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Why athletes say no to doping: A qualitative exploration of the reasons underpinning athletes' decision not to dope

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ABSTRACT

Athletes' motives for choosing not to use performance enhancing drugs (PEDs) are likely to be diverse and complex, including a consideration of biological factors (e.g., performance advantage), psychological characteristics (e.g., risk taking behaviour), and the athlete's social environment (e.g., the opinion and influence of significant others). As such, a multifactorial (bio, psycho, *and* social) evaluation is important when examining the reasons against usage. The purpose of this study was to examine the reasons athletes cite for not using PEDs. A phenomenological approach was employed and data were collected from athletes ($n = 36$) and coaches ($n = 10$) using semi-structured interviews and analysed using Interpretative Phenomenological Analysis. Personal and moral standards were identified as key factors that led to decisions to avoid PED. Psychological and social factors (e.g., the role of significant others such as the coach) also play significant roles in decisions to avoid doping. Although anti-doping testing and education is central to anti-doping strategy, athletes' decision not to dope was made independent of, or at least not contingent on these structures. As such, these findings have the potential to inform educational initiatives designed to combat doping in sport outside the usual emphasis on sanctions and testing.

1. Introduction

Testing and associated sanctions are generally supported as a means of discouraging performance enhancing drug (PED) use in sport. In fact, the risk of getting caught underpins anti-doping policy and its emphasis on the detection and sanctioning of athletes in violation of anti-doping policy. Furthermore, the social impact of "shame" experienced is viewed as another significant deterrent (Bloodworth & McNamee, 2010). Thus, even though the stance of anti-doping is sometimes questioned on moral grounds of proportionality (i.e., too much emphasis on too few users, less than 2% of athletes test positive in any given year, WADA, 2009; cf. Kayser, Mauron, & Miah, 2007), there seems to be a strong and apparently consistent resistance to such usage and support of the systems used to police against it. Despite this, research has consistently shown that the prevalence of doping is much higher than the positive test results show (e.g., Petróczi & Naughton, 2011; Pitsch & Emrich, 2012). Furthermore, use of therapeutic user exemptions (TUEs) for asthma and thyroid medications, and the use of similar substances within legal limits for performance enhancing effects have received considerable attention in the media in recent times. Reflecting this, some researchers have suggested that educational strategies focused on prevention and the promotion of abstinence (Mazanov, Huybers, & Connor, 2011) are needed as opposed, or at least as an addition, to the focus on detection and punishment. This focus on understanding, promoting, and reinforcing the reasons underpinning athletes' decision *not* to dope seems warranted as both drug testing and sanctioning have been shown to remain static despite reported increases in the usage of PEDs (Petróczi & Naughton, 2011; Pitsch & Emrich, 2012).

Accordingly, a broader social science understanding of reasons underpinning abstinence from doping would seem sensible in terms of shifting the attention from detection towards an understanding of athletes' decision making process. The decision to dope is a conscious decision but also an emotional, rational, and well-informed decision. For example, whilst many athletes report satisfaction with their own environment and national situation, they perceive laxity within systems elsewhere in the world as a major problem (Bloodworth & McNamee, 2010). Indeed, an overestimation of drug usage may well be a correlational factor with intention to use in some individuals. Attitudes to other, albeit legal, ergogenic aids such as nutritional supplements or even specific, though often medically endorsed, hormonal treatments represents another important facet of the mental model which underpins athlete thinking about usage, those who use, and their own personal

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intentions (Mazanov, Petroczi, Holloway, & Bingham, 2008). For example, the use of thyroid and testosterone medication for performance enhancing effects, remains a hot topic in elite sport and understanding athletes' decision making process in this regard, together with similarities and differences between this and illegal PED usage, is an under-explored but important area for exploration in understanding doping in sport.

Given the extant picture of the factors which have an influence, a multifactorial (bio, psycho, *and* social) evaluation is important when examining the reasons against PED usage. Support for this approach comes from evidence for the mediating role of social desirability (Petróczi, 2007) between attitudes towards and susceptibility to engage in PED usage (Gucciardi, Jalleh, & Donovan, 2010). From a psychosocial perspective, the "protective" or "encouraging" influences of team dynamics against PEDs have also been demonstrated (cf. Lentillon-Kaestner and Carstairs, 2010). Furthermore, the effectiveness of testing and sanctions has also been questioned by Strelan and Boeckmann (2006) who suggest that athletes consider their moral beliefs, fear of health impacts and legal consequences when making decisions about PED usage. Indeed, there appears to be a theoretical and empirical consensus on critical social-cognitive determinants of doping usage (e.g., Dodge & Jaccard, 2008; Lucidi et al., 2008).

Extending the social dimension, the role of the coach as mediator of the athlete's social environment and the influences therein is an important factor (Huybers & Mazanov, 2012; Morente-Sanchez & Zabala, 2013). This research suggests that athletes are more at risk of doping if coaches or senior athletes provide convincing evidence of the immediate benefits. Once again, however, there is a need for further work since reviews clearly show the extra potential insights which such a focus could offer (Backhouse & McKenna, 2012). Finally, the coach's viewpoint may offer an additional perspective, answering some of the concerns expressed about the limitations of self-report data which, to date, has provided the majority of data on PEDs (Brand, Melzer, & Hagemann, 2011). In simple terms, therefore, there is clear evidence for the complex interactions that seem to be associated with uptake of use or even consideration to start, all of which must sensibly be encompassed within any global anti-doping strategy (cf. Stewart & Smith, 2010).

A number of reasons underpinning decisions not to dope have been found in the literature (e.g., Ehrnborg & Rosén, 2009). These include "doping is cheating and not fair play", the medical risks associated with doping