would be surprising to see any reference in these mainstream columns about doping, both because the use of such performance enhancing substances (PES) is stigmatized and because this column—and others like it—assumes what I argue is a healthicized ethos of the non-elite running community. It is within this context that the uneven appeal of PES and other enhancement technologies must be understood.

With the exception of sports that allow for a tie, sports competitions are generally viewed as having a zero-sum outcome: one side wins, the other loses. Nowhere does this view appear more clearly than in running races, where the winner is the first person to cross the finish line after completing the designated course. This view of running appears to line up well with the view that doping in order to win a race is unethical because it is considered cheating, but also because it exposes the athlete to unnecessary health risks. I will show in this chapter and in the one that follows that running for this group is not a quest for zero-sum competition or success, but rather part of the imperative to health brought about through healthicization processes.

An emerging body of literature comparing the ethical implications of enhancement via performance enhancing substances (PES) in sports and cognitive enhancing drugs (CEDs) in academic settings assumes the difference between the two contexts lies in the former's zero-sum nature and the latter's non-zero-sum (DeSantis and Hane 2010; Goodman 2010; Dodge et al. 2012). This perceived difference informs the way enhancing drugs are understood: as unethical in sports but not so in academic settings (Goodman 2010). However, I reject the assumption

that road racing is always a zero-sum sport, especially in the New York City road racing scene. I demonstrate here that most participants understand road racing as zero-sum only for elite athletes, and as a non-zero-sum activity for non-elites who make up the majority of participants in road running. Most non-elite runners focus not on their finishing place relative to other runners, but instead on non-zero-sum alternative metrics of success such as personal records (PRs), completing a new distance, or becoming/remaining healthy, and none of these precludes others from also performing well according to these metrics. Interviewees identified four specific aspects of running and racing—stakes, goals, priorities, and competitiveness—where the differences between elites and non-elites were most visible. As a result, elite runners were thought to have rational reasons and motivations for seeking enhancements or doping that were absent for non-elite runners.

In the first section of this chapter I review the emerging theoretical work on enhancement technologies that distinguishes between zero-sum and non-zero-sum activities (DeSantis and Hane 2010; Goodman 2010; Dodge et al. 2012). Much of the work included here focuses on cognition-enhancing drugs (CEDs) and their use in academic settings. Comparisons between perceptions of PES usage in sports and CEDs usage in schools provide a useful context for exploring the ways non-elite runners engage with the issue of doping. Following this review, I draw on interview data to show the ways non-elite runners distinguish between zero-sum and non-zero-sum activities along the lines of stakes, goals, priorities, and competitiveness in running. I argue running itself is employed as a lifestyle and health enhancement,

not a competitive activity requiring further enhancement in order to be successful. As a result, viewing non-elite running from a competitive, zero-sum is less useful than viewing this sport as a non-zero-sum activity understood to offer pro-health benefits made desirable through healthicization processes.

I will take up the topic of the benefits sought by non-elite runners in the next chapter on process and outcome goods, but it bears noting here that when runners describe “health” as a non-zero sum motivation for running and training they refer to a very specific construction of health and what it means to be healthy. “Health” is used to signify multiple different parts of the process of being healthy, which is not a fixed identity, but a state one constantly pursues. For these runners, health can include the capacity or ability to train as they choose, often at very high intensity and volume (e.g. I can train harder when I’m healthy); cardiovascular fitness (e.g. running keeps my heart healthy); mental well-being (e.g. running helps me handle stress); the ability to recover from injury or hard training efforts (e.g. when I’m healthy I can run back-to-back races). These constructions of health differ greatly from biomedical conceptions of health based on metrics such as the absence of disease or injury (Annandale 1998). As I will show in the next chapter, it is not health as an objective, measurable outcome that non-elite runners are responding to, but a process of seeking health that they view their training as working towards. This is the case even though, as I will discuss later on, running itself carries acknowledged risks of injury and strain. In this dissertation I argue that long distance running is a prime example of late modern processes of neo-liberal healthicization. Non-elite races are zero-sum competitions that include runners’

constant self-improvement, risk assessment and management, and the chase for his or her personal best—all in the name of health. The contradictions inherent in healthicization generally may be illuminated through exploring the practices, stakes, and risks of non-elite running.

### **Zero vs. Non-Zero Sum**

Views of doping as cheating are based on the assumption that sport is inherently zero-sum. As such, any effort outside the governing rules that boosts one participant's performance in a sporting competition encumbers his or her competitors' chances for success—if participant A gets a boost from a banned substance, it makes victory for participant B that much more arduous. Running races provide the oft-used example of this first-across-the-finish-line view of sport. Rob Goodman (2010) argued this conceptualization often contrasts with the use of CEDs in academic settings, where learning or educational success is viewed as non-zero-sum. Barring competition for jobs, acceptance into graduate school, or courses graded on a curve, scholastic success for one student usually does not preclude success for another. For example, on a multiple choice exam any student in a class may correctly answer 100% of questions correctly on an exam and receive a high mark, regardless of how his or her classmates fail. By extension, his or her performance on an exam does not impact the ability of the rest of the students from correctly answering 100% of questions. In a situation like this it is possible that all participants could be successful according to an external metric such as degree

completion or grade point average (Ibid). In this way, learning and educational outcomes are largely non-zero-sum (Ibid).

The moral evaluation of drug enhancement depends greatly on the perceived nature of the activity involved. Dodge et al. (2012) found that students in their study viewed PES usage by athletes as cheating to a higher degree than CED usage by students. This study also found students perceived CED usage as more necessary for academic success than PES usage by athletes. The latter finding is suggestive of a split between the perceived limits of improvement in academic and athletic settings, where respondents see athletic improvement as possible without the use of PES, while academic improvement is unlikely without the aid of pharmaceuticals (Dodge et al. 2012). DeSantis and Hane (2010) found that students who use CED as a way to aid their academic performances do not consider it cheating. When drugs are seen as necessary for completing a task but not as an enhancement on something one can accomplish without pharmaceutical aids, individuals regard them as more acceptable. The perceived necessity of CEDs may be the result of the medicalization of cognitive performance that works to normalize medical interventions for what are viewed as mental deficiencies. Athletic achievements, by contrast, were more likely to be viewed as not necessitating pharmaceutical aid for their completion, making any such use an enhancement and therefore less acceptable. Physically healthy athletes capable of performing at any level in their chosen sport would be attempting to move above and beyond their baseline abilities if they sought out or used PES, which would be considered cheating if viewed from a zero-sum perspective of sports. However, these studies

did not consider the perception of performance-enhancing supplements of the kind both athletes and non-athletes have available in retail shops. CED use is presented in this research as a study aid or as supplementing their preparations for exams or other academic efforts. The attitudes toward non-doping, legal supplements may have been different from those considered doping or PES given the widespread use of nutritional supplements both in and out of the sporting context.

Recent polls on the perceptions of PES use in sport seem to show attitudes, especially among young people, may be shifting to become more accepting. In his argument that sports consumers—especially younger fans who are often the target of sports marketing efforts—and sports officials do not agree on the “corrupting effects” of PES in sports, Morgan (2009) cites a national 2003 opinion poll that found among 18-34 year old sports fans, more than 50% had “little to no objection” to doping. This demonstrates the shift from the public’s previously held view of sport as “as one endeavor that could not abide any sort of pharmacological assistance, not at least with moral impunity” (Morgan 2009: 169). As such, rules against enhancing drugs appear to inform views of use as cheating or not: besides rare circumstances, CEDs in the academic context have no rules against their use, while PES have explicit rules barring their use (Schermer 2008).

Considering the differences in perceptions between zero-sum and non-zero-sum activities is useful when considering non-elite runners’ views on drug use and doping in sports. In general, running and racing are viewed as zero-sum, winner-take-all competitions where one’s success comes only at the expense of their competitors’ success. In this view, the relationship between runners is necessarily

oppositional, while the relationship to one's own body is functional, as training the body is the means to achieving victory. In this way, PES or other enhancement use could be rationalized as an efficient way to improve one's chances of winning a race, or, alternatively, rejected as basic cheating that gives a runner an unearned advantage over the other. However, the goal of non-elite running and racing is rarely winning. Instead, the reward the interviewees sought through their participation in running is health. As I will demonstrate in the remainder of this chapter, non-elite runners instead describe achieving and maintaining health and wellness as the primary reason for their participation in running. Thus the use of PES is rejected on other grounds.

In the next section I draw on the runners' own statements about how they view road racing and drug or substance abuse to show that the perception of running competitions as either zero-sum or non-zero-sum depends on the level at which the runners are competing: elite racing is viewed as zero-sum, while non-elite racing is overwhelmingly viewed by non-elite runners as non-zero-sum. I argue that non-elite running and racing can best be understood from the perspective of healthicization.

### **Elite and Non-Elite Competition, Metrics, and Doping**

At any given weekend race in New York City there is only one opportunity to be declared the winner—as well as relatively very few opportunities for other types of winning, such as placing first in one's age group—yet there are often thousands taking part in these events. Often, these events feature two distinct categories of

participants: elites and non-elites. The elite runners are those expected to compete for an overall win, prize, or place. In races offering large prize purses the elite field commonly includes a small field of professional runners for whom running is the basis of their income. These runners often make up only a tiny percentage of total racers; for example, there were only 37 scheduled elite male and female runners in a field of 57,740 total runners in the 2013 ING New York City Marathon (tcsnycmarathon.org). The non-elite runners are everyone else taking part in the race. Non-elite runners vary widely in ability, as the fastest may challenge the elite field while the slowest may walk most or all of a race. Most non-elite runners fall in the middle of these two extremes, neither competing for an overall place or prize nor bringing up the end. The distinction between elite and non-elite runners has implications for how racing and PES usage is viewed. In this section, I will explore the ways non-elite runners regard racing and PES usage as zero-sum or non-zero-sum, and how these views shift when comparing elite to non-elite runners.

*I have very little on the line: Stakes and PES*

When discussing the impetus for runners to use PES as respondents identified the perceived stakes an individual has in a given race. There was a clear differentiation between elite and non-elite runners and what was at stake for each: elite runners have money and overall victory at stake, while these motivations are absent for the non-elite runners in the field. Non-elites viewed themselves and other non-elites as having little at stake that would justify their use of PES. PES

were also viewed as dangerous and risky to the one thing runners were viewed as having at stake in racing: their health.

Considering why a non-elite runner would use PES, 25-year old law student Velo acknowledged he could understand that elites were under pressure to perform well because their livelihoods depend on winning prizes at races and there is often a very slim margin between winning and not. For elites, competition is a zero-sum prospect because only one person can win the monetary prize. Velo regards PES usage as “cheating to the extent that it’s the same as any other type of cheating. But if they’re not taking anything away from any other runner I have no reason to make their life any worse.” PES usage is not a problem in itself, then, but becomes a problem only when one runner denies another a tangible benefit at the elite level.

For non-elite use of PES, however, Velo observed:

“I usually feel like whatever it is that makes people use things like that are absent outside the elite level...I guess the main question I would ask is why would you do that if you can do so many other things to get better.”

Velo regards PES usage as unnecessary for most non-elite runners who would be able to improve their performances simply by training more or differently, or by using non-prohibited means including legal and widely available supplements. Velo sees nothing of tangible benefit at stake for non-elite runners in the way there is for elites, and so sees PES use as incompatible with non-elite running.

German, an attorney and former semi-professional baseball player, also saw competition for monetary prizes as a distinguishing factor between elites and non-

elites. However, unlike Velo, German saw an inherent drawback to PES use, observing:

“I just think that most people who run in the recreational world, who are competitive, but recreationally competitive. We don’t have any interest in taking those risks with our bodies. The guys that are looking for the pay day, they might be.”

German points to the distinction between competing for monetary prizes as an elite and being “recreationally competitive” or not competing for such prizes, as a non-elite as the determining factor between who may or may not engage in doping. He also shares the view of most interviewees that PES are not beneficial to athletes’ health, and but that they may actually harm one’s objective health status by leading to illness, such as a thickening of the blood from EPO usage or an infection from unsafe injection practices, or a chronic condition, such as when the body can no longer produce its own testosterone resulting from anabolic steroid use. The risks of PES are understood as avoidable and unacceptable. German thinks these perceived risks to one’s body by PES may act as a disincentive for non-elites who will not be compensated for taking such risks. However, in chapter three I will discuss more acceptable risks to non-elite runners, including the bodily injuries commonly experienced by runners, and the underlying reasons why these risks are viewed as more acceptable than those presented by PES.

Similarly, Brian, a former multi-sport athlete who works in television production, also observed the disparity between what he sees as the health risks of PES usage and the potential rewards for non-elite runners:

“For the age group, for me it’s like cheating at Little League and it’s totally ego driven. People who are so unbalanced that they’re willing to risk their health for a little crystal trophy.”

Brian’s comparison of non-elite racing to Little League baseball demonstrates how low he views the stakes of racing for non-elite runners. There may be a winner and a loser, a zero-sum outcome, but Brian sees so little at stake from a competitive view that a victory in an age group category carries virtually no value. Since he perceives this type of victory as worth so little, a loss at this level would be equally less costly. The real cost he identifies is the potential risk to one’s health as a result of using PES, which he understands to be inherently unhealthy in a way similar to German. For non-elites, the race results would really not be victories or losses in the same way they would if there was a clear (monetary) value associated with an overall race victory. Instead of a zero-sum outcome where one is a victor and the rest losers, the result would instead be akin to a non-zero-sum outcome where each simply performs well or less well, relative to the overall winners.

Several other interviewees echoed German’s characterization of non-elites who would use PES as “unbalanced” or crazy. “At the end of the day, who cares, it’s personal achievement. That’s what I see, that in the age group level he should be taken in [to the asylum]...it’s just insane to risk your health when it’s just amateur and there’s no money involved,” commented Joe, a former semi-professional multi-sport athlete and cyclist who also found success as a runner in non-elite road racing. Surprisingly, Joe was the only respondent to deny using nutritional supplements of some kind on the grounds that they likely did not offer benefits that would result in

better health or athletic performance and that such products acted as gateways to PES use. The other runners each acknowledged their own, sometimes extensive, use of supplements with the belief that they were a legal, safe way to improve performance without the perceived health risks of PES. Joe clarified his view of non-elite runners who use PES by arguing these runners are irrational in their choice to dope at the non-elite level:

“The shit they’re doing, why? For what? It costs money, they’re amateurs, they’re doing it for the glory. No one really cares who’s 57<sup>th</sup> or 211<sup>th</sup> at the marathon.”

The view that no one cares about where one finishes in a race if they are not on the podium demonstrates how low Joe views the stakes in non-elite competitions. As there are no prizes or outward benefits for simply finishing—even if one reaches a personal goal or receives some other benefit, a notion I will explore in the next chapter—runners are undertaking what Joe views as a great health risk with no chance of a tangible external benefit or reward. Joe noted that though some of the side effects of common banned substances such as EPO were unknown, he specifically mentioned that EPO could have the effect of thickening one’s blood and slowing heart rate to the point of cardiac arrest as one potential side effect, and that some drugs including anabolic steroids and human growth hormone (HGH) may be responsible for causing or speeding up some cancers. He also pointed to the hormonal and developmental problems East German athletes had resulting from the former East German state-sponsored doping program, in which many young athletes were given steroids without their knowledge or consent, as evidence of the

negative health effects of banned substances. Joe views his participation as part of a lifestyle, the healthfulness of which was taken as given despite the non-PES risks intense, high volume training present to runners. He views PES use as a corruption of this lifestyle by interfering with struggle and work he views as a necessary part of becoming healthy. I will discuss the role of struggle and work in runners' descriptions of healthicization at length in the next chapter.

Former collegiate runner Mike took a view in line with Joe's, that in non-elite road racing, place simply does not matter: "It annoys me. I have very little on the line. I'm well past the place where my place matters...I would bet that there are some people doing that (doping) and I don't care, there's so little at stake in New York Road Runners." Mike, like Joe, was bothered more by the idea of non-elite runners engaging in practices that he viewed as counter to the goals of non-elite running with little perceived benefit than he was by runners beating him in a road race.

Mike and Joe both based their views on the perception that only when there is a prize or money at stake does it seem rational for one to use PES, and then only if prize money is one's main source of income. Both discussed how this was especially relevant for African runners they perceived to be economically needy. Neither Mike nor Joe relies on winning races as a source of income, but consider their participation as part of a process of being healthy. Running and racing in this view is a pursuit, the purpose of which changes depending on the class and nationality of the runner; middle-class Americans can undertake running as a pro-health lifestyle

choice, whereas poor Africans are viewed to undertake running only for financial gain. Mike observed:

“There’s a group of African runners that go to the prize money races and they’re getting income out of that...and for them I get that it’s high stakes for them and there’s an incentive to cheat.”

Mike considers the important external reward—money that forms the basis of their income—a rational reason for PES use among the runners to whom he refers. From his experience training with athletes of different backgrounds, Joe drew a distinction between the economic situations of athletes found to engage in doping:

“If an African gets caught, I don’t blame them. I trained in Kenya at altitude and it’s just so poor that they need a way to just get out of there. If they see the chance to take drugs and be a 2:09 guy, I don’t blame them...If a manager says take this and I’ll fly you out to a race and you get \$10,000, I wouldn’t blame them.”

Joe’s experience with athletes whose incomes are based on racing success informs his view of PES usage. He views economically disadvantaged, elite Kenyan runners as having enough at stake to justify using PES. For each of these respondents the demarcation between having something enough at stake to justify doping is the line between elite and non-elite, and more specifically having monetary benefits at stake that one is able to receive only if another elite is not. Conversely, non-elites could only risk their health and wellbeing by using PES due to the lack of external rewards for doing so.

There is an irony in the ways runners are separated into elite and non-elite groups. Elite runners from African countries are often the superior competitors with the advantage over non-elite runners when racing. However, often it is the non-elite runners who benefit in most other ways from their nationality and higher socio-economic status. Risking your health by using PES is only something that economic non-elites, who in running are often the elite competitors, must do in order to better their chance of winning prize money. Non-elite runners who do not rely on prize money for their income are in the privileged position of choosing to pursue the sport without the need to win, which removes the need to risk their health with PES.

*Not in it to win it: Goals and Non-Elites*

Interviewees readily identified a lack of clear desire to win, as well as a set of alternative goals for non-elite racers, which they perceived as applying to themselves and the majority, if not all, non-elite runners. Without aiming to win, racing and the training to do so takes on new meaning and alters the way running and competition can be understood. Competition and the desire for success is less focused on the race outcome itself, but instead centers on self-identified goals. Many of these alternative aims centered on personal goals, such as finding a better sense of well being, maintaining mental and physical fitness, or beating a previous personal best time and demonstrating a new level of fitness. Racing, and the training that accompanies it, is perceived as a low-risk way to become healthy or to complement a healthy lifestyle. Because the goal of running is to pursue health and

not to win, non-elite runners view the use of PES or any other questionable substances unnecessary and potentially antithetical to their healthful goals. However, the perception of what is and is not risky to health is often based on a set of assumptions about what is “healthy” and what is not.

Roger, a 37-year-old runner training up to 100 miles per week noted the lack of perceived gain to necessitate or even justify the risk of using PES for non-elite runners:

“I don’t think it’s worth the risk. Again, if we were to use steroids we’d have to go out of our way to go into the dark and find a doctor. And there is nothing to gain. When a pro does it, there are prizes and money, but we don’t have really anything to gain. The goal is not there.”

Directly addressing the issue of goals, Roger points out that the goals for non-elite runners do not include the tangible benefits of winning a race. Acquiring prizes for winning—a zero-sum outcome—is not a compelling reason to use PES, as Roger presumes most non-elites are not racing to win and PES are unnecessary for attaining the other goals non-elites towards which non-elites strive. Roger’s assumption that running is always beneficial as part of being healthy and that PES usage is always detrimental was the one commonly shared viewed among the interviewees. For Roger and others, the objective health outcomes of running or using PES were far less important than engaging in what they felt were healthy habits and lifestyle choices.

While Roger noted the lack of a prize as the goal, most respondents identified an alternative goal to winning as a reason for not running as non-elites. Most

runners identified being and remaining physically fit and psychologically healthy as the primary goal of their participation in running and racing. These alternative goals informed the respondents' views of doping at the non-elite level. Carrie, a 31-year-old ultra-marathon runner who trains up to 90 miles per week responded to a question about why non-elite runners would not use PES:

“Because we’re not in it to win it! The runners who run for New York Road Runners who aren’t winning are doing it for ourselves. There might be a few competitive people out there or that you’re competitive with, jokingly...but it’s not our whole entire life, it’s not everything.”

Carrie sees her local peers as serious runners who may indeed enjoy or even thrive on the competition in local races, but who also keep their running in perspective relative their other life demands. These runners are not professionals seeking an overall win, but are instead seeking to hit some other goal or reach another metric based on personal circumstances. The notion that they’re “doing it for themselves” came up in other interviews and in each case the interviewee was referring to their own health—including being physically fit and staving off weight gain—and well-being—including stress reduction and increased self-esteem.

These motivations were set against the zero-sum motivations of elite runners who may also enjoy training for reasons similar to non-elites, but who are assumed to be primarily focused on the competitive aspect of sport and the accompanying rewards of winning. Velo also saw non-elite competition centered on individual goals and not on necessarily winning a race. Considering doping as a non-elite, Velo observed:

“I guess it might not be that hard, if you were motivated. But I guess the problem is that I don’t see it occurring to many people to try. What’s the point? When the impetus to take drugs to get better at sport is competition. To the extent people like me are competitive, it’s against yourself. I mean I don’t feel pressure to earn a living or stay at the top of my sport.”

Again, the sense of competition is not focused on anyone else, thereby diminishing the perceived justification for PES usage by non-elites, as there is no one to defeat or be concerned about being defeated by. Velo also notes there is little pressure or incentive for him to be in the upper echelons of road running, which he considers a mitigating factor in the decision to use PES.

Joe alludes to the position of the non-elite runner and his inability to understand risking one’s health for so little return. Describing his frustration with non-elites who use PES:

“Maybe better is just to walk up to the person and say why the fuck do you do that? You’re ruining your health. You’re talking about your miserable performance, you’re not a winner. You’re 20 minutes behind the first guy. You’re ridiculous.”

Joe’s frustration with doped non-elites relates directly to his understanding of amateur sports. He and others did identify competition with and against others as a goal, but in a different way than elite competition. For Joe, sports are a way to work towards health and he views PES as a direct threat to that process, based on his assumption that training and racing are healthful pursuits while using PES of any

kind is not. He understands PES as a way to achieve a short-term goal—a faster performance—that ultimately has no tangible reward for non-elites, while avoiding PES is part of a continuous, long-term goal—being healthy—that will have rewards throughout one’s life. Joe said PES were not of interest to him because of his view of what non-elite competition means:

“No, because I’m not good enough to win. That’s the good thing about running, you can always go for time or a PR [personal record]...right now I can have fun chasing my personal best...I’m not first place, but I’m a racer. If I have people around I race them. I do sometimes have where I’m racing for the win and then there are tactics, when do you surge...looking back at a race it’s the whole experience and now I’m glad to just be part of it.”

Joe identifies himself as both a runner who is not good enough to win, and then seemingly inconsistently as a runner who has been in a position to win a race. On the one hand, Joe identifies sees himself as unable win a major competition and would not necessarily ever attempt to do so. He views himself as an amateur runner, a non-elite who races and enjoys the competition but is not focused on winning. On the other, he demonstrates that even though he does not consider himself as any type of elite, he is in fact a good enough runner to have won races outright, as well as age group awards. However, either way he views competition as something fun, challenging, even thrilling whether it is against another runner or his own personal records (PRs).

Similarly to how Velo views “competitive...against yourself” above, Joe understands “chasing my personal best” as a competitive endeavor fundamentally different from the zero-sum view of elite racing. However, when a runner is attempting to run a personal record she either succeeds, racing faster than she has previously, or she does not. Though this is a zero-sum outcome, none of the interviewees acknowledged that losing to one’s past records was indeed a lost competition in which the runner was engaged. The difference again stems from the absence of a prize or tangible gain from the effort. The current throughout the interviews was that if you win or lose against yourself it does not count as a win or loss because as a non-elite you likely have nothing to win or lose. This view that self-competition is non-zero-sum allows non-elite runners to maintain a consistency in their beliefs, as there would be no tangible reward to motivate non-elite runners to risk what the interviewees each considered a healthy lifestyle by taking what they consider to be unhealthy PES.

Joe views competition for non-elites as a holistic experience where the primary goal is not to win, even if that is the outcome some of the time. The complete experience includes the sense of competition—against one’s self or others—and challenge, in addition to setting and constantly working towards being healthy, as well as individual performance goals, engaging with fellow runners, and having fun. Understanding competition as part of a larger package of goals allows Joe to focus on other aspects of training and racing that are unrelated to the zero-sum competitive side of the sport.

Marcus was another long-time runner who recalled 30 years in the sport, who previously competed for wins at the overall and age group levels. He noted that his view of PES use has shifted from his earlier years as a competitor:

“Back to my own experience in the sport, you know I wanted to be somebody. Maybe go to the Olympic trials, who knows? Who knows what’s possible? So you start poking around. I’m a good guy, I’m not a bad person. The only reason I probably didn’t do it [use PES] is because I didn’t know how to get it.”

Marcus separates the “good” person he wants and believes himself to be from the “bad” person who would use PES. However, he rationalized PES use for his younger self who had racing goals that went beyond the non-elite level: PES use was acceptable when the goal was winning. Now Marcus is well known among his local running peers as an outspoken anti-doping proponent. As a coach and non-elite runner he sees racing as a non-zero-sum competition where he success can come in the form of his reaching a personal goal or by the athletes he coaches performing well, even if they do not win a race outright. However, his experiences as both a wanna-be elite runner tempted by the promise of improving through doping and as a non-elite runner who sees very different goals for non-elite runners illustrate the elite/non-elite divide many of the respondents identified. Marcus acknowledged that he does use some available supplemental products because he believes they will aid his training and racing in an acceptable, moral way.

*Priorities*

Runners' views of their and their peers' participation in races reveals they view running as one in a long line of life priorities, often appearing further down the list than one might expect given the amount of time, energy, and resources many non-elites devote to their participation in the sport. When asked why they feel non-elite runners would choose not to use PES, many expressed reasons that had little to do with personal morals or with notions of ethics. Danielle, a 41-year-old multi-sport athlete who has won several road races outright, noted how she views running on her list of priorities:

“What does becoming the best runner in New York City mean? Like, what’s the goal? But I imagine it’s expensive and takes time and energy and I don’t think the running is that important. Like it is but we do other things.”

Danielle’s view of the importance of running being outweighed by the “other things” that occupy her time, such as work, family, friends, and other hobbies was a theme across all the interviews. In this view, running was viewed as a way to maintain health and fitness, enabling the individual to do the other, higher priority things they choose. Danielle questions the goal of becoming the top local runner, which she views as carrying very little importance compared to the other things in her life. The lowered position of competitive running in her life serves as her reasoning for why she views PES as unwarranted. It is worthwhile to note, however, that runners like Danielle dedicate an inordinate amount of time training for something they view as relatively unimportant compared with many aspects of their daily lives. Ironically, they may spend more time running than on other activities considered to

be of greater importance. This contraction between views and actions underscores the normalization of health-seeking training within non-elite runners' lives.

Danielle's view was echoed by Mike, noting "I have better things to worry about. I don't care enough to dope." Again, the position of running as lower than other commitments and events justifies the reluctance to engage in doping for racing purposes, especially if it threatens the ability to address the "better things" in one's life.

German combined several reasons, including the position of running in his life and a desire to run in a way he considered the morally correct way when asked why he felt non-elite runners would decline to use PES:

"Because we're not professionals. We have enough going on in our own lives. Some of us don't use it because we don't want to. We want to run an honest race."

Again, German distinguishes between elite professional runners and non-elite competitive runners, though he draws on the idea that non-elite runners have more going on in their lives than running to discourage them from PES use. Elite runners are presumably consumed with running, as it is their job as well as their hobby. German's observation that some non-elites simply are uninterested in doping and instead want to run what he considers an "honest race", reveals his personal view of morality, that doping would be dishonest. That he combines the argument against doping as a non-professional with wanting to run honestly appears to speak to a view of professionals who are willing to run dishonestly—that is, doped—because

of the fundamental difference between elite and non-elite runners and a differing set of priorities regarding racing.

Maintaining health was a priority that trumped athletic success for several interviewees as a reason for not using PES. The inclusion of health as a high-ranking priority for runners further illustrates the non-zero-sum view of running many non-elites share, as well as the ways running has been healthicized. Sarah, a running coach who founded her own racing team, noted how she ranked health versus winning athletic competitions:

“I don’t think people really understand the physical risks, like all that stuff coming out about football players and head injuries, and we really don’t know what the long-term tragic effects might be. And what’s really worth that at the end of the day?”

Sarah alludes to the debate around head injuries in American football at all levels, drawing a parallel between the risks to one’s physical health as a result of using PES. Sarah sees the risks of long-term objective health problems such as brain damage a result of head injuries and undefined illness resulting from PES use as worth less than avoiding these outcomes. The unknown nature of head injuries and PES use over the life course is, in Sarah’s view, a risk too high to justify for increasing one’s running success. Ironically, she perceives running as presenting less risk than PES use or contact sports though she has actually suffered running-induced injuries. Sarah perceives PES or contact sports as unacceptably risky to health while accepting injury from training as

part of being a health-seeking runner. I will further explore the topic of acceptable and unacceptable health risks of running in chapter two.

Like the other interviewees, Sarah assumed running is always a healthful pursuit and a choice one makes to work towards health, despite her becoming injured while training. When describing the way he views non-elite competition Roger noted:

“For us (non-elite runners), it doesn’t make sense. This is for fun, for a way to get a break from work...when I go out there and sign up for a race I’m going to go as hard as I can and compete as hard as I can. But instead of running five miles in 27 minutes, doing it in 25, is it worth the risk and the health and you don’t know what you’re doing? It’s not worth it for me.”

Roger’s take that PES usage for non-elites is unjustifiable because non-elites race for enjoyment only, presumes, like German above, it might make sense for elite athletes who run as their primary profession to do so. Again, the stakes are clearly demarcated along the elite/non-elite divide, where elites compete in a zero-sum competition while non-elites compete in a non-zero-sum activity. Roger further touches on the risk to one’s health that may accompany doping and the low return undertaking such a risk is thought to afford. A two-minute time difference is not enough to make Roger interested in using PES because of what he sees as a potential cost to his health. Again, as he does not appear to consider non-elite running and racing as a zero-sum activity where winning is the only goal. Though he claims to prioritize his health, here the absence of long-term effects from PES, Roger reported

that he is often sick after hard racing efforts as the stress of training and racing can cause one's immune system to be compromised. This predictable sickness caused by his intense training and racing was viewed as part of the process of his healthy lifestyle as opposed to a negative-health outcome that would cause him to seek an alternative activity. Though Roger notes that racing is "for fun," in some circumstances, non-elite athletes do compete to win races, either outright or in age-group competitions.

### *Competing for the Win*

When asked why they thought a non-elite runner would engage in doping or PES use, many runners revealed their own desire to race and compete well. Keira, a biological scientist who averages 60-90 miles per week, notes:

"Winning is really fun. We all wear speed goggles. We have a tendency to respect athletes that are better than ourselves... I think people just want to be competitive. I think it's a lot of the same reasons elite athletes do it."

As a runner who has competed at the top of the amateur level in running, Keira is not shy about describing the thrill of winning. Her mention of "speed goggles" refers to the way she thinks runners view faster runners relative to themselves. These faster runners represent something to strive towards, a focus for runners' competitive goals. Keira, unlike most of the other interviewees, sees this competitive urge as a reason why non-elites would engage in doping. In this view, when racing is viewed as a zero-sum outcome where competition and winning are

the primary focus as Keira describes it, PES use seems rational or at least justifiable in a similar fashion to how elite use was justified by runners above. For Keira, the demarcation between zero-sum and non-zero-sum is not the elite/non-elite divide, but the win/participation divide. Keira's differing view of the competitive drive at the non-elite level is likely related to her own relatively high level of racing success: she was a competitive college athlete with elite aspirations and currently remains competitive at national-level non-elite racing events, and currently races to win local events, not just participate. Keira views non-elite racing from one of its highest levels, where the difference between elite and non-elite is often small and using a PES could be the difference between stepping into the elite world or remaining an aspiring non-elite.

Keira also notes that runners tend to see those who perform better than others as inherently worthy of respect for their abilities. Similarly, Adam, a journalist in his mid-30s who often contends for age group wins in local races, described competing in road racing:

“It would be thrilling to beat (runner's name) or (runner's name) or (runner's name). These are people I think are a step above me....but if I did it by doping and had my moment of winning, I would feel like I cheated him and I cheated myself.”

Like Keira, Adam acknowledges the positive ways winning or outrunning a competitor makes him feel. Using PES to aid in such a win would change the meaning of the competition in Adam's mind, making him feel dishonest and as if he did not really earn the victory. In Adam's view, the zero-sum competition for top of

the age group or top of the overall race becomes the barrier for why he would not engage in doping: he would deny another runner of a victory by winning with the aid of PES. The zero-sum/non-zero-sum divide is the win/participate line Keira also described.

Most interviewees neither envisioned nor had experienced winning a race. As members of competitive teams, however, they knew runners who did compete in order to win either in the overall or at the age group level. Will, a masters runner—meaning he is over 40 years of age—who has competed for 24 years, is active in the local running community and considered the runners he knows:

“The runners I know, who get awards in their age groups...it’s a nice perk, but I think most people I know run and compete and try to win because of the accomplishment. In the end I guess if they’re tempted to take performance enhancing drugs I can’t imagine the sense of achievement is quite the same.”

Will considers age group wins a “perk” and not a necessary goal or component of racing. Instead, he sees the actual event of competing in a race as an end in itself whether or not one receives an award. Like Adam, Will understands using PES as a way of denying oneself the feeling of accomplishment both view as the primary motivation for taking part in a race. Both view wins or awards—the zero-sum aspects of racing—as secondary to working towards a goal. Similarly, 38-year-old musician Walt counts goals besides winning as his motivation for both racing and not using PES:

“If I doped that would make me a 15 min 5k runner, not a 17. I mean I’m not going to win any awards or money or anything with those times. And personally for me it’s not why I run. Yeah, it just doesn’t seem like there’d be any specific reward in that. For most people it seems like the reason people run is to be with others and to be a better runner. And if you dope and then go run and are like ‘hey I just did a whatever,’ there won’t be any sense of achievement there.”

Again, Walt echoes the sentiment that instead of increasing his chances at winning, doping would instead rob him of feeling that he realized a goal. Walt notes he is not interested in the zero-sum aspects of racing, considering other experiences—time with friends, improvement as an athlete—more important. I will consider these other experiences or benefits to non-elite racing in the following chapter.

## **Conclusion**

Running races are most commonly viewed as zero-sum activities: the first to cross the finish line wins, and everyone else does not. An emerging body of literature comparing CED and PES usage points directly at the presumed zero-sum nature of running and other sports as a reason for maintaining doping bans for sports even in the absence of similar bans for academics. This winner-take-all view of sport is also employed by anti-doping authorities as a reason to ban certain products, substances, and activities. These rules are intended to keep sporting competitions fair, so that the competitors each have the same chance of winning and losing, and to promote athletes’ health by banning potentially harmful substances.

In elite running, monetary prizes and other benefits in the form of endorsement deals and media exposure are reserved for winners and podium finishers. These benefits are often considered incentives for runners to use PES, as winners and losers are often determined by seconds or fractions of a second and any edge can result in a significant income boost.

This view of racing paints an inaccurate picture of what most runners experience when taking part in road races. In my study, the zero-sum aspects of racing were overwhelmingly identified as a focus of elite runners, not non-elites like themselves. Instead, non-elite racing was largely discussed in non-zero-sum terms similar to those used to describe CED usage for academic performance. Non-elites do not use winning or victories over others as the primary metric of success. Instead, they favor alternative metrics, such as meeting a personal goal, participation, or health benefits. Therefore, a successful performance by one non-elite runner does not prevent any other runner from also being successful. Non-elite running in this view is a non-zero-sum activity where anyone and everyone may achieve success according to these alternative metrics. Though the interviewees included in this dissertation are competitive, non-elite runners who regularly compete in road races, few self-identify as competitive in the sense of racing with the goal of winning either the overall race or in age group categories.

Winning in racing ranked far below other commitments and life goals for non-elite runners. Runners commit large amounts of time to the various aspects of training—including hours spent logging miles for increasing endurance; running intense workouts to improve speed; stretching, icing, and cross training to recover

and prevent injury; and planning workdays, weekends, and travel around training—and, as the estimated average cost of running and racing over a lifetime is just under \$58,000, large amounts of money are committed as well (Warrenfeltz 2013). Given the resource commitments these runners make to their sport it would be expected that racing well would be a higher priority. Instead, interviewees saw winning as something that might happen in a rare instance for some non-elite runners, but overall non-elites prioritize fun, health, career, and relationships over zero-sum competitive goals. Instead of viewing running as a zero-sum, competitive pursuit, it becomes more useful to understand running as a non-zero-sum enhancement *in itself*. However, as I will explore in chapter three, running is also an activity that can be enhanced and the role of available nutritional supplements becomes important when considering athlete health and performance enhancement.

Running is a health and lifestyle enhancement, rather than a competitive endeavor, allowing individuals to gain or maintain physical and mental health. Physically, runners noted their activity as a way to stay fit, gain strength and energy, and stave off weight gain, as well as the psychological benefits of reducing stress and balancing out the demands of work and family. As Carrie noted, runners often run as a way to do something positive, relaxing, and healthy for themselves. Running is a way to turn the care and concern often directed outward back onto the self through the pursuit of health and wellness it is thought to bring about, while conforming to the demands brought about by processes of healthicization. As markers of health—such as exercise—are increasingly used as barometers of citizenship being a runner is also a demonstration of one’s moral and ethical fitness.

Training is a long-term commitment of working towards being healthy, in which non-elite runners focus on the individualistic training process with less attention directed at the competitive aspects of racing. The constant effort towards the goal of becoming healthier means the goal is never fixed as it is when the goal is based on a competitive zero-sum outcome, but fluid and always moving just out of reach. The goal of “health” is governed by neoliberal norms, including those of acceptable and unacceptable risk, the application of which is unequal to those outside the neoliberal paradigm. The risks of PES use by American non-elite runners—who are usually white, educated, upper- and middle class—are unacceptable by neoliberal standards, but are viewed as more acceptable for African runners who often win races and who are viewed to have winning race prizes as their sole mechanism for economic mobility. Focusing training on becoming healthier is a privileged neoliberal choice cum expectation.

Shifting the view of non-elite running in this way both provides a more accurate understanding of the way these runners understand their own and others’ participation in their sport and provides an explanation for why most non-elites do not seek out banned PES for competitive purposes. Zero-sum competition is considered an elite undertaking, as the monetary stakes are higher and winning is a clear goal and priority. As a result, elites are seen to have much to gain by using PES while non-elites are not. What, then, are the benefits, outcomes, and enhancing properties of running non-elite runners expect, and how do they relate to PES use? I take up these questions in the next chapter where I consider the difference between process goods and outcome goods in road running.



## Chapter II

### **It's Not About the Race: Process vs. Outcome Goods**

“An athlete who tells you the training is always easy and always fun simply hasn't been there. Goals can be elusive which makes the difficult journey all the more rewarding.”

*-Alberto Salazar,*

*Three time winner of the New York City marathon and winner of the 1982 Boston Marathon; Coach of the Nike Oregon Distance Project*

“Success in the sport is, above all else, about enduring suffering.”

*-Chris McCormack,*

*Two-Time Ironman World Champion*

Viewing running as an enhancement and rather than a primarily competitive endeavor offers an opportunity to consider what the enhancing benefits are that non-elites seek and, at least claim to reap, as a result of their participation. The previous chapter demonstrated that finishing times, places, and awards make up only one component of the experience of running. Focusing on only these outcomes ignores the other perceived benefits available through the processes of training and racing, such as weight management and stress reduction. Though often subtle or intangible, these benefits are understood by non-elite runners to enhance their health and lifestyles. As running is further linked to health, and health to morality

and citizenship, running becomes a way of demonstrating that one is responsible, healthy, and morally good. Individuals use running as part of a broader body project through which one's inner worth and morality are made visible on the body (Shilling 2005). Non-elite runners employ running as one supplement to a healthy lifestyle or even as a panacea for various questionable or anti-health choices or circumstances.

While running may *enhance*, it may also *be enhanced*. Science and real-world elite experiences demonstrate that many illicit PES offer quantifiable outcome benefits to runners who use them: increased strength, faster racing times, and eased recovery from training to name three.<sup>8</sup> Doping would likely allow non-elite runners to run faster races and potentially become more likely to win races, or at least to win in their age-gender divisions. Yet, only one of the non-elite runners included in this research knowingly used banned PES—and even he did not report using them in order to win. Mitigating the negative or unpleasant experiences of running defeated the purpose of running for most of the interviewees, which all said was related to bettering their health. Health, when understood as a process rather than an objective outcome, takes on a specific meaning for these non-elite runners that includes experiences that are unpleasant, painful, or actually objectively harmful to one's well being.

Racing and the accompanying training allows, or rather demands, the individual experience a range of physical, psychological, and emotional experiences.

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<sup>8</sup> Curiously, many licit and widely used OTC medications and supplements make similar claims. I will address legal supplement use in chapter four.

These experiences can be understood as what Goodman (2010) calls process goods—the feelings of excellence within and resulting from the performance of an activity. In the world of road running, measurable outcomes such as mile split times, finishing times, finishing place, and personal records often dominate discussions of racing. However, racing is only one aspect of endurance running, and one that many non-elites consider secondary to the process of training. The training process can be understood as part of a healthicized body project, wherein the individual runner defines herself as a healthy, morally good neoliberal citizen through the bodily practice of running (Conrad 1994; Hislop and Arber 2003; Shilling 2005). This process is not about achieving a measurable health or racing outcome. Rather, healthicization for runners is a process that includes such seemingly negative experiences as pain, struggle, injury, illness, recovery, and labor. Non-elite runners view this process as a valuable, necessary part of their identities as good citizen-runners.

I begin this chapter by examining the literature on process and outcome goods as they relate to body projects and healthicization. I then analyze the ways runners describe the training process as part of their pursuit of health. I show that non-elite runners view health as a process that is a process of constant focus and attention to the body that includes discipline, risk of injury, enduring physical pain and mental fatigue, exhaustion, and pushing beyond one's previous limits. I argue that non-elite runners view these experiences as a necessary part of training, which is in turn part of their healthicized body project. As a result, using PES is inconsistent with their understandings of "health."

## **Healthicization: Outcomes, Processes, and Body Projects**

Researchers considering the ethics of CED use distinguish between two kinds of benefits resulting from an activity: outcome goods and process goods. Outcome goods are those tangible benefits or results from undertaking some activity or labor (Goodman 2010). In a running race this could be finishing place or a prize, or possibly performing at a goal pace or reaching a personal best finishing time. These outcome goods are usually considered the clearest way to determine success, as they are measurable and objective relative to other performances across time and space. Process goods, on the other hand, are drawn from the “excellence in performing an activity” (Goodman 2010: 145). These goods are made up of all the experiences and feelings that occur throughout the performance of an activity and that are thought to give them their meanings. Medical ethicist Maartje Schermer (2008) argued for a more pointed exploration of the internal standards and goals of practices such as sports and education in order to determine which shortcuts are allowable and which allow the individual to bypass important processes and experiences. For example, running as an activity is simply an act without inherent meaning. Running or the process of becoming a runner takes on meaning as individuals experience physical and psychic sensations of pain, euphoria, anger, frustration, joy, injury, or relief to name but a few. What meaning do runners assign their practice as a result of these experiences?

The media often touts running as a healthy activity, one that results in pro-health outcomes such as lowered risk of diabetes (Burfoot 2012) and as a

prophylaxis against cognitive decline (Douglas 2012). The physical and psychological benefits of running have been well documented by sports researchers (Carron, Hausenblas, and Estabrooks 2003; Shipway and Holloway 2010; Vallerand and Rousseau 2001, cited in Paradis, et al. 2013) and public health agencies (CDC 2008). Equally well documented are the potential perils related to intense endurance training (Thompson et al; 1982. Mittleman et al. 1993; Maron, Poliac and Roberts 1996; Lipsey et al. 2006; Hulley et al. 2007; Redelmeier and Greenwald 2007; Lieberman et al 2010; Wen et al 2011; Hackney et al 2012; O’Keefe et al 2012; Hinterwimmer et al 2013; Williams 2013; Oestergaard Nielsen et al 2013; Paradis et al. 2013). Indeed, the non-elite runners interviewed here routinely invoked the term “health” to describe the benefits they thought they gained from their training. However, most runners were not using “health” to describe the types quantifiable health outcome goods just described. They were referring instead to the ways in which running was a part of the process of constantly pursuing health.

Non-elite road running must be understood within the broader context of the corporealization of late modern life. The cultural shift towards increased individualism accompanying the shift to high or late modernity (Turner 1984; Giddens 1991; Shilling 2005), wherein individual identity is no longer located in traditional social systems. Individuals must find alternative spaces in which to ground their identities. One’s moral position, once tied to their status within these systems, is increasingly bound up with one’s health and fitness while identities are increasingly tied to the body. Undertaking the (re)shaping and design of the body (Giddens 1991) through on-going “body projects” (Shilling 2005), individuals

construct the physical body in ways that reflect their values and morality. Running is part of a body project where the individual defines who they are through practices based in the body (Ibid). The body is “in the process of becoming; a *project* which should be worked out and accomplished as part of an *individual’s* self-identity” (Shilling 2005: 4, emphasis in original).

Individuals do not necessarily simply use the body and the self as blank canvases on which to create and express identity in any way they choose. Body projects are undertaken within social context that codes the visible body and confers meaning onto the inner self of the individual. For example, fat bodies signify an immoral self (Boero 2007; Zanker and Gard 2008) or irresponsibility (Maher, Fraser, Wright 2010). Thin bodies, by contrast, are linked to health and being an active citizen who can manage their health (LeBesco 2004). Regular exercise, as health experts and media tell us, is a health promoting activity, but one that requires discipline to maintain. Healthy (thin, fit) bodies indicate a citizen’s moral worth by marking who effectively disciplines their own bodies, sharing in “the burden of governance” (LeBesco 2011: 154). Runners undertaking training for health purposes are accepting the individualized responsibilities of health citizenship to do follow expert pre- and proscriptions of healthification, or the continuous process of working towards health. This “public imagery of health” (LeBesco 2011: 154) equates the meaning attributed to one’s visible body with their inner self. In seeking to control or manage their identity, the individual takes up the project of the body to (re)shape it to reflect how she wants her inner self to be seen and

understood. As such, runners' body projects can be useful for demonstrating the healthicization process.

Body projects require continual attention and change in order to produce the self (Shilling 2005). The healthy and fit runner's body symbolizes an individual's commitment to health, fitness, and "upright living" (Shipway and Holloway 2010: 275), as well as their taking responsibility for their health, and ability to manage their impulses (Heyes 2006). These attributes are not fixed, however, requiring runners to continue training and focusing on maintaining the healthy body/self and to avoid making bad or risky choices, such as using PES. At times runners may encounter hurdles to continuing training, such as injury or illness, which may be brought about by training itself. Recovering from hard racing efforts or illness and rehabbing injuries can be difficult, painful, and unpleasant. Rather than stopping running, runners take these obstacles to running as part of the project of maintaining their identity. One is still a (moral, healthy) runner, concerned about her body and her health, as long as she is focused on returning to running, even if it means enduring chronic pain or diminished training capacity. She is still a "morally worthy citizen" (LeBesco 2011: 154) she is still making the healthy choice to return to her healthy running regimen.

Schermer argues there is nothing inherently virtuous about struggle, as its main purpose is to prepare us to overcome future barriers and it is experiencing barriers and struggling to overcome them is where meaning for the activity is derived (Schermer 2008). Without a connection to a purposeful activity, such as running for purposes related to health, struggle is meaningless, and it "would be

foolish to forgo a reliable shortcut on account of a set of virtues that the shortcut itself renders unnecessary” (Goodman 2010: 152).

Like Schermer, neurologist Anjan Chatterjee (2004) countered the argument that enhancements are quality-compromising shortcuts with the observation that in our daily lives we employ a variety of technologies—medications, computers and electronics, automobiles, plumbing, heating and cooling systems, etc.—each of which make life easier and more comfortable. These shortcuts keep us from much of the struggle of everyday life of previous generations, yet we no longer lament the intrusion of such technologies into our lives due to the lack of inherent virtue of such struggles. Out of context, as Schermer argued, these struggles are purposeless (Schermer 2008). The meaning-making experiences thought to accompany an activity are what some have argued individuals are cheated out of when they take what appear to be shortcuts to achieving a goal, such as using PES or CEDs (Goodman 2010). Using a substance or method that seemingly allows the individual to bypass the work and struggle and accompanying self or character development necessary to become proficient or expert at a task may result in a loss or reduction of meaning of that task (Schermer 2008). Schermer illustrated this concept using the example of a mountain climber who takes a helicopter in order to reach the summit of a mountain, questioning whether or not just reaching the peak (the outcome good) loses meaning when the process of getting there and the accompanying hard effort to do so (the process good) is skipped.

Goodman notes some activities are better suited to focus on the outcomes produced, while others can be understood mainly through the process of taking part.

Goodman uses the games of chess and baseball as examples of non-productive processes; nothing tangible is created, and the value of the games lie in the processes of participating. Contrast this with medical research where the process may be enjoyable and provide benefits such as intellectual stimulation to the practitioner, but one could argue that taking a shortcut and denying the researcher these goods in order to reach a more expeditious outcome is preferable when the outcome benefits of successful medical research—a cure or treatment for a disease, for example—would extend to many (Goodman 2010: 153-154). Goodman states “most worthy activities include both process goods and outcome goods. In many, the outcome goods should carry a greater weight, either because a large number benefit from the activity, or because the activity is instrumentally valuable but unrewarding” (Goodman 2010: 154). Goodman acknowledges there is no clear distinction between activities that prize outcome or process goods more heavily, though he does contrast sports with academia indicating he sees the former as zero-sum and the latter as non-zero-sum. The results of sporting events are largely understood as rewarding, at least to the winners, as outcome goods are often highlighted in box scores or posted times. Process goods in sports, on the other hand, are often less clear and not so easily quantified.

The pro-health goals of running, like in all sports, are not objective. Often, non-elite runners will use the language of health to describe the motivations for training and racing. Health is a socially constructed outcome discursively defined by experts who make claims to objectivity. “Health” can mean any number of things and, as described above, within a neoliberal context means following the directives

of these health experts that demand personal responsibility for and attention to one's health. However, within the running context "health" and being healthy is a process not an objective, measurable outcome. "Pro-health" or "healthy" activities and processes can better be described as healthicized body projects where the focus is not on objective measures of health. Healthicization refers instead to a neoliberal commitment to constant focus on improving one's health through lifestyle choices that minimize or avoid risk (Conrad 1994; Williams 2002; Hislop and Arber 2003). Choosing to undertake running is part of this project of improving health; another includes making other "correct" or healthy choices—e.g. following nutrition guidelines—and avoiding anything presenting a risk to this process of continually seeking better health—e.g. using PES that have been defined as "unhealthy." One's identity as a runner then implies that they are healthy, responsible individuals committed to the goals of neoliberal society.

One of the guides that determine how athletes should undertake these projects is found in WADA's Code, which explains its notion of *spirit of sport*. WADA considers doping to be a violation of the sporting idea, which they identify as *the spirit of sport*. This *spirit* includes those values WADA and its affiliates believe athletes acquire through participation in sports. For WADA this is "the celebration of the human spirit, body and mind which is characterized by the following values: ethics, fair play and honesty, health, excellence in performance, character and education, fun and joy, teamwork, dedication and commitment, respect for rules and laws, respect for self and other participants, courage as well as community and solidarity" (WADA 2009: 14). This statement assumes these values can only be

learned and internalized if sport is undertaken in the way WADA and its affiliates view as “true,” namely without the use of banned PES or other enhancement methods (WADA 2009). As such, one must adopt this view of sport and follow these guidelines in order to be fully committed to the process of health. By allowing runners to increase muscle gains, shortening recovery time, staving off fatigue, or increasing exercise capacity, PES are widely considered shortcuts to achieving outcomes or results that could take many times longer without their use. In WADA’s view, using PES denies athletes the experiences necessary to appreciate the values that make sport meaningful.

The interviewees described how they viewed the benefits they received as a result of being a runner, training, and racing. Most often, these runners described seeking process goods in the form of health benefits they acquire through the process of training. However, rather than focus on a measurable, fixed outcome, these runners instead engaged in a process of healthicization in which they continually strive towards what they understand as health. In the next section, I consider the ways non-elite runners understand the process of working towards health. I argue that for these runners, working towards health often includes discipline and commitment to their sport, but also struggle, pain, injury, and recovery, which comprise the goods made available to runners through their participation in running and racing and form the basis of their identity and position as morally good citizen-runners.

### **Describing “health”**

The interviewees identified several different benefits they received through running and racing that had little or nothing to do with how they finished a race. Many of these benefits centered on some aspect they associated with becoming healthy—physically strong, psychologically calm, emotionally stable, and socially engaged. Though some view running as a lonely, individual sport, several respondents considered the social aspects of running as one of the main benefits of the sport. Chris began his running career as a way to combat health problems—high blood pressure among them—he was told by his doctor were stemming from his sedentary lifestyle. Chris literally reshaped his body, proudly showing me a photo of himself before losing a substantial (he did not disclose the number of pounds) amount of weight largely through running. The importance of running for him stems from his ties to others in his community, especially his teammates, and the increased ability to manage his body and health—which for Chris included bringing his cholesterol and blood pressure down from what his doctor told him were too high levels and maintaining his lower weight.

The notion of doping is particularly troublesome to Chris, as he noted he has a friend, also a non-elite runner, who openly uses “magic juice,” which may be an anabolic steroid or amphetamine product, in order to place higher in the age group category in local races. He is less impressed with this other runner’s performances because he disapproves of the means by which they are achieved.

“I’m as much inspired by the performance of people as by the way they are. I have friends who run a ten minute mile and I don’t care.”

He sees his slower, but non-PES using running friends as more laudable because their effort is unaided. Because Chris has and continues to manage the pain and stress of training the way other runners do, he feels a connection based on the shared identity as runners. To maintain this identity, these runners must struggle through tough times of training and periods where their fitness plateaus—neither of which are necessarily good or harmful—without taking something like a “magic juice” to interfere with the process. Chris described how he would feel about using a PES in order to receive an outcome good:

“My goal to break three hours (in a marathon) is not going to happen. I could do it with an enhancement drug, but it’s not worth it...It would not be the right way, it would be cheating. It is cheating. Taking an enhancement drug, it is cheating.”

The cheating Chris refers to is not the cheating that leads to denying another any benefits, but the denial of the experience of running a sub-three hour marathon without what he considers to be an unfair aid. Like several others above, Chris’ view of his own achievement—the outcome good—would have little meaning or value if he used any banned enhancements to obviate the difficulty of training to reach such a fast time. He would rather forgo a chance to reach his ultimate marathon goal if it meant he could not fully appreciate or be completely proud of the way in which it was achieved. However, in order to be proud of achieving this goal he would need to train in ways that would likely leave him more exhausted, uncomfortable, and possibly injured from the required high intensity training than he has previously experienced.

Chris was open to the use of non-banned supplements he says he uses to meet nutritional deficiencies (such as whey protein supplements) or for illness prevention (he takes oregano extract because he believes it helps strengthen the immune system) but that might also enhance his running performance. Chris' body project requires continuous vigilance and monitoring so that he does not gain weight back but also so he does not become injured or sick through running. However, avoiding illness and injury has led him to use nutritional supplements that he would not otherwise use if he did not run. Health, then, is a process in which Chris runs to continually try to become healthier, but also uses supplements to prevent illness and injury that may result from his running.

Brian also referenced the social benefits he gains through his participation in the sport. Brian, a formerly semi-professional multi-sport athlete noted that his views of what he gets out of running and racing differs from his days as a sub-elite triathlete:

“I think for me at this point the participation is more important than trying to be a big fish in a little pond...for me the team aspect and camaraderie are very important to me, more than saying I'm the best age group runner.”

Though he acknowledged he enjoyed the time during his career where he focused on outcomes such as winning and placing well in races, he was adamant that he now enjoys running for reasons that have little to do with competition. Team membership and engaging his fellow runners rather than viewing them strictly as competitors provide Brian more satisfaction than winning races or worrying about

where he finishes relative to others. Though still viewed by many as a solitary, escapist sport in the vein of Alan Sillitoe's story and later film *The Loneliness of the Long Distance Runner*, the interviewees viewed running as a socially interactive activity. Social interaction was one of the common themes throughout the interviews, fellow runners become, as Will described it, "basically my entire social life." Running provides an environment for socializing and relationship building with one's peers who share their identity as runners. As runners they share an interest in being healthy and fit, as well as an ability to commiserate with injury and illness that may develop from training—both elements central to their common healthicized body projects and their identities as runners.

Though all of the interviewees claim that "health" is the prime motivator for their participation, their descriptions of their running experiences include elements that would be viewed as unhealthy when considered from objective definitions of health. However, these runners' experiences and their claims of seeking health are not based on objective health outcomes. Running is a healthicized practice driven by neoliberal governmentality. This lifestyle is based in one's identity as a runner—a morally good, health seeking citizen—that does not necessarily map onto objective constructions of health. For example, Carlo is a high-mileage runner who has finished in the top ten in more than one non-major marathon. He offered a description of his experience training and racing:

"It's sort of like I'm getting older and I'm getting slower and I can do things to train a little better and try to maintain but the reality is like I'm always slower, like I'm always in kind of a little bit of pain and sort of like

I'm going to get slower, but I really like the lifestyle. And if I start feeling like my satisfaction is from my times it's going to – like when people do that I try to tell them that don't put too much weight in time. It feels like you fail if you didn't hit the time goal, because there could be lots of reasons for that, and you know start to hate running, you know. It's like it's not fun anymore because I didn't PR.”

Carlo begins by saying he enjoys his running lifestyle that includes constant discomfort while running and disappointment as he slows. Engaging in a leisure activity that causes sustained physical pain is not generally understood as healthy. Yet, Carlo views the experience as part of the ongoing process of being a runner, which in his view is more important than racing outcomes or even being pain free. He sees the objective measures of running as a hindrance to appreciating the lifestyle, because failing at racing can make him hate the practice of running. What is important is that though he may hate the practice at times, he continues to run. Failure, hating running, being in pain are all features of Carlo's running lifestyle.

Carlo did describe the features of running he enjoys most:

“See that's the thing where I feel like I'm competing against myself and like I want to get the fastest time I can but the training cycle, the training cycle I really enjoy. And so like my favorite thing to do with running is my Saturday long run. I love to run between you know, 20 and 22 miles every Saturday; drives my coach crazy. He's like, 'you are stupid, you are breaking down, you are keeping yourself from your full potential, you

need to cut back mileage, like you are not a little kid anymore, like it takes a long time to recover.’ And I was like, ‘You know what? I really like going out for two and a half hours on my own, all over the place in Brooklyn. I enjoy the experience. That’s my favorite thing with running.’ And so like if I run Chicago next week and I run, I have had bad marathons where I bomb and I have good ones where you know, my fastest is a 2:33 and my you know, recently I run like – not recently but you know, a few years ago I bombed, I ran like a 2:52 and I was sort of like ‘oh that’s done,’ competing like ‘oh what happened’ all that stuff. I kind of reflected on and I said you know I wouldn’t have changed anything. If I put all my eggs in that race then it’s like it’s hard to be satisfied. And when I think about peace you know, I enjoy going out every Saturday and running 22 miles, like that’s what I like to do. And then when I’m done you know, I feel great.”

Carlo focuses on what he gets from training and racing even when he does not race as well as he would like. He enjoys the training process because of the mental benefits—stress reduction, a sense of peace—he gains through his long runs. He reported that though he is aware of his coaches fears that he is unnecessarily overworking his body and likely sacrificing better racing outcomes, it is balanced by the mental health benefits he does not feel he can get from training only with an eye to racing outcomes. In order for running to remain a worthwhile pursuit he feels he must look past his racing achievements and focus on the sense of well-being that he sees as the basis of a sustainable pursuit of running.

His comment that he does not want to derive his satisfaction from hitting a goal time further illustrates that running is often done in the pursuit of something less tangible than a racing outcome, even for runners who are competitive at the highest non-elite levels. Much of the value of running is derived from the physical, mental, and emotional challenges runners experience during the training process. Carlo noted that his own aversion to doping is in large part due to this view, where too much focus on outcomes and times makes the sport less appealing and meaningful. Instead, the challenges, discomfort, and constant threat of bodily breakdown are part of his lifestyle, which is in turn part of his identity as a runner. Runners invest their bodies in their pursuit of health—physical, social, and mental health—and through the continuous engagement in the process of running their bodies become a currency with which they can claim moral citizenship.

Joe, a former semi-professional cyclist who is now a non-elite runner, noted how he thought athletes should be introduced to non-elite running:

“I mean, show kids that they get happy from a 5k, training. It’s healthy...Personally, I get so much out of endurance training. I mean a test is nothing after racing. I mean more emphasis on that.”

That endurance training is necessarily healthy is up for debate. Training for a distance like a 5k (5,000 meters) may present little risk to objective health. However, Joe and his fellow interviewees are competitive athletes who regularly take their training to their physical limit, often experiencing pain, injury, while training to a point far past what is necessary to gain exercise benefits. As such, Joe’s contention that endurance training is healthy is better understood as the need to

teach young athletes lessons about commitment, integrity, and working towards a healthy lifestyle that he sees as part of the training process. “Healthy” here comes to be defined more as commitment to training or embodied labor than as a measure of the body. Joe views these qualities that he has himself internalized as virtues that can be learned through running. By linking these ideas to health, Joe establishes running as a practice of citizenship. Choosing to be a runner is choosing to engage the body to demonstrate the commitment to the responsibility, health, and morality requirements of neoliberal citizenship.

Adam similarly described the various ways running could benefit individuals, including one of the reasons he took up competitive running. Noting his own desire to receive some positive feedback following his graduate school degree, he described running for non-elites self-esteem:

“For us it’s a hobby. We do for self-esteem. I know for myself...after finishing an MFA [Master of Fine Arts] I didn’t have that constant affirmation that I’m doing a good job from somebody. So I started racing for that reason. Running a PR [personal record] is kind of like getting an A.”

Though Adam gave the standard answer that he runs mainly for health offered by his fellow interviewees, Adam uses his racing outcomes as evidence of his hard work, which he feels entitles him to feelings of self-satisfaction. Adam’s view is indicative of the place of non-elite running within a healthicization context, in which an individual’s self-esteem is tied to their constant endeavoring for health. Adam is seeking positive self-esteem, “an individual’s

overall positive evaluation of the self” (Cast and Burke 2002: 1042). That self-view relies on the recognition that a good race performance comes about only through the constant struggle and effort of his high volume and intense training. He believes that through the training process in which he must constantly focus on his mileage and effort, the way he responds to the training stimuli to ensure proper recovery, and on preventing injury as he chases his own personal best, he is earning a type of credit. With every successful workout, training cycle, and race, Adam demonstrates that he is becoming stronger, fitter, and healthier—qualities of both a good citizen and successful runner. This credit accumulates over time, which he then views as making him a valuable and admirable person. Indeed, Adam reported that he enjoyed being told he was running well by his coach and teammates. The motivation for running is beyond simply being healthy according to objective measures and includes being able to claim his identity as a focused, hard-working runner.

Discipline and commitment were identified as part of the process non-elite runners engage in, regardless of the objective outcome. Velo noted that as a non-elite runner he has little incentive to use PES because he does not compete to win races and he places a high value on learning to handle discomfort in order to become a better runner. He notes that because he values the training process he lacks what he sees as prime motivator for using PES: the outcome-focused goal of winning races.

“I think one of the main draws to running for me is that you can push yourself. It’s about working through and especially in a race about pain management. It’s about being able to embrace being in serious discomfort all the time and a lot of that is just personal experience. I mean I don’t win races, so I can’t understand that [doping].”

During the course of his interview Velo recounted the PES use of a friend during college, to which he was privy and aided by allowing his friend to store his PES in his dorm room refrigerator to avoid suspicion. Velo noted that his friend, a football player for their college team, was able to gain strength and improve much more quickly than his peers, avoiding some of the frustration and disappointment that the non-PES using players experienced. However, Velo’s description of his appreciation for experiencing the effects of struggling to improve his performances indicates that without those aspects of running he would be less interested in maintaining his participation in the sport. He sees struggle, pain, disappointment, and the focus on the bodily response necessary to push one’s self to the point discomfort and then maintain the feeling, as part of the training he must subject his body to in order to be a runner.

The interviewees all self-identified as runners, and each claimed that their participation was based on beliefs that running is a healthy practice. Further, most understood PES use as “unhealthy” and/or “bad.” Much of what these runners describe when discussing their aversion to PES for personal use is couched in the language of “cheating,” but not in the way that cheating is

understood at the elite level. While they would feel badly or shameful if they won a race and denied another runner of a victory, most expected that they would still not win a race even with the aid of PES. Instead, most felt that using PES was a way of easing the training process and so denying themselves much of the effort, discomfort, and struggle that they equate with the pursuit of running and necessary to their identities as runners/good citizens. In the next section I examine the ways the interviewees view how PES use would corrupt their individual healthicized body projects.

### *Cheating Myself*

Many interviewees identified running as an important source of feelings of accomplishment and pride. These feelings were rooted in having experienced the training process that includes goal setting, focus, determination, struggle, pushing their bodies beyond previous limits, recovering, sustaining and rehabilitation injuries, and paying constant attention to their bodies. The interviewees view themselves and their fellow runners as a certain type of people, ones who choose to commit to something that is always difficult—training—and then expending the effort do better than they previously have done. That their bodies are able to endure the training process trumped even the desired racing outcome as what all the interviewees were proud of accomplishing. Experiencing the training process is foundational to the running identity. In Goodman's (2010) terms, these runners are process oriented rather than outcome focused, as the racing outcome has less value for their identities as runners without the exertion of bearing the training process.

The value of their efforts derives from the processes of neoliberal governmentality that assigns worth to individuals based on the way they choose to conduct their lives (Foucault 2007; Rose 1999). Those who make “healthy” choices—accepting institutionally defined obligations—are lauded for embracing their responsibility for their individual health and making a commitment to constantly strive for personal improvement. Health, though, is ephemeral, not a quality one possesses but an ideal towards which individuals must constantly work. As such, health, or rather the pursuit of health, becomes a virtue that must be earned by making “correct” lifestyle choices.<sup>9</sup> Running, as a healthy endeavor, is a bodily practice that allows the inner virtue to become visible. Running is a “choice” made in the compulsory pursuit of health, a practice demonstrating one’s care and attention in seeking what is understood as normal bodily health, and therefore runners are responsible, healthy, moral citizens.

This identity is upset with the introduction of PES that have been constructed as “bad” and “unhealthy” to the process. PES are often viewed as a training shortcut, and as described in the previous chapter, a way to help ensure that a zero-sum racing outcome is a victory for the user. For purposes of their shared identity as runners, the interviewees are less focused on racing outcomes than on the training process. Substances that prevent individuals from fully experiencing the struggle by seemingly making the process less arduous or more tolerable diminishes the value of the process, thereby diminishing the moral weight of the identity. If PES ease the

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<sup>9</sup> I will discuss the sources of expertise that guide “correct” and “healthy” choices in chapter three.

more difficult aspects of training—while also potentially placing runners at risk of harm—then individuals are viewed as not having to fully commit to enduring the training process and their claims of responsible, healthy citizenship can be seen as invalid.

Most interviewees viewed PES use as a barrier to fully experiencing the training process, stating they would not feel the same about a racing outcome or being a runner if they used PES. Discussing his running goals, Sam stated:

“I can’t have someone pace me for a race, I need to do it on my own, I won’t take drugs. For that, it cheapens the experience. I’ve thought about this. To accomplish this goal, would it be easier to do it that way, yeah...I want to qualify for Boston then run the damn thing. But I’ve gotta do it on the terms I can live with.”

The Boston Marathon is oldest annually run marathon and one of the few qualifier-only races in the U.S. (<http://www.baa.org/About/BAA-History.aspx>). Achieving a qualifying time for Boston can be a career goal for some runners, and running in the Boston marathon the high point of many careers. Sam’s very narrow terms for these goals—no pacer, no non-OTC medications, a certified Boston qualifier race course—are the only ones he considers acceptable for himself to truly consider the goal accomplished, though they are stricter than what is allowable within the rules as written.<sup>10</sup> The accomplishment would mean less in his own view if he took anything

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<sup>10</sup> Runners may have another runner, such as a friend or coach, register for and run the race with them as a pacer or “rabbit” to help ensure he or she stays on the target pace. Runners may use prescription medications if they receive those medications via a licensed physician, though it is important to point out non-elite runners are

he perceived as a shortcut around the discipline and commitment it would take to qualify under the terms he set for himself. In this case a shortcut would be banned substances—those he could identify—but not supplements such as caffeine when he notices his body or cognition feels sluggish or OTCs such as NyQuil when he feels he has a cold. His desire to achieve both goals to qualify for and run Boston is balanced by his desire to do them in a way that feels morally and ethically correct according to his understanding that doing so should be difficult and require runners to focus on and commit to the required training.

Echoing Sam’s sentiments, Adam described how he views his own running achievements:

“If I were doping, I would feel terrible. All my age group awards would mean nothing. It’s a reflection of my work I’ve put into it and I don’t want to cheat. It would take some satisfaction away. I would be cheating myself.”

Adam went on to say:

“It would be thrilling to beat (name of runner) or (name of runner) or (name of runner). These are people I think are a step above me....but if I did it by doping and had my moment of winning, I would feel like I cheated them and I cheated myself.”

Adam sees the value of his racing outcomes, and his self-esteem as he described above, tied to the “work” he puts into training. His results are only meaningful

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generally not asked to identify medications they take or produce proof of prescription.

achievements when they are viewed as the result of the effort, struggle, and pain that are viewed as part of training. He views PES use as a way of making training easier or requiring less work. Reduced effort for the same outcome is an efficient approach to racing if one's identity is bound up in outcomes. However, Adam's identity as a runner and the satisfaction he derives from racing is bound to the effort he must put forth in order to train at the level required for those outcomes without the aid of a banned substance.

While he would feel bad about denying another runner of a victory, Adam's main concern is for his own identity and standing as a citizen-runner. Within the context of neoliberal healthicization, running is an expression of governmentality. Because health is a personal responsibility and not one borne by the state, individuals must constantly monitor their behaviors to ensure they are making the proper choices—those that are in line with the state's goals which, as citizens, we are obligated to choose. Running is part of a never-ending body project of personal improvement, undertaken as a way to demonstrate one's status as an upright citizen. When Adam says he would feel as if he cheated himself by using PES, he is indicating that his identity as a runner is something that is conferred only through meeting the neoliberal standards required of citizen-runners—it is a status earned through engaging in training without the aid of PES.

Carrie also uses the language of cheating to describe the way she sees doping by runners:

“I think people are trying to cheat their bodies and their training. I think it's worse for their bodies to do it (dope) than not to do it because of the

effects. And they don't even really know what some of those effects are ...and they're cheating themselves because they don't know what they're capable of."

Like Adam, Carrie views doping as a way of easing the physical burden of training, as well as an unnecessary risk to runners' health due to PES' "effects." However, Carrie does not view running from the perspective of objective health. As an ultra-marathon runner<sup>11</sup> she attempts to push herself beyond what is considered normal even by marathon standards. Indeed setting extreme goals and undertaking extremely difficult training is part of the appeal for Carrie. Her training regimen can include running as much as 90 miles per week and involve middle of the night distance runs before a full day of work to inure her to the effects of staying awake and running through the night, as well as back-to-back long distance runs. The extreme toll this type of training can have has been made clear at races when Carrie has fainted from over-exertion. These types of episodes, brought about by her dedication to what she describes as a "healthy" activity, have become part of her training process and part of her pursuit of health. She views finding her limits so that she can work to surpass them as part of the meaningful work of running in the same way that Adam views his race results as meaningful only because they result from his training work. Carrie's identity as a runner, and possibly even more so as an ultra runner, is contingent upon expending the effort required for training without the aid of products she thinks will ease the process.

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<sup>11</sup> Ultra-marathons are any race beyond the 26.2-mile distance.

One interviewee admitted to using banned substances in order to compete. Bart, a masters competitor who has raced for 15 years, admitted to using a range of banned substances including narcotics and steroid injections, specifically cortisone, and manages a self-described benzodiazepine addiction. Bart noted that he and other non-elite runners are likely to seek banned substances as a way to manage pain:

“There are very few who are going to win and few who will have professional gain. But there are many who are going to suffer pain, who will never be in the newspapers. But they are the vast majority of users...So why are there so many athletes susceptible to these drugs? Pain.”

For Bart, running is a way of taking responsibility for and managing his health. Within the context of neoliberal healthicization, health for Bart, as for the other interviewees, features pain, struggle, injury, and the need for relief. Notably, Bart justified his and other non-elite runners' use of PES and other drugs as pain management and not for bettering performance. He also claims to use these substances for his health. The health he described is not based on constructions of objective health outcomes, but a body project in which runners must constantly manage the pain and injuries that can accompany training. PES, in this view, can be part of an ongoing treatment necessary in order to continue running.

Several others intimated and a few outright acknowledged that there was a line where running could become an unhealthy process. Where exactly this line runs is unclear since injuries, including those that could prevent one from running

for a time, were viewed more as part of being a runner than as a sign that running itself could be unhealthy. Interviewees identified other problems they thought were caused by running that are normally identified with ill health—lowered immunity after a hard race, overtraining, exhaustion—were also not seen by most as reasons to cease running but as routine difficulties necessary to overcome. Instead, most reported managing their running, usually cutting back a bit on their running regimens until they were recovered or seeking supplements or OTC medications to help address the non-running cause (such as anemia or a flu) of their problems.

The notion of managing one's health further demonstrates that healthicization is not about objective measures of health, but a process of governmentality. Management implies having responsibility for an on-going process—health—that it is controllable through constant monitoring and behavioral choices. When health is understood the way non-elite runners like Bart do, pain, injury, and the need for relief are part of the process of health. More importantly, the cause of these symptoms, running, is viewed as an inherently healthy—meaning morally good—practice through which individuals can claim their identities as both (productive, good, responsible) runners and as (productive, good, responsible) citizens.

### *Conclusion*

Viewing non-elite running as a zero-sum, outcomes-focused competition is less useful than approaching it as a non-zero sum process of health—a healthicized version of what Shilling (2005) terms a body project. Such a perspective allows for

a more nuanced understanding of why runners run and how their participation works to produce their identities as citizens. The interviewees described their motivation for training and racing in terms of health. However, their descriptions indicate that running is not about achieving objective health. Instead running is a bodily practice through which runners demonstrate their commitment to neoliberal goals of health: individual responsibility, fitness, and “upright living.” (Shipway and Holloway 2010: 275). The constant effort to avoid risk while seeking to improve the body is an example of neoliberal healthicization. Within this context “health” takes on specific meaning that often seems counter-productive to objective health goals.

The interviewees describe health as a continuous process in which training is a main feature of the continuous pursuit of health. For these runners, health includes struggle, pain, injury, illness, exhaustion, and pushing the body to the point of breaking, all descriptions that bear little resemblance to even basic definitions of objective health. Indeed some descriptions of running border on anti-health. Runners like Carlo describes warnings that he is “breaking down” body because of the high volume of mileage he covers per week, while Bart relies on strong pain killers and anti-inflammatories in order to continue running. Several others offered anecdotes of injury or illness brought on by running. In this view, bodily breakdown and recovery are accepted as part of the training process and, ironically, then part of being healthy.

Several interviewees also described running as healthy because it contributed to increased feelings of self-worth and an acknowledgement of their continuous hard work in training. Most rejected the idea of using PES as being

detrimental to their objective health but also to their integrity. Self-esteem, commitment, and integrity are not health per se, but instead the runners are describing health as a practice of citizenship. Discussing self-esteem and integrity in terms of health shows how closely health is tied to views of social morality and merit within a neoliberal context where health is earned and healthy bodies/good citizens are produced through hard work and correct decision-making.

Runners' training choices may be quite different if their motivations to run were focused on zero-sum competition and objective outcomes, such as winning a prize or meeting an objective health standard. For example, taking PES is a very efficient way to increase one's chances of improving performance, while objective health standards may be met with far less training than is undertaken by the interviewees. Instead, the interviewees eschew PES because they view such practices as anathema to their views of healthy citizenship while continuing to challenge their bodies in ways that border on, and sometimes cross into, the extreme.

One might be tempted to suggest that non-elite runners could simply stop running, run at a lower intensity or volume, or find a new sport that could replace running. However, running is not simply a rationally chosen means to an end. Running is the way these non-elite runners ground their identity as citizens and express their loyalty and commitment to neoliberal goals of health. Within the context of healthicization the running body is fit, strong, and healthy. These visible attributes are meant to reflect the individual's inner self that is hard working, responsible, resilient, self-motivated, and dedicated—values which also correspond

to notions of the ideal neoliberal citizen who accepts a share of the work of governance from the state (LeBesco 2011). Running is a way to manifest these virtues and solidify one's social standing.

Runners' notions of health, how to be healthy, and choices regarding training are made within the context of neoliberal governmentality where experts are deployed as a way to guide responsabilized citizens' decision-making process to meet social health goals (Rose 1999). Expertise, though, is not limited to these officially defined prescriptions of conduct and non-elite runners rely on various sources of expertise. In the next chapter I will examine the ways knowledge disseminated from various experts shapes runners' understandings of running and health and the effects of expertise on runners' training choices and behaviors.

## Chapter III

### **Choosing Health? Sources of Expertise for Non-Elite Runners**

“My guess is many top athletes, distance runners included, use performance-enhancing drugs, enough so that the problem must be tackled.”

*-Bill Rodgers,*

*Four-time winner of both the Boston and New York City Marathons*

The previous chapters demonstrated that the non-elite interviewees view running as a non-zero sum process they engage in as way of demonstrating their identity as runners and their status as upright citizens—healthy, responsible, and morally good. As such, running is best understood as healthicized body projects driven by neoliberal governmentality. Running becomes meaningful for one’s identity through the process of training, not the outcomes of races, through which runners demonstrate through their commitment to neoliberal health goals by constantly seeking physical improvement. Running is a healthicized practice where “health” includes experiencing pain, struggle, injury, and recovery, among others, rather than objective health outcomes.

Non-elite runners view running as an enhancement—part of the process of striving towards ever-better health—but running is also a practice that can be enhanced. Runners have a range of choices for enhancing running, ranging from getting more sleep to cross-training to using nutritional supplements to using PES. Each of the available enhancement options may be more or less effective or efficient,

yet runners do not necessarily view them based on their objective benefit to running. Within the healthicized context of running in which individuals seek bodily improvement with as little risk as possible, decisions about enhancements have implications for their identities as good citizen-runners. In order to guide runners' decision-making, experts offer advice on how to enhance running, informing runners' views, beliefs, and practices. In their responses to questions about their views on PES use and its relation to health the interviewees varied in their acceptance of official notions of PES as unhealthy and morally wrong. Some contested these ideas by articulating a community understanding of PES and health that does not see the two as mutually exclusive, but that PES could potentially be beneficial to the individual's quest for bodily improvement.

This chapter identifies the official and community ways banned PES are understood by runners. It further explores the ways runners adopt and reject official and community notions of banned PES. I demonstrate that though some runners may verbally embrace a community understanding of PES, their behaviors reflect conformity to official recommendations. I argue runners resist acting on their views because doing so would jeopardize their claims of neoliberal citizenship.

### **Expertise and the Consumer-Citizen-Athlete**

The roles of the individual, state, and market in neoliberal society shift and overlap, placing some governing responsibilities previously the domain of the state onto the market and the individual (Hogle 2002). Through the imperatives of self-care individuals are made responsible for their health and wellbeing (Foucault

1999, 2007; Rose 1999). Individuals become consumer-citizens tasked with informing themselves of the ways to prevent entering an undesirable or pathological state of health. As consumers, individuals are expected to be active and fully educated choosers when making decisions impacting their health. As the body has become increasingly important as a vehicle for expressing one's values and worth as a citizen, individuals engage in body projects to manage and shape their body in effort to demonstrate their inner selves (Shilling 2005).

Rose (1999) argued experts, such as sports officials and medical professionals, offer advice and guidance to populations in effort to direct their decisions towards officially established goals of health. Anti-doping advocates have used promoting athletes' health and guiding them to what they consider pro-health participation as a foundational justification for their efforts since the 1960s. Linking sport participation with health and healthy lifestyles while simultaneously labeling banned substances as anti-health, along with the social shame that comes from anti-health choices, worked to make bans on substances that harm or could potentially harm an individual's health appear logical. When health is an individual responsibility, it is up to the athlete to choose health by both participating in sport and by choosing to avoid doping. To be a responsible citizen, then, one must accept the view of sport as a pro-health activity and doping as anti-health and behave accordingly.

Medical anthropologist Linda Hogle (2002) addressed the notion of expertise—how one becomes an expert, who's expertise is viewed as legitimate—within health and medical contexts. As the distinction between between public and

private, professional and advocate, patient and consumer, continually shift, there emerge multiple points of overlap, tension, and agreement between “professional” and “lay” sources of health and medical expertise (Hogle 2002: 276). Patient-consumers are expected to simultaneously passively accept expert advice and to make rational, educated decisions regarding their health. Patients have new ways beyond the doctor’s office to acquire the necessary information, including the Internet and direct to consumer pharmaceutical advertising. These developments along with many previously prescription-only products becoming available over the counter have worked to remove the doctor or other medical professional as the middle man between health and medical technologies and the patient-consumer (Hogle 2002). As such, the “category of expert” is “up for grabs” (Hogle 2002: 279) with new sources of expertise able to emerge. Hogle notes that within the American context, rather than rely on a doctor many individuals have come to rely upon themselves and their utilization of private industry sources of information such as pharmaceutical companies’ advertisements and websites, privately funded medical information on the Internet, self-diagnostic websites, and patient-supported web forums and information sites. Acting as patient-consumers, these individuals must find their way through the various sources of available expertise to determine which information will shape their health choices.

The non-elite sporting context is one where this division between different sources of expertise plays out in the daily lives of the patient-consumer, or in this case the athlete-consumer. Athletes must navigate health information coming at them from various sources similar to those Hogle describes. Official information or

“professional” expertise represents the mainstream beliefs about PES, that they are inherently bad and present risks for ill health. This type of expertise comes from medical experts and sports governing bodies, including anti-doping agencies, as well as running media, such as magazines including *Runner’s World* and *Competitor*. The media sources also often cover news of doping scandals within the running world, which are almost always at the elite level, and generally present PES use as unhealthy and bad, while the user is declared morally bad and unnecessarily risky. Official experts are not necessarily athletes themselves, which can lead athletes to question the validity of their advice and recommendations.

Community or “lay” expertise comes from various sources, but is marked by a view of PES that does assume they are inherently risky or anti-health. This expertise is often based on embodied understandings of the running, health, and PES. This information is based on individual experiences training and racing, and often involves a lot of trial and error. Runner-supported web forums such as [letsrun.com](http://letsrun.com), fellow runners and teammates, and coaches each offer runner-specific information on training and health, including addressing such topics as supplements and medications, featuring both advice and advertisements. This expertise may come in the absence of trusted official expertise, as a result of experiencing outcomes different from what those sources predict or recommend, or when there are disagreements or conflicts between official sources of expertise.

*Official and Lay Views of Health and PES*

The notion that all forms of doping are anti-health is at the foundation of many official anti-doping efforts to equate the use of banned substances with negative health effects (Alaranta et al 2006; Spedding and Spedding 2008; Weising 2011). WADA uses the actual or potential threat of harm to an athlete's health as a justification for banning certain drugs and substances (WADA 2009).<sup>12</sup> WADA does not offer a clear definition of what "health" in this context means, which has become a point of critique for sports scholars. Others question whether or not banned items are objectively harmful, given that some banned substances included on WADA's prohibited list have been used in order to restore health in some cases. Further, several sport researchers are skeptical of conflation of physical activity with sport underpins much of the promotion and perception of sport as a pro-health activity (Waddington 2004; Anderson 2010). WADA's approach is based on the common sense view that sport participation is inherently healthy and that some of the prohibited substances and practices present a danger to athletes' health.

Eugen Konig (1995) critiqued the style of anti-doping efforts currently employed in elite and collegiate sport—and by WADA—for failing to promote athletes' health from other threats, such as physical injuries in contact sports or overtraining through conventional training methods. He argued that practices and agents considered doping can be viewed as consistent with the use of other accepted substances or practices that have come to be defined as a natural part of

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<sup>12</sup> WADA may ban a substance or practice if it meets two of three criteria: 1) it enhances or potentially enhances performance; 2) it presents a threat or the potential for threat to health; 3) it runs counter to "the spirit of sport." (WADA 2009).

sport, but that these accepted substances are viewed as fair or natural only because they do not violate the current rules of play and not because they provide any objectively pro-health benefits (Konig 1995). For example, both blood transfusions<sup>13</sup> and the “train high, race low”<sup>14</sup> methods are quite effective for boosting an individual’s endurance by increasing an individual’s volume of oxygen-carrying red blood cells, thus increasing endurance. The former technique is akin to the donor-recipient blood transfusions common in formal medical settings, but within sport it is considered doping, anti-health, and it violates anti-doping regulations. However, the latter method is widely practiced and allowable under the rules governing road racing. Steroids, including those found in asthma medications, are currently banned by WADA, as are several ingredients found in over-the-counter cold and flu medications, anti-Lyme disease medications, and allergy medications (WADA 2012). Many of these substances are used in order to restore feelings of good health, not to harm it, yet are banned anyway. Further complicating the matter is the availability and use of Therapeutic Use Exemptions (TUEs), which allow some banned substances to be used by an athlete’s

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<sup>13</sup> This is also called “blood doping.” In the most common process, a unit of blood is removed several weeks before a competition. The blood is spun in a centrifuge to distill the red blood cells and separate them from the plasma material. The blood cells are then frozen, to be re-injected just before a competition for increased endurance.

<sup>14</sup> Though there are several versions of this method, one of the most common entails living and training at a high altitude to force the body to produce more red blood cells to compensate for the increased altitude. Racing is then done at a lower altitude, where the body benefits from surplus red blood cells developed in training at altitude, increasing endurance.

doctor files a medical declaration or an anti-doping agency approved medical necessity waiver is granted.<sup>15</sup>

Researchers have explored views of PES held by those immersed in sporting culture. Some of these findings highlight some of the differences between the official and community views of PES. Bloodworth and McNamee (2010) found that “a significant minority” of young athletes would engage in doping if the substances were undetectable. In an earlier survey of elite athletes across a range of sports, Alaranta et al. (2006) reported 7.3% of the athletes answered they would engage in doping if restrictions were removed. Though the portion of respondents holding these views was relatively small compared with those accepting mainstream official notions of PES, these results demonstrate that all athletes do not simply accept official recommendations when making decisions about training, racing, and health, but may be also influenced by other community sources of expertise.

### **The Tension Between Official and Community Expertise**

As noted in the previous chapter, the non-elite interviewees discussed health in terms of healthicized body projects. In this context, what runners understand as healthy is not necessarily shared by non-runners, some of whom are counted as sources of health expertise. Some runners noted how “healthy” choices for sport participation could differ quite dramatically for runners and health experts.

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<sup>15</sup>Complete rules are available at <http://www.wada-ama.org/en/Science-Medicine/TUE/>.

Bart, the sole interviewee to admit knowingly using PES took the view that drawing on personal experience and the experiences of fellow runners—community experts—can be more valuable for runners than official expertise, such as that from medical doctors. He acknowledged that too much running has led to a number of overuse injuries. The injuries then led him to use an array of medications and PES, often multiple at once and in large quantities. Bart does not think he is an anomaly, but one of many seeking relief from medical professionals who do not understand his insistence that running is a healthy practice for him to continue. He reported doctors and therapists recommending stopping or reducing his running as he has sought treatment—which has included large numbers of pain and anti-inflammatory medications to get him through a target race, as well as injected steroids to promote healing. However, Bart points out that other runners—both elite and non-elite—are able to handle similar mileage volumes, and are able to heal and come back from injury to continue training and racing. He specifically noted the injury plagued Paula Radcliffe, an elite marathoner and holder of the women’s world record at the distance, and her many returns from what many viewed as career-ending injuries. As he has staged similar comebacks, Bart does not feel that he needs to heed the advice of doctors and therapists telling him to rest or cease training. Instead he looks to other runners as models for how to best train through pain and manage injuries, which often leads him back to doctors for prescription medications.

Similarly, Adam, who reports running up to 90 miles per week when training to run marathons and 40 miles per week during maintenance periods, recalled a discussion he had with his doctor about health and physical activity:

“I had a doctor who told me to limit running to a couple days a week for two to four miles and it reminds me that there are so many different levels [of runners].”

From his doctor’s perspective running is a healthy practice when done in moderation. Adam’s version of moderation or maintenance running is far more than what his doctor recommends, but he does not view his mileage as unhealthy. However, Adam sees his doctor’s recommendation as a misunderstanding of the type of training done by runners such as him. Adam sees runners as having different capacities for training loads and understands that what one runner might view as moderate another may view as very high or very low depending on their own training and ability level. While his doctor understands healthy running as a one-size fits all prescription for health, Adam views it relative to one’s experience, abilities, and current training level.

Adam solicited, but then rejected, the advice his doctor, whom he noted was not a runner, offered on how much to run. Instead, Adam turns to his teammates to determine what is healthy training. Viewing himself and those on his team as having more expertise on his capacity to train and knowledge gained by his involvement with other endurance runners, Adam rejects the notion that there is a single, officially prescribed standard of healthy running volume and instead chooses

a more intuitive, individualized standard based on his own unique needs and capabilities.

Adam also noted that he thought anti-doping rules were too “black and white” and therefore ignores individual athletes’ bodily needs, capabilities, and responses to training. He noted that respect is often conferred to runners based on their speed and racing results. Faster runners are often looked upon by their fellow runners as “better people” because of the assumption that excellent outcomes are derived from undertaking an arduous training process, something done only by morally good individuals. Adam identifies as a “second group” runner and feels he is less respected by his teammates as a result. As a healthicized practice, running fast is equated with a healthy lifestyle, which is equated with neoliberal citizenship. Adam feels he is a good person and a good runner and it is troubling to him that he is viewed as inferior to his faster teammates. Because he knows the effort required by all runners to train at any speed, he rejects what he sees as mainstream views of successful athletes as inherently good people because he does not see performance as an indicator of one’s moral worth.

One interviewee did know a banned PES using athlete and reported that his exposure to his friend’s use informed the way he understands doping and its relation to health. Velo, a law student, described a friend in college who used PES to assist his training for football and saw more benefits than drawbacks to trying PES:

“I mean why not? It’s not going to do me any harm. And it would be fascinating to see how it would change my training. It would be something I would do for the curiosity of it, to see how it really changes

you...My friend, when he was on that cycle, the results were amazing and I assume for runners it would be similar. You could do everything you can normally do but just more of it...he didn't do anything that he couldn't have done without it, but just faster."

Velo saw up close what the effects of anabolic steroids were and determined that his friend only benefitted from their use. He reported his friend became stronger, had more endurance, and could recover and improve more quickly than he could before using steroids. Because his friend suffered no apparent drawbacks from his PES use, Velo now does not believe the warnings from anti-doping agencies and sports leagues that PES can harm health. Instead draws on his knowledge of his friend's experience with PES to inform his views. Velo did qualify this view, however. Like Keira, he thought the one drawback was that anti-doping regulations banning PES made ensuring what exactly you received from a PES distributor contained difficult and increased the risk of harm. Despite this, Velo said he would be willing to try PES if he found a source others had used and had experienced good results.

Other interviewees who did not have such a close experience with PES were still influenced by community views of PES and health. Carlo, who reports never knowingly using a banned substance, bases his ideas about doping on runners' web forums where runners discuss various aspects of training and racing, and doping is a regularly discussed topic. Following his engagement with this on-line runners community, Carlo's understanding of the risk presented by some PES ran counter to mainstream understandings. Describing the way he sees the risks of doping, he said:

“I don’t think steroids are dangerous, I really don’t. I think it’s kind of like crap of crap. I think it could be, they can be abused like anything but I think there is a fallacy or a misbelief or you know, misconception that if you take a steroid, like yeah there could be side effects but you know, I don’t think runners are killing themselves by taking EPO... But I don’t think it’s the belief, it’s like you take the steroid you are going to kill yourself like it’s going to break down [your body] or stuff. Actually I feel like it’s helping you repair your body faster.”

Carlo challenges the officially derived view of steroids and other PES as dangerous or unhealthy. He also outright rejects the idea that EPO poses life-threatening risks when used in moderation and in a responsible way. This idea of responsible use of two PES generally understood as the most risky—anabolic steroids and EPO—is clearly derived from a non-official source of expertise, as WADA and the bodies that govern running have a zero-tolerance policy regarding PES use by athletes. Carlo even goes so far as to argue that PES may actually be good for runners by helping them recover more quickly from intense training and racing.

Despite both Carlo and Velo’s views of doping as not necessarily unhealthy and possibly beneficial, neither had decided to use a banned PES. Given that the mainstream view of doping sees PES using athletes as morally bad and unfit citizens, both likely wanted to avoid the stigmatization that accompanies revelations of doping. Through our discussions it became clear that neither was interested in risking their status as members in the non-elite running community by going against the mainstream view and using banned PES. Since both claim to run for

reasons other than the purpose of winning races they were not motivated to actually use PES. This further reflected the view that doping is an elite-only problem driven by the desire to win. Therefore while they accept community views of PES their behaviors remain firmly consistent with official recommendations for avoiding all forms of doping.

Only one of the interviewees—Bart—who took a similar community view of doping actually altered their behaviors and knowingly used a banned PES. Not that they had not considered doing so. Marcus, a long time member of the NYC running community, indicated that while he had decided not to, he did entertain the idea of using a banned PES during his current training cycle:

“Yes, I have to say in my heart, yeah. It crosses your mind, it has absolutely crossed my mind. I mean I had lofty goals for [a marathon this year]...people ask me, how’s it going, you gonna do it? The pressure is there and I think I would say no, but yeah I think about it. I’ve thought about it this go around...I mean and I’m curious. I think I could probably do it.”

Though Marcus has considered how PES could improve his performance, he has spent his years in road racing speaking out against suspected PES use in running at the elite and non-elite levels, which has contributed to him becoming a well-regarded coach and authority on road running in his community. His reflection on how he decided to approach his racing goals was largely shaded by these very public anti-doping beliefs and his identity as a tendency to question what he views as seemingly impossible improvements in other local runners. With that in mind,

Marcus determined that though his personal goals were important he did not want to risk his reputation as a rule follower and local road running expert.

Marcus also calls into question WADA's contention that excellent performances and health promotion necessarily go together and that banned PES necessarily do not. He noted that he has suffered from multiple injuries and seen even more among the many other runners with whom he interacts. In his description of his marathon training above he notes that he had "lofty goals" and went on to describe that those were largely derailed due to injury. In order to overcome those injuries and continue training at the level he desired, he considered using something he knew was banned but that he also believed would enable him to recover more quickly.

Marcus' views show a tension between what he wants to believe—that doping is unhealthy and morally wrong—and what he has witnessed in other runners—doping is effective for improving training with seemingly few negative objective health outcomes. That he reports choosing to not use banned PES reflects how deeply he has internalized the official messaging regarding doping. His commitment to the official anti-doping view is such that he reported he feared both damaging his long-term health, but also that he would not be able to look at himself as a legitimate member of the running community if he used a banned PES. For Marcus, and for Velo, and Carlo, maintaining his identity as upright citizen-runner was more important than becoming a successful racer. What he considered an excellent performance was not possible without jeopardizing his standing as a

citizen of the sport that requires following the official guidelines whether or not you necessarily agree with them.

One such guideline that is particularly relevant to endurance runners is known as EPO. Erythropoietin (EPO) is a drug used medically to treat anemia in individuals with renal disease (Ramachandra et al. 2012) though athletes, including endurance athletes like distance runners, use EPO to increase their blood oxygen capacity and stave off fatigue. A risk of EPO usage is a thickening of the blood and has been associated with the deaths of several professional cyclists (Waddington 2000). Joe, a former semi-professional multi-sport athlete and cyclist who also found success as a runner in non-elite road racing with over 15 years experience as a competitive endurance athlete, expressed concern over the health risks to athletes presented by EPO. Joe was especially concerned that PES would allow runners to go past what they were naturally capable of and lead to injury and poor health. Building on his experience in the cycling world, Joe explained his view of EPO and overtraining:

“What are the long-term effects of EPO? The side effects aren’t known. They started using EPO 20 years ago and now 20 years later, what are the effects? They aren’t known...EPO allows you to train more, to train harder. It ruins your body in itself because it allows your body to do more than it is made for.”

Joe views running and doping as a dichotomy with two implications: running is healthy, PES are unhealthy. This reflects mainstream views of running/sport, banned PES, captured in WADA’s concept of the “spirit of sport” that it is at the base

of the anti-doping movement. This “spirit” includes such values as fair play, honesty, health, and excellence in performance (WADA 2009: 14).

Earlier in our conversation, Joe explained that he viewed running as healthy because of the “healthy” citizenship lessons it could teach young athletes about fitness, goal setting, commitment, and hard work—values of both WADA’s “spirit” and the good neoliberal citizen. Joe views EPO as anathema to these values by risking what sees as objective bodily health. However, he goes a step further in his assessment of risk by addressing the risk presented by the training process. Beyond the risk of using an unknown and under-researched substance with unknown effects, training itself becomes a risky endeavor when an athlete chooses to include a banned substance. By allowing a runner to recover more quickly and therefore train harder by running more miles at an intense level the runner may take their training beyond their bodily capacity, to the point that running ceases to move the individual towards better health. At this point, running becomes an anti-health bodily practice.

Notably, Joe sees overtraining or training past the limits of what one’s body can currently handle as a risk only when done in conjunction with a banned substance, though extreme training in the absence of PES is acceptable as part of the healthy training process. This is in line with WADA’s “spirit,” where doping is antithetical to excellence in performance and health. This presentation overlooks the tension between training to perform at an excellent level and constructions of health. WADA bans only substances that may pose specific, objective health risks and does not prohibit other potentially unhealthy sport practices—such as head injuries resulting from boxing hits to the head or “heading” the ball in soccer—or

regulate the amount, duration, or intensity of training in which athletes may engage. Given this approach to “promoting health” it seems that WADA views sport and training to reach a level of excellence as inherently healthy and low risk, and specific banned substances as unhealthy. The interviewees generally embraced the first part of this view, as they understood rigorous and often painful or injurious training as part of the process of health. However, there was a split in their views regarding banned PES with some repeating the official take on doping as anti-health and others who drew on community understandings when expressing their views.

One of the clearest examples among the interviewees who embraced the mainstream view of PES was Kim, a 32 year old who has been running for 20 years. As a collegiate runner, she was exposed to some anti-doping education and was subject to testing. Her perception of the risks of PES were present even though she could not identify what the possible anti-health outcomes would be of using such substances. Kim observed:

“There are really bad side effects to using, like the reason those things are illegal are because there are horrible side effects, like if you use steroids for a long time they have horrible side effects...if everyone took anabolic steroids, what kind of health problems would we have?”

When asked to elaborate, Kim was unable to specifically identify the “horrible side effects” of the anabolic steroids she named as an example of banned substances. She acknowledged she found some anti-doping rules “somewhat arbitrary,” yet clung to the idea that banned substances present a health risk because that was a basis for their prohibition. Though she spoke of negative health risks associated with banned

substances as a central reason for banning some substances, she did not draw on these concerns when speaking about her personal experiences with doping issues. Kim reported having first hand experience with a PES using runner on her own running team. However, while she related the story she expressed concern only for the fairness to other athletes, and did not mention any such concern for the health of her teammate. Kim saw an overlap in the health and ethical implications of doping that together rendered the doping athlete morally crooked. In this view, good runners—those she would allow on her team—choose to resist banned PES because they are concerned with protecting their health and competing fairly.

Later in the interview Kim did go on to describe how dealing with a doping teammate changed some of her views on the topic by making her more aware of the more common and seemingly less anti-health or less risky substances that can lead to an anti-doping violation. She specifically mentioned a teammate who complicated her view of doping because his wife, a former elite runner, tested positive for a doctor prescribed medication after a marathon and subsequently served a competition ban. She noted that hearing how doping testing works from someone who had experience with the ramifications of a positive test moderated her previous view of all banned substances as equally bad and harmful. That Kim reported her views were sharply influenced by her teammates' experiences demonstrates how powerful community knowledge can be in shaping the views of non-elite runners. She shares her identity as a runner with her teammates who she respects. When one related an experience with PES that was contra to her current ideas, she was prompted to critically examine her views of banned PES in light of

her teammate's experience. This reflection ultimately led to a shift in her views, though she reported never following up to find out if this new information was any more or less accurate than her previous beliefs.

Kim initially seemed to uncritically repeat the mainstream view of PES with regard to health disseminated through her minimal collegiate anti-doping education. That Kim lacked a better understanding of doping and anti-doping regulations is consistent with findings among other athletes, including those who have had anti-doping education. In their survey of elite athletes' knowledge of the anti-doping approach and over the counter (OTC) products, Mottram et al. (2008) found that despite their status as elites who are subject to anti-doping efforts, athletes varied greatly in their knowledge of what constitutes doping and anti-doping violations. The results were split among those who understood penalties and terms included in anti-doping, signaling a gap in the knowledge institutions like WADA and sports governance bodies disseminate. Limited knowledge of formal anti-doping rules has been shown at both elite and non-elite levels of sport. In their study of doping knowledge among elite female triathletes Johnson, Butryn, and Masucci (2011: 24) reported that despite their elite status and having undergone anti-doping educational efforts, the participants in that study varied greatly "from unaware to relatively knowledgeable." A deeper understanding of the logic behind anti-doping efforts was lacking—most were found to view compliance as simply avoiding substances on the banned list—as was any real deterrent effect of knowing what were included as banned substances. Similar results were reported in

Lentillon-Kaestner and Ohl's (2011) study on the problems with accurately estimating the prevalence of doping in sport.

Other interviewees had a higher level of technical knowledge of doping and this informed their views of the doping and health. Keira, a research scientist, had a clearer understanding of the health implications of many substances based on both her official expertise deriving from her biology background and her own experience as a sub-elite runner:

“I mean these drugs are not kids’ toys...If you look at EPO and the cyclists’ deaths in the 90s we’re really talking about life and death...and it’s not like you have very good medical advice with these things and so you have people who are wandering into this with very little guidance at a young age and potentially getting it from the guy at the locker next door.”

Keira refers to the risk presented by substances like EPO, which was linked to the death of several elite cyclists in the 1980s and 1990s.<sup>16</sup> She further describes the problem of from where substances and advice are procured. EPO and substances like it are not approved for use without medical supervision. In the absence of such supervision, athletes who use banned substances may have to do so without a doctor’s guidance on things like appropriate dosage.

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<sup>16</sup> Keira refers here to the well-publicized deaths of several professional cyclists between the 1970s and the 1990s, several of whom participated in the Tour de France. These deaths and the outcry that followed contributed to the development of international anti-doping regulations—WADA—under the direction of the IOC. For a more complete history see Barri Houlihan’s *Dying to Win*, 2003.

Keira describes the tension between official and community expertise with regard to doping. As Keira points out, athletes may rely on members of their local sport community who are not medically qualified in guiding their behaviors. She sees this community expertise as gravely dangerous in the absence of any official guidance, she also noted athletes may buy banned substances from unregulated distributors in places such as local gyms or via the Internet. Often long time users or distributors of doping substances may be recognized as experts in their use. Despite this expertise, an individual using these means to obtain banned substances risks not receiving the correct substances, the correct amount, or a human grade quality product. Once again athletes may also not have reliable information on how to reduce the risk of negative side effects, particularly problematic if the actual contents of the substances are not completely clear. Keira's characterization of athletes, especially young people, "wandering into" doping seems to suggest a need for better official guidance and information on banned substances. Like all the interviewees, she recognizes that runners—mainly elites—do engage in doping, but unlike most of the respondents Keira recognizes that some banned substances can have pro-health and/or medical uses.

Keira's fears of ignorance when using banned substances may reflect her own position as a member of the scientific community, as she expressed confidence in medical recommendations when making training decisions. Interestingly, Keira's views on another prescribed medication, hormone-based birth control pills, are based not on medical research, but on the experiences of other female athletes who claim they hinder training. In this matter, Keira is willing to ignore official experts

repeated claims that birth control does not negatively impact athletic performance in favor of the experience-based expertise from within her running community. This seeming inconsistent trust may be explained by the availability of community expertise. Keira's identity as both a "good" scientist and a runner are grounded in her training practices, which are based on the acceptance of what she considers objective health and empirical research by avoiding banned substances. Unlike Kim, Keira reported never knowing anyone who has knowingly used banned substances. She does, however, know many female runners with firsthand experience using hormonal birth control that contradicts medical evidence. Similarly to the ways Kim altered her views of PES as a result of having the expertise of her teammate available, Kim embraces the available community expertise other runners and alters her behavior by not using hormonal birth control. Had she access to others with experience using banned PES her views may have similarly change.

### *Conclusion*

Because running is a practice that can be enhanced as well as a practice that non-elite runners view as part of the process of health, runners rely on various sources of expertise to inform their training decisions. One of the most controversial forms of enhancement is the use of banned PES or doping. Mainstream views derived largely from official sources of expertise present doping as contrary to the pursuit of health, which sports such as running are promoted as enhancing. However, community views of PES refute official claims of the health

risks of PES and acknowledge that sports training may actually present a greater risk to objective health.

Many interviewees accepted the basic official running/doping health dichotomy in which running is good and doping is bad. The interviewees were each influenced in some way by community sources of expertise in their understandings of the relationship between health and banned PES. Some influence could be expected as all of these runners are members of NYRR-affiliated running teams and therefore have at least some interaction with other runners. However, runners such as Velo, Carlo, and even Keira and Kim expressed views of the risks of PES that questioned the inherent risk of PES portrayed anti-doping agencies like WADA. These views were shaped by each runner's relationships with other athletes or runners they identified with in some way who had used or questioned official notions. Velo's experience observing his college friend who used PES convinced him that the risks of PES were overblown, while Carlo relied on web-based runner forums for information on how PES "really" worked. Despite her commitment to what she sees as scientific evidence, Keira's view of hormonal birth control was altered by the experiences of other female runners. Kim's long held beliefs based on official views of PES and health were upset when she discussed experiences of anti-doping testing with teammates following the failed test of another team member.

Despite these community influences, only one runner's behavior did not follow official recommendations of PES avoidance. Mainstream views of doping still assign it a negative connotation and athletes labeled "dopers" are unethical for breaching the rules of their sport and jeopardizing their health. Knowingly using

any banned substance is enough to cause an athlete to be stigmatized. Though non-elite runners may not all have deep, technical knowledge of anti-doping rules or of the properties of every substance, they do understand that individuals must avoid banned PES in order to remain in good standing within their communities. Avoiding PES is not necessarily a result of runners weighing the risks and benefits to their objective health, but of the centrality of the body to the expression of one's identity. As non-elite runners understand "health" as a process in which they encounter pain, injury, struggle, exhaustion, and illness, negative bodily health experiences are accepted as part of training. PES are viewed as making the training process easier or even allowing athletes to perform at a higher level than that to which they have trained, allowing users to avoid hard training work. Allowing the runner to skip the hard parts eases the process of training. The runner's body and health are seen as corrupted by the introduction of PES, which in turn reflects the individual's corrupt morality. No longer a good runner, the individual becomes a bad dooper. Even if they disagree with the official notions of doping, non-elite runners fear losing their identity as runners—those healthy, fit, good, hard-working neoliberal citizens—if they act against the recommendations of official experts.

Using banned PES is one way runners may enhance their running, and one in which few report engaging. Nutritional supplements, though, are widely used by non-elite athletes seeking a running boost. However, the line between the two is often blurred by runners' own ignorance of anti-doping regulations and logic behind the banning of some substances, as well as problems with the production and availability of unregulated nutritional supplements. Yet nutritional supplements are

viewed as healthful and harmless, the opposite from mainstream views of banned PES. In the next chapter I examine the ways non-elite runners understand and use nutritional supplements as part of a healthy training practice, and consider how these perceptions coupled with the lack of oversight on the manufacture and use of supplements present risks to consumers. Yet, because these products do not carry the stigma of banned PES or doping, non-elite runners are willing to use them as part of what they view as their healthy lifestyle.

## Chapter IV

### **Supplementing Health? Risk and Reward of Enhancement Substances**

Mainstream views negatively characterize the use of banned PES. Doped athletes are viewed as immoral competitors and unhealthy individuals. The previous chapter demonstrated that non-elite runners behave in a way consistent with guidance from official experts regarding banned substances, even if they have embraced community views of banned PES. Much of the news around doping in running comes from the elite levels of the sport, often surrounding news of an athlete who has tested positive for a banned substance. Non-elite athletes view elite runners as having a different set of priorities and motivations for running that would make doping an understandable, if not acceptable, choice to boost performance. Given what they understand as a different set of motivations for running, as discussed in chapters one and two, non-elite runners view themselves and their peers as less likely to use banned PES. That does not mean they do not seek out ways to improve their running performances, but that they may use other non-banned PES.

Nutritional supplements<sup>17</sup> and over the counter medications are widely used by these runners seeking improvements in health and enhancement of running

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<sup>17</sup> The National Institute of Health (NIH) defines dietary supplements using a four-part definition developed by Congress in the Dietary Health and Supplement Education Act. According to the NIH, a dietary supplement “is intended to supplement the diet; contains one or more dietary ingredients (including vitamins; minerals: herbs or other botanicals; amino acids; and other substances) or their constituents; is intended to be taken by mouth as a pill, capsule, tablet, or liquid; and is labeled on the front panel as being a dietary supplement” (NIH 2007).

performances. Most are legal and widely available, but unlike prescription products or banned substances are not regulated in the U.S. Cross-contamination with substances not listed as ingredients—including those that are banned by anti-doping agencies—can make their way into common products found in local vitamin shops and pharmacies. Manufacturers can make claims about what benefits their products offer as long as they carry a disclaimer that the Food and Drug Administration (FDA) has not verified the claims. Highly troubling is the lack of oversight with regard to negative side effects resulting from use of these products—recalls are slow and rare. The supplement industry and the lack of regulation have created a clear “buyer beware” environment, while at the same time anti-doping agencies and media coverage of elite doping scandals focus on a few banned substances. Together these lead non-elite runners to take the safety of available supplement products for granted.

This chapter explores non-elites runners’ views of routine supplement and medication practices that do not necessarily fall under the definition of doping. As they are left out of direct anti-doping testing and enforcement, it may appear that non-elites are unaffected by anti-doping efforts focused on the elite level of their sport. However, it is because they are not subject to anti-doping testing that non-elite runners are willing to use nutritional supplements that place them at risk for unexpected or negative health effects of supplements and other performance enhancing training aids. Many non-elite runners view the negative effects of performance enhancement as a problem limited to only a handful of widely publicized PES or doping methods, assuming available and legal products are

similarly regulated and their use poses little risk. The social acceptance of nutritional supplements and their widespread use among the broader public reinforce the notion that such products are objectively safe and healthy. I argue that based on these normative assumptions non-elite runners view nutritional supplements differently from banned PES and that this difference encourages their use as a health and performance aid. Unlike with banned PES, runners are able to use nutritional supplements with the goal of enhancing performance while maintaining their status as good citizen runners.

### **Supplements and Anti-Doping**

Enhancement in sport is often considered by researchers to fall under the broad issue of doping, a topic which has both intellectual and practical implications. Many researchers have argued that there is an underlying theme in discussions about doping and anti-doping policy over the desire to distinguish between “natural” and “enhanced” athletes (Konig 1995; van Hilvoorde, Vos and de Wert 2007). This natural/enhanced division underpins many arguments in favor of greater doping control—including preserving fair competition and promoting the health of sports participants—and its effects are visible in many of the policies adopted by anti-doping agencies. However, preserving this distinction has proven problematic, as researchers have highlighted inconsistencies and contradictions with anti-doping regulations (Hoberman 2007). Further, the current prohibit and test approach to anti-doping has shown to protect neither the “level playing field” nor athlete health at any level of running, as evidenced by elite runners continuing

to test positive for prohibited substances and the recent controversy around the stimulant dimethylamylamine or DMAA found in sports supplements linked to health problems and the death of one runner, Claire Squires, during the 2013 London Marathon (Hamilton 2013).

The approach to anti-doping taken by anti-doping agencies such as WADA and the USADA is an attempt to promote fair play and health among athletes (Van Hilvoorde, Vos and de Wert 2007). When sports authorities want to resist an innovation in sport they often resort to appeals to the tradition of the sport—an idea that sport has existed in a purely natural and “real” form, untouched by technology (Ibid). By banning some enhancements from all athletes, WADA claims to promote fair play by not privileging those with access to enhancements from gaining an advantage over those without, forcing all to compete in what WADA would consider a “natural” state. Van Hilvoorde, Vos, and de Wert (2007) consider Gugutzer’s (2001) argument that the modern doping crisis addressed by anti-doping agencies such as WADA is linked to the desire to hold onto the distinction between the natural, non-manipulated body (nature) and the “enhanced body” (society). Konig (1995), however, asserts that using such concepts as “natural” and “artificial” in regard to athletes and sport is problematic because one of the goals of sport and competition is to go beyond the bounds of what the “natural” body can do. The natural body is limited in what it can achieve normally, but sport is where the body can be trained with the intention to go beyond these natural limitations (Ibid). Konig also critiques the notion that there is a substantive difference between what is considered illegal doping and what is allowed, arguing that practices and agents

considered to be doping are actually consistent with the use of other accepted technologies, such as oxygen tents or DMAA, which have come to be defined as a natural part of sport. Konig asserts that these technologies are viewed as fair or natural only because they do not violate the current rules of play and not because they are essentially different from those labeled doping.

Though athletes themselves have long sought ways to gain a winning edge, Houlihan (2003) argues it is since the rise of performance enhancement as a goal of sports medicine that the search for supplements for athletic bodies expanded. Supplements for athletic bodies have come in the form of dietary supplements, sports nutritional supplements, and medical interventions (Waddington 1996). Dietary supplements are intended to install from the outside what the body is missing on the inside. For athletes, supplements provide a way to build upon traditional training and dietary methods—concentrated, drinkable protein powders in place of eating large quantities of food or doses of vitamins or minerals in pill form, for example. The supplement market is large and continuing to grow as manufacturers continue to make more products available to consumers. By the early 2000s the sports-supplement industry had become a multi-billion dollar industry, with nearly \$20 billion in sales within the United States alone in 2007 (Consumer Reports 2011). Beyond dietary or nutritional additions, supplements may also include training equipment or technologies that are used to benefit performance.

While both non-athletes and athletes use such supplements, Baume, Hellemans, and Saugy (2007) cite several studies that suggest many athletes, both

elite and recreational, use dietary supplements with the belief that they may have performance benefits. Suzic Lazic et al. (2011) found a large majority, 74%, of Serbian athletes report regular use of at least one supplement or over-the-counter (OTC) medication, and 21.1% reported use of six or more such substances. Troublingly, Pipe and Ayotte (2002: 245) report that because supplements are largely unregulated, many substances of “dubious value, content, and quality” are widely available to the consuming public, including athletes. Many dietary supplements are not banned as performance enhancing drugs, but they may be tainted or cross-contaminated with banned substances or with other potentially harmful ingredients. Labels do not necessarily report all potential ingredients that may make their way—either accidentally through sharing close manufacturing quarters with other products, or intentionally by the manufacturers who add banned PES to the products to produce the effects sought by the consumer—put athletes at risk. Elite athletes may test positive for banned agents, while both elite and non-elites may ingest something causing a negative effect or allergic reaction.

The health risks of supplements are not unknown by stakeholders in sport. Anti-doping agencies have also issued warnings to athletes to beware of supplements and USADA has a page on its website (<http://www.usada.org/supplement411>) dedicated to the risks of supplements and a search function to determine if a product or substance has been banned. Though supplement manufacturers in the United States are required to report such adverse events of supplements to the Food and Drug Administration (FDA), Cohen (2009) found that as many as 50,000 adverse events are estimated to occur annually but

relatively few are reported, meaning a potential recall could not be issued. Harel et al. (2013) found that recalls are not necessarily carried out even when the FDA confirms contaminated supplements, meaning many supplements present health risks to athletes who may equate availability with safety. Maughan, Greenhaff, and Hespel (2011) also caution that as athletes become more and more desensitized to taking and using supplements, that they exercise caution in order to minimize health risks—especially when using the types of novel supplements that lack in institutional regulation on their safety.

Evidence of how lax oversight of these products is found in the report by researchers that a methamphetamine analog was detected in the popular workout supplement Craze, undertaken by the authors after athletes tested positive for the stimulant in doping tests (Cohen, Travis and Venhuis 2013). While the authors note that athletes may inadvertently use a banned substance, the greater concern is the unknown effects of this analog on the athletes who use it, as tests on humans of this stimulant have never been performed (Ibid). Such examples underscore the need to understand how athletes view these easily procurable products and how their use may impact both their health and athletic performances.

That banned and non-banned PES exist in such close, sometimes overlapping proximity to one another can lead to confusion among those not familiar with the various regulations and justifications for prohibiting some substances. Hogle (2002) notes that assigning a medication as prescription signals the product is intrinsically dangerous and that a barrier between the drug and consumer-patient is necessary. She reports that the FDA removes this classification, effectively

offloading responsibility for these to the private sector while maintaining some oversight (Ibid). Doing so also puts the burden of diagnosis and information gathering on the individual, as there is no hurdle in the form of a prescription-pad holding medical professional to acquiring these products. Removing those barriers and allowing pharmaceutical companies to advertise products enables consumer-patients to self-diagnose and treat. A similar situation exists for nutritional supplements, except there is no barrier even in the form of an oversight agency like the FDA, which does not regulate nutritional supplements. As part of the responsibility to become and remain healthy, non-elite runners—the consumer-athletes—are tasked with determining what will benefit their health and what could cause harm.

### *Consumption, Supplements, and Health*

A cultural and economic ideology, neoliberalism emphasizes the principles of individual rights, responsibility, and the operation of free markets. By equating rights with choice and freedom (Rose 1999), participation in the market economy becomes a marker of citizenship (Guthman and DuPuis 2006). Citizens are consumers who “purchase the products of global capitalism” as a means of social contribution (Guthman and DuPuis 2006: 443). Markets open and expand as private enterprises provide products and services to meet newly constructed “needs” (Guthman and DuPuis 2006; Hall 2006). Health has become increasingly commodified and the growing health and fitness industries offer a vast array of health products and services available for purchase and consumption, including

fitness clothing, exercise gear, health and fitness publications, and nutritional supplements (Ayo 2012). Many health products are aimed to address “needs” related to anxieties over one’s risk for various maladies that consumers are told can be mitigated by proper health and lifestyle choices (Isin 2004). Health culture, with the underlying imperative to health and related anxieties of risk, have led to the expansion of the health market for wellness and self-improvement aids (Lavrence and Lozanski 2014). These aids offer a type of health “insurance” to consumers through behavioral changes and lifestyle choices intended to reduce their risk of illness or otherwise poor health (Ayo 2012: 103). Good citizens are expected to consume health and lifestyle products not only for their own wellbeing, but as an obligation of citizenship (Ibid).

In the previous chapters, I demonstrated that athletes view the process of health as requiring a lot of work, sacrifice, and struggle to constantly focus on making “correct” health choices and avoid risk. As with other markers of social worth, pursuing “health” requires outlays of resources, including financial (Pirie 2011), but are viewed as an investment in one’s self—via the body—and a demonstration of compliance with the duties of neoliberal citizenship (Ayo 2012). Health and fitness are valuable characteristics because they signify that the individual has accepted the responsibility for bodily health and fitness, and are putting in the effort required to fulfill their obligation. The fit body is a visible “display of one’s personal and social responsibility” (Lavrence and Lozanski 2014). Runners are consumers of products they believe will make them faster, stronger, and healthier, which in turn makes them better citizens. Chief among these

products are nutritional supplements, which are commonly used among the US population (Gahache et al. 2011) but especially by athletes (Baume, Hellemans and Saugy 2007; Suzic Lazic et al. 2011; Bailey 2013). Within health culture, use of nutritional supplements is not merely tolerated or accepted, it is encouraged (Stokes 2008 cited in Lavrence and Lozanski 2014). Use of these products is a daily practice that demonstrates an individual's commitment to health in ways similar to that of training.

With such products widely available for purchase in retail stores and via the Internet, athlete-consumers must determine which products, if any, they will use and, as discussed in the previous chapter, often rely on community expertise to make these decisions. The result is often that non-elite runners who seek to become healthier use nutritional supplements, the safety of which they assume is assured by regulatory standards and enforcement bodies. Since use of these products is encouraged and do not carry the stigma of banned PES, consumption of these products further underscores one's obedience to the obligations of neoliberalism that require citizens to consume products and services offered by the health industry to meet the needs required to be responsible, healthy citizens. In the following pages I analyze the ways non-elite runners described how they understand doping as compared with nutritional supplements and how consumption of supplements is an important part of healthicization.

### **Non-Elite Views of Doping vs. Supplementing**

Approaching the interviewees' views of performance enhancement from the perspective of healthicization reveals a pattern of fuzzy lines between what types of enhancement are healthy and acceptable and which are unhealthy and to be avoided. When the interviewees described running for health reasons they described "health" as a constant process of aiming towards health that could include pain, struggle, and injury as opposed to more objective health outcomes. However, in their descriptions of doping and banned PES they began to use language reflecting objective notions of health and negative health outcomes, while generally using neutral or objectively positive health descriptions of supplements. This difference was despite a general ignorance of the empirical evidence of the effects of effects of either banned PES or nutritional supplements, of anti-doping rules, such as those by WADA, and of regulations and controls on nutritional supplements by agencies such as the Food and Drug Administration (FDA).

When asked their views on the difference between doping and other allowable forms of enhancement, most interviewees in this study revealed themselves to be ignorant of the majority of anti-doping regulations or of the extensive list of substances prohibited from competition. As a result, most interviewees thought doping was limited to the substances and methods most commonly detected and reported upon when elite athletes have tested positive for PES: anabolic steroids, Erythropoietin (EPO), blood doping involving banking ones own blood, and human growth hormone (HGH). Some interviewees, such as Sam, were forthcoming with their ignorance of the rules as they relate to their own training:

“On our level, the competitive athlete level, I’m not that cognizant of all the rules and drugs. I take caffeine, alcohol, and Advil. I’m pretty sure I’m not in violation, but I don’t know. If a doctor prescribed eye drops and that’s a steroid am I in violation? I don’t know.”

Sam also noted that he worried about the negative health impacts of some of his habits—such as the toll alcohol would have on his heart—but that he did his best to avoid anything he thought presented a risk to his health. Importantly, for all of the interviewees, objective health concerns trumped concerns about staying within the rules of their sport when considering any type of performance enhancement.

One of the misunderstandings about doping or banned PES was that all banned substances had to necessarily impact performance in a substantial way. The concept of masking agents—those products or substances used to hide or mask the presence of PES in the body—were unfamiliar to most interviewees. This was even true of Sarah, an experienced runner and running coach, who described how she understood doping: “I guess my first reaction is taking any kind of substance that enhances performance.” When pressed, Sarah noted that not all enhancing substances were necessarily doping, including the coffee she drank while we spoke, and that doping was specifically banned substances or “like blood doping.” This assumption is in line with the understanding that banned substances will make participation easier and less of a struggle, therefore denying the runner of the experience of the training process necessary to identify as a runner. A PES is “bad,” as is the user, when it interrupts or distorts the process of becoming healthy of

which training—including the exertion, hard work, and disappointments—is a foundational element for runners.

Caffeine came up in several discussions as a legal PES. Its use was widely reported by the interviewees in the popular forms of coffee, tea, and energy drinks, as well as in endurance sport-specific products such as caffeine added electrolyte gels, drinks, and chews. Caffeine in pill form was not reported as a method of consumption. Calvin, a medical doctor noted:

“...caffeine is actually a proven performance enhancer. I take caffeine essentially every time I run or race and I know it works and if I don't have it I don't necessarily feel as good. I take the gels with caffeine in it.”

Though all of the interviewees understood that caffeine did have a performance effect, most were confident that caffeine is not doping nor is its use against the rules. Eleanor, a 30-year-old who works in finance, was clear in saying:

“Doping would be using enhancing drugs. Not like caffeine or something like that. Something more powerful to enhance one's performance.”

However, caffeine is not as different from other banned substances as the interviewees thought. Caffeine is stimulant and a known performance enhancing substance. It was banned in large quantities during competition before being placed on the anti-doping watch list (WADA 2009). Like many of the other interviewees Eleanor did not consider caffeine a problematic or potent PES. For her to consider something doping it had to be hard to acquire or use and it needed to improve one's performance in an unusual way—something more than the stimulating effects of her regular coffee.

Calvin admitted to not having ever read the list of banned substances, but drew on his medical background to elaborate on what he saw as the defining characteristics of unacceptable PES:

“I would say it is basically taking some type of substance that would give you an unfair advantage over other people. An advantage that is more than just training hard. Some type of hormone or pill that could make your response to training greater than just regular physiologic response.”

He was clear that substances or methods could be performance enhancing without necessarily being considered doping. He also drew a distinction those substances that would trigger a response allowing an athlete to increase training volume and intensity while recovering at the same rate or faster than what could be achieved without such a substance, such as anabolic steroids. Though I noted that not all banned substances had such an effect, Calvin saw the distinction between allowable supplements and unallowable PES as being based on the physiological reaction to a substance. Similarly, Stan, a 40-year-old nutrition student and a regional 5k champion, had similar ideas. He thought doping included:

“Shooting some chemicals in your blood, or giving your blood more oxygen. I think they’re taking blood out and then shooting chemicals into in to give it more oxygen.”

For Stan, doping was specifically blood doping or injecting PES that would alter one’s blood profile and resulting in a significantly improved performance. The idea of injecting a substance into the body was one of the clear indications for the

interviewees that something might not be acceptable. Chris offered some examples of what he viewed as doping:

“Taking HGH for example. Doing testosterone injections, I consider doping. Or an artificial product that would be an enhancement and are not natural.”

Though Chris was more specific, he was not necessarily more accurate in his description of doping as “not natural.” Many common and allowable food and beverage products, vitamins, and medications are artificial in that they are manufactured in a lab or engineered to work in specific ways or to last longer than they would otherwise. Further, some methods or substances, including human growth hormone (HGH), are endogenous to the human body and may be argued to be “natural.” However, most interviewees have never been educated on the details of doping. Even as a marathon runner who has won or placed in several races (though never given an anti-doping test), Carlo was not much clearer on what he thought constituted doping versus other forms of enhancement:

“I think it’s more injecting yourself with – or I’m not sure say injecting but taking some sort of foreign substance or taking you know like blood doping, adding something; more blood to your system to increase your ability to – like exchange oxygen or even like when running you know, the recovery. So you know, HGH – and I don’t know if runners really take HGH or marathoners but I’m sure like blood doping and EPO to increase your blood volume and things like that, yeah.”

Injections done outside a medical setting presented a line between more and less risky PES. The notion that an injected substance was likely banned or harmful if done outside of a medical setting is likely related to fears and associations of both the anabolic steroid injecting athlete and with those of injection drug users of illicit narcotics such as heroin. Anabolics and human growth hormone (HGH) are often thought to be used by bodybuilders to achieve an overly muscled aesthetic that is far outside the normative body type (Monaghan 2001; Beamish 2013). Illicit drug users are widely considered a deviant group, with those who use heroin and crack—also associated with poorer populations than other illicit drugs—often facing the greatest stigma (Ahern, Stuber and Galea 2007). Runners who engage in their sport as a way of working towards health and in conformity with neoliberal norms of conduct do not identify with what many understand as deviant goals of either group of injection drug users.

Carlo, who previously noted that he did not think banned PES were necessarily bad and could potentially be useful for runners, reiterated his view by noting that blood doping or EPO could actually aid recovery for runners. This again reflects a community understanding of PES, but also demonstrates the blurred line between what are understood as beneficial or healthy supplements and harmful banned PES. Similarly to their understandings of health and running, what are actually harmful or helpful for objective health is less relevant to runners' behaviors than the views of PES they adopt from various sources of expertise. As far as these runners understand the rules and risks of banned substances, they do ensure they avoid their use. However, their own interpretation of what is or is not doping is

often based on incomplete or incorrect information from other runners, the running media, or others within the running community they view as an expert.

With the exception of one, all of the interviewees responded they regularly use some form of supplementation<sup>18</sup>, most commonly in the form of vitamin supplements, isolated proteins, or electrolyte replacement products such as GU or Gatorade type products. Similarly, most responded that they use or have used some form of OTC pain or cold/flu medication, many routinely. In each case the respondent drew a distinction between banned substances and whatever form of supplementation or medication they used, casting the former as unacceptable and anti-health and the latter as acceptable and pro-health. This was the perception of Wyatt, one of the more outspoken, strict anti-doping respondents. He explained his regimen, set out by a local doctor:

“I did a detox program with juicing, endurance, weights, very rigorous diet, lots of supplements, stress relief, meditation...I took a lot of supplements, but none would’ve put me on the WADA list...I’ve taken some things that are claimed to be performance enhancing, but independently from athletics. I think they have health benefits, but not for the performance enhancement.”

The pro-health benefits were Wyatt’s motivation for undertaking his supplementation regimen and he was clear in pointing out he was not seeking a performance benefit, though such a benefit may indeed exist, but relied on his

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<sup>18</sup> The National Institute of Health (NIH) defines dietary supplements using a four-part definition developed by Congress in the Dietary Health and Supplement Education Act. According to the NIH, a dietary supplement “is intended to supplement the diet; contains one or more dietary ingredients (including vitamins; minerals: herbs or other botanicals; amino acids; and other substances) or their constituents; is intended to be taken by mouth as a pill, capsule, tablet, or liquid; and is labeled on the front panel as being a dietary supplement” (NIH 2007).

medically-based detox program which also included blood testing and analysis. He distinguished between the allowable health enhancing effects of a program centered on supplements and what he considers an unacceptable performance enhancing benefit from banned PES. For Wyatt, and several other respondents who drew a similar distinction, any unsolicited performance enhancement from a supplement would be a “happy coincidence” even if unintentional. Such “happy coincidences” were deemed acceptable by all but one of the interviewees. Because nutritional supplements are widely used and accepted by both runners and non-runners, any benefit derived from their use was viewed as allowable, fortunate, and even desirable. This acceptability allows non-elite runners to maintain their identity as good citizen-runners because they have not made chosen to use something banned from sports because it makes training or racing that much easier—they continue to claim they are avoiding risk to their pursuit of health. Supplements present a loophole for runners seeking performance enhancement while seeking to remain in good standing as healthy, morally good citizens.

Accordingly, most runners interviewed here were quick to acknowledge that they indeed seek performance enhancement when taking supplements. Henry noted:

“When I first started running I tried everything off the shelves to see if they had any effect in performance enhancement or muscle or how much mileage I could handle, anything I read about I would just try it.”

Henry based his decisions on what to try based on their availability in retail stores or information found through running websites and forums. He was willing to try

anything to benefit performance, assuming minimal risk to his health of such trials. Similarly, Carrie based her regard of the safety of a product on its context. Carrie reflects that she doesn't worry about what she is taking because "I know that what I'm doing is legal and from GNC and in *Runner's World* magazine." Like Henry, Carrie assumes the products she sees advertised in *Runner's World* magazine or sold at the supplement retail chain GNC do not present any objective risk to her health, but instead her consumption of such products may benefit her performance in some way. Carrie also noted that she gets a lot of advice and ideas about recovery supplements and fueling from other runners at races and in her local training group. Both Henry and Carrie perceive a low risk of such products based on their relationship to or appearance with trusted brands or individuals—community experts.

The willingness to try a variety of substances found within a running context did not automatically remove all perceived risk of such use. Walt, a 38 year-old musician was cautious when taking a supplement he thought sounded too good to be true:

"You know I actually considered taking, for a knee injury a few years back, Glucosamine. And I don't know what that is, but I looked it up and it's like, well if it would help me re-grow cartilage, like, in the long run that would be ok...but I decided to just try the normal route like try orthotics and stretching and stuff and that did the trick so I didn't need to do anything else."

Glucosamine<sup>19</sup> is a well-researched and widely used supplement available at most pharmacies and vitamin stores, as well as in some larger retail shops. Instead of using a supplement, Walt used shoe inserts, rest, and a stretching routine that was successful for him in the past to help his knee injury. Walt acknowledged he was probably over-cautious regarding his reluctance using Glucosamine, but he was uncomfortable taking a pill with which he was unfamiliar. However, not all supplements runners try are as innocuous as Glucosamine. The interviewees indicated a presumption that someone, such as a regulating agency or the publication in which products were advertised, had vetted these products for both compliance with regulations and for their long-term safety. At the very least, these non-elite runners relied on the experiences of fellow runners to determine the safety and effectiveness of these supplements. Many believe they are taking the proper steps by making sure to avoid what they understand to be doping, which they uniformly viewed as having no positive health benefits, at the expense of other products that may provide a performance boost. This finding is especially troubling, as other research has demonstrated the “dubious value” (Pipe and Ayotte 2002) of many such products.

Brian described his history of supplementation experiments in search of performance benefits:

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<sup>19</sup> The NIH states Glucosamine sulfate is “a naturally occurring chemical found in the human body. It is in the fluid that is around joints....Glucosamine sulfate is commonly used for arthritis. Scientists have studied it extensively for this use. It is most often used for a type of arthritis called osteoarthritis. This is the most common type of arthritis.”  
(<http://www.nlm.nih.gov/medlineplus/druginfo/natural/807.html>)

“I was sponsored by amino vital and I take their stuff...At expos you try things...hornet vomit...Over the years it’s [personal usage] toned down to multi, vitamin C, and fish oil, and I don’t take that consistently...I mean, supplements are basically thrown together, but it’s hardly whole food...Who knows what it is?”

Brian raises the question about the contents and safety of many supplements. While he does continue to use supplements he acknowledges the lack of transparency in what goes into supplements. He alludes to the lack of regulation over the contents and manufacture of supplements, as the FDA does not regulate them as it does with food or medications. He understands his current supplementation routine as a well thought out practice including only those products necessary for wellness and performance. This practice reaffirms his commitment to health even during times when he is training less than usual during an off-season or is recovering from injury.

Like Henry and Carrie, Brian’s use of supplements is normalized by the amount of products he is surrounded with at sports expos he attends, in stores he shops in, and supplied by his sponsors. Normalization of these substances within the running community lessens the perception of risk, similarly to Albert’s (1999) argument that by living and engaging with the risk day in and day out, the risk becomes normal and often even valued. Nutritional supplements are not only viewed as less risky than banned PES, they are also viewed positively as a helathicized practice. Consumption of these types of products can be understood as an additional way individuals work to become healthier and address potential health risks, such as vitamin or mineral deficiencies. Similarly to running, purchase

and use of these products indicates the user keeps a close watch over their own physical condition, invests time and money in their health, and seeks to avoid becoming unhealthy. Because he is inundated with such products promising to boost his health and his performances, Brian views these products as acceptable training aids. As a result, he takes the safety of these products for granted despite his own critique of the lack of information and regulation of such supplements.

Though most of the interviewees were willing and sometimes eager to use supplements, they were not willing to take what they perceived as higher cost risks with their health. When discussing their views on doping and banned substances, several respondents demonstrated their aversion to health risks. Henry was willing to use any supplements he could find for performance enhancement, but was unwilling to knowingly use a banned substance. When asked why he would not engage in doping he responded:

“Potential for bodily harm. I mean if you’re risk adverse, fearful of the general stigma against it. You do the cost-benefit analysis and decide the satisfaction or potential monetary compensation isn’t valuable enough to offset the health cost or the stigma of being a cheat then you wouldn’t do that. I think most people are pretty risk-averse. There isn’t a lot of great evidence that says it’s [doping] good for our long-term health, I mean why put your self at that great of risk?”

Henry avoids risk-taking behaviors in the absence of evidence that such risk could potentially benefit health. Notably, an absence of evidence indicating such a risk is anti-health does not have the opposite effect that would lead him to try banned

substances. The official ban, therefore, seems to imply some type of health risk and runners like Henry who avoids this type of risk would then avoid banned substances. Henry also presumes that the absence of pro-health information means the risk is greater for banned substances than the absence of pro-health information for non-banned supplements. Henry, unlike Brian who expressed concern at the questionable contents of supplements and other non-banned substances, perceives a negligible health risk in taking non-banned supplements and, as noted above, is not averse to their consumption and use by him or other runners.

## **Conclusion**

Neoliberal citizenship requires the constant monitoring of one's lifestyle choices and the consumption of products and services designed to help consumers maximize health potential and minimize risk. Non-elite runners routinely monitor accrued mileage, effort, recovery, fueling needs, and cross training to determine how their bodies and performances respond to their training decisions. These habits extend to decisions regarding which substances and products to use and which to avoid. Though exempt from anti-doping tests, as stakeholders in their sport non-elite runners seek to conform to the expectations of a morally good runner. Responsibilized health demands of neoliberal citizenship mean that non-elite runners follow the advice of those they perceive as experts for how to be a "good" and "healthy" citizen and to purchase and use the products on offer on the health market.

Beyond understanding doping as bad, risky for health, and to be avoided, non-elite runners have very limited knowledge of the range of substances that are banned and the potential harms non-banned substances may present. The interviewees' knowledge of all but the most commonly reported doping agents and methods was inadequate to determine whether they were within the rules of the sport. More troubling was the interviewees' assumptions that commonly used and widely available nutritional supplements were safe and posed no short- or long-term threat to their health. Many used such products to improve their running performance, yet their risk normalized or neutralized by their presence at running expos, in running publications and at vitamin retail stores. Well aware that some substances—EPO, anabolic steroids, HGH—are banned and may be dangerous to health, these runners took for granted the surveillance and safety of products they could procure legally, under the belief that if something was not banned it would be safe. This belief makes runners vulnerable to tainted or dangerous products that are freely available and not considered harmful, even though non-elite athletes routinely feel they make the correct decisions required in contemporary neoliberal citizenship (Rose 1999). As such, a product recommended as an effective and legal substance by another runner or by a retail sales clerk may contain substances that are either banned by agencies such as WADA and/or may pose a serious health risk. The recent controversy over the supplement ingredient DMAA illustrates availability cannot be substituted for safety.

Athletes are often admonished to buy supplements only from "reputable" companies, but determining and tracking down which manufacturers are reputable

can be difficult. The product Craze, which was shown by researchers to contain a methamphetamine analog, is distributed in vitamin and health food stores (Cohen, Travis and Venhuis 2013). This lack of clarity is directly related to the lack of oversight of such products. With no agency responsible for ensuring no adverse reactions from supplements, that products contain only what their labels indicate, and that precautions against cross-contamination have been taken, athletes and non-athletes using these products are left vulnerable. Though there are resources available to check the status of a product or ingredient, including through the FDA's website, no runners interviewed here report using these resources. There is also no guarantee a database like this would be up to date or necessarily accurate, as Craze and Jack3d were both available with problematic ingredients long before being listed on the FDA's website.

Runners do believe they are acting as good citizens by conforming to anti-doping regulations and following expert advice on how to be healthy, as far as they understand these rules and recommendations. Because nutritional supplements do not carry the stigma of banned PES, runners can use such products while maintaining their status as health-seeking citizens. The availability and marketing of these products as pro-health lead runners and other consumers to assume the products are indeed beneficial and encourages their consumption, while the tight oversight by the FDA of prescription medications and food contribute to their perceptions of the safety of such products. In this environment, even those who accept responsibility for their own health and labor to take the recommended

actions in the pursuit of health, such as Claire Squires, may suffer adverse outcomes they labor so much to avoid.

In addition to pain, struggle, dedication, and goal setting, healthification for runners includes consumption—especially of nutritional supplements. The neoliberal demand for individuals to be accountable for their own health is a large factor in the motivations for non-elite runners' training and racing. However, runners risk becoming injured, fatigued, or ill—events they are told can be avoided with proper formulations of minerals, vitamins, and nutrients. The desire for performance and training aids so that runners may continue their “healthy” running practice while managing the risk of illness and injury grows and these new “needs” spur the opening and growth of the market for nutritional supplements. As health and fitness are increasingly commodified (Guthman and DuPuis 2006), the neoliberal response is for a health industry that provides a variety of nutritional supplements to meet these needs that runners need to merely purchase and use. These products are legal, available, and marketed as low-risk health and performance aids. Non-elites view supplements as distinctly different from banned PES, even though most interviewees seek out supplements with the intent to improve performance.

Despite the demonstrated risk of using supplements, such products are marketed in the opposite way: that individuals risk their health by *not* using them to meet nutritional deficiencies or to mitigate one's risk injury, illness, or fatigue. As such, there is no need to question the ethics or risk of their use for either health or performance as with banned PES. Due to their often-intense training, runners have

needs that seemingly cannot be met without the aid of supplemental products. Supplements do not require a prescription or other official medical clearance for their use, removing yet another barrier of consumption that also works to reduce the perception of risk of use (Hogle 2002). This allows runners to use these products as they see fit, based on the recommendations and guidance of various official and community experts. Purchasing and using supplements is then part of the daily practice of health, through which runners demonstrate their fit as neoliberal citizens. The supplement using runner, then, is responsible, constantly aware of and managing her health through training and correct supplementation in accordance with neoliberal health goals. Consumption is a central part of the process of health and, more broadly, of neoliberal citizenship.

## Conclusion

### **Running and Neoliberal Citizenship**

Pick up any issue of *Runner's World* magazine published in the last few years and among profiles of elite runners and training tips, you are likely to find articles advising runners that running is good for their physical and mental health, that injury is likely but treatable and possibly preventable, and whether or not to run through pain or illness. The *Runner's World* website features a tab labeled "Health" includes sub-heads "Health and Injuries Home," "Injury Prevention and Recovery," and "Injury Treatment." That the most popular running publication in the U.S. so closely link two seemingly opposed concepts—health and injury—might be surprising to a non-runner. However, as this dissertation has shown, non-elite runners share a healthicized ethos. Runners view their participation in running and racing not as a competitively focused, but as an endeavor towards health—a difficult, sometimes painful and unpleasant process requiring determination, dedication, the acceptance of discomfort and injury, and the consumption of nutritional supplements and other over the counter products as part of their constant progress towards health.

Understanding that runners view "health" less as a quantifiable or objective state but instead as a continuous process that derives value from the unpleasantness or difficulty of many aspects of being a runner sheds light on the finding that most interviewees avoided knowingly using banned PES in favor of legal supplements. Non-elite runners rarely engage in training or participate in a race

with the expectation or desire for a zero-sum victory. Concerns about victories and prizes were often left to the elite level competitors of the sport. Elites, unlike their non-elite counterparts, were viewed as having much at stake in races—income, sponsorship deals, celebrity—and therefore focusing training on objective racing outcomes. The runners interviewed in this project made clear that training and preparing for a race racing were important not for winning races, but for working towards health. PES are viewed as a shortcut of training that allow the user to avoid or lessen some of the struggle, pain, need for intense dedication to improve one’s performance—a replacement for the hard work required of a runner. However, these are exactly the experiences that non-elites runners feel they must experience in order to claim the identity of runner.

Neoliberal imperatives of health and responsibility compel individuals to choose whether or not “be healthy” based on guidelines and advice administered via experts. Training is a bodily practice at the center of runners’ individual healthicized body projects, through which each defines herself as a healthy, morally good neoliberal citizen (Conrad 1994; Shilling 2005). The running identity is valuable for individuals, as running reveals the individual’s inner worth and morality as a citizen through the body. As such, using banned PES official and community experts present as morally and ethically wrong and risky to one’s health is unappealing to runners who value the effort required for and the sometimes negative experiences resulting from training.

Nutritional supplements, on the other hand, are viewed as an adjunct to the experience of training rather than a replacement. The runners in this project were

clear that while they did consume supplements in the hope of receiving a performance enhancement, they did so because they viewed these products as legal, regulated, low-risk, and good for their health—all features missing from or opposed to most of the descriptions of banned PES interviewees were able to identify. The belief that using a product marketed specifically to improve health or performance demonstrated the importance of consumption of products offered on the growing health market to these healthicization processes.

Based on the existing literature on athletes, it was expected that these runners' knowledge about banned substances or the thin, fuzzy line between banned PES and legal supplements that offer performance enhancement would vary from strong to very weak. However, the faith and trust the interviewees had that someone, an agency or governing body, was regulating and watching out for their health by regulating supplements was striking. Mistaking availability for safety coupled with little knowledge of banned substances beyond a handful actually leaves runners and other athletes who use these products open to what the FDA calls "adverse effects" to their health. Despite efforts on the part of non-elites to act as good citizen-runners and consumers these products and their risks are often located in athletes' blind spots (Henning 2014). Here athletes believe they are acting in accordance with health goals, but as this belief relies on the assumption that supplements are safe and well-regulated—which studies have shown is not the case (Cohen 2009; Cohen, Travis and Venhuis 2013; Harel et al 2013). Athletes and non-athletes using such products are left vulnerable to the potential dangers of contaminated products as a result. Anti-doping agencies claim their testing and

educational programs stymie doping and protect athletes at all levels. However, these strategies and programs are elite-focused and, as I have argued in this dissertation, non-elites are simultaneously implicated and left out. Therefore, a new path to understanding the amateur or non-elite athlete's motivations, needs, and desires is necessary if health is to truly be promoted among this population.

### **Non-Elites: Not Just Slower Elites**

The runners in the current study are at the competitive end of the non-elite spectrum. This was part design, as I was interested in competitive athletes with ties to the running community, and part luck—many of those identified by others as competitive non-elites were indeed very fast, high intensity and volume runners, and often relatively successful racers. What became noteworthy in the interviews were these runners' views of the role running has in health and wellness, and the sheer volume of products consumed to simply continue running at a high intensity and being healthy. The conversations continually shifted away from what these runners thought about doping to what they thought about health and what supplements or medications they use. The responses often surprised me—a competitive non-elite runner who uses an average of six supplements during the course of a training cycle—and not just because of the sheer volume reported. The interviewees' attitudes towards supplements could be quite cavalier, willing to try anything to make their chosen hobby more bearable and to maintain the health they so prized. One reported not using any OTC medications or training aids besides electrolyte replacements and simple sugars, but was the outlier in this sample.

Though all of the non-elite runners in this project consider doping an unacceptable form of cheating, their views of supplements are akin to that of students using cognitive enhancing drugs—part of the process of education or of moving towards health. The safety and even the effectiveness of supplements is taken for granted by most runners, and the few who questioned their value admitted to their continued use. Supplements are normalized within the running context and viewed as low risk and helpful to their training and health goals, a legal and safe means to achieve what is viewed as morally corrupt when done with banned PES for the sake of winning or acquiring an outcome benefit such as a monetary prize. Most non-elite runners do not consider their participation in road races as a competitive, win or lose endeavor. Similarly to students using CEDs, there is a sense that non-elite racing is really centered on individual effort in a non-zero-sum way. One runner performing well in a race does not prevent any other from also doing well, nor does it deprive any other runner of a tangible benefit since non-elites rarely compete for a victory or prize. Echoing students' views of CEDs, supplements offering performance enhancement are viewed by runners as a complement to their efforts—studying for students, training for runners—which allow them to lay claim to the status of a good neoliberal citizen.

A few runners did express an interest and joy from racing competitively. However, even the interviewees who expressed the most interest and excitement about racing well or winning, acknowledged that the primary reason they continued to run was because training is a central part of their healthy lifestyles, which can be understood as healthicized body projects. Working to remain or become “healthy”

was the main motivation offered by the interviewees for why they continue to train at the intense levels common for this group. Part of the desire is related to the neoliberal imperative for health as a requirement for citizenship. Running, as well as using “healthy” supplements, is a practice through which individuals demonstrate their dedication to a healthy lifestyle, as only an individual committed to constantly focusing on their bodily health could undertake a training regimen similar to those described by the interviewees.

Non-elite runners rely on various sources of expertise for guidance on what works and what does not in terms of supplements and training techniques. One type described by the interviewees is community expertise. This source of expertise can include fellow runners, coaches, or retail shops such as specialty running stores and supplement shops. This community expertise is often based on embodied understandings of the body and can be the result of trial and error attempts at training, supplementation, and racing. Non-elite runners also rely on knowledge from official sources such as sports governing bodies, anti-doping agencies, mainstream media, or federal level regulations. These experts, who may or may not be athletes or runners themselves,

Official experts view banned PES as working against public health goals. In this view, banned PES are overly risky for athletes due to their inherently unhealthy properties while sport is a healthy pursuit offering physical and mental health benefits. Community based expertise often takes the opposite view of banned PES from anti-doping advocates and other official experts, claiming that PES are not necessarily harmful and that running itself might present risk to one’s objective

health. Community expertise influenced the views of the interviewees, leading many to question the risks presented by banned PES as well as the assumptions that sport and running are necessarily healthy endeavors. Despite its effects on some of the views of the interviewees, community expertise had little sway over their behaviors and choices. Only one interviewee reported using banned PES and others adopted mainstream recommendations to avoid banned substances. These runners understood that though they may be sympathetic to the community view, athletes who use banned substances are stigmatized and lose their standing within their communities. The interviewees are apprehensive regarding anything that might cause them to lose their identity as runners—healthy, fit, good, hard-working neoliberal citizen-runners—such as going against the recommendations of official experts.

### **Policy Implications and Further Research**

One finding from the current research was that there is a large amount of misinformation or incorrect information about supplements and banned PES circulating within New York City's non-elite running community. Though consistent with other findings, this becomes worrisome for runners' health when considering their extensive use of supplements among this population (Baume, Hellemans and Saugy 2007; Suzic Lazic et al. 2011). If non-elite running is fundamentally different at the non-elite level from the elite level, which I argue it is—it is non-zero-sum, done mostly as part of a process of health through which runners demonstrate their

fitness as citizens and not for tangible outcome benefits—then the current system of anti-doping and health protection ostensibly aimed at elites does little to protect those outside the purview of anti-doping agencies. Instead a new focus, requiring new research into non-elite runners and other non-elite athletes, would need to approach the issue of health in a new way.

Research into athletes' motivations for participating in sport and training are necessary to differentiate the clearer outcome benefits sought by elite or professional athletes. As previously noted, much work has focused at the elite level of sport and detailed the various reasons and forces that might lead an elite athlete to use banned substances, the primary being monetary incentives, along with pride and competitive drive. However, I have shown that the motivations for non-elites are quite different. The athletes in this study were focused on their individual processes of health; competition and prizes, when mentioned at all, were only a consideration in rare circumstances. Understanding this difference is the necessary first step to policies or program development for non-elite runners and other amateur athletes.

Secondly, new research is needed to understand what non-elite athletes are using to supplement their health and their training. Current anti-doping messaging and education largely overlooks non-elites, and even that which is accessible is focused on the minutiae of testing protocols. Information about tainted or dangerous supplement products is often difficult for non-elites to find or is missing completely. For their part, non-elite runners' knowledge about doping in this study were consistent with athletes in other research aimed at determining how well

athletes understand anti-doping: few understood beyond a basic rationale and even fewer were knowledgeable of banned substances outside of a handful of those most commonly reported in the elite-centric media (Baume, Hellemans and Saugy 2007; Suzic Lazic et al. 2011). Instead of concerning messaging and deterrence programs with a few substances anti-doping agencies fear are being used, they would do better to look into what non-elites are actually using that are legal, available, and currently unregulated. Addressing this point across sports is also imperative, as non-elites in one sport may use supplements or medications that are rare in another sport. Finally, a non-punitive approach to banned PES and legal nutritional supplements, unlike the current elite test and ban system for doping, is necessary for non-elite or amateur athletes. As they are not tested anyway, the threat of a competition ban carries little weight for non-elites who understand their chances of taking, much less failing, such a test are limited.

Of course it is easy to critique a system that is considered a failure even by those at its top, including by the former head of WADA, Dick Pound. (Gambaccini 2013). The real challenge for both researchers, sports governing bodies, and state-based stakeholders is to change course and reevaluate what they think they know about non-elite athletes. Only when the habits and motivations of this population of athletes are better understood and given full consideration when determining policy is there any real chance to do what these bodies claim: promote and protect health through sport.

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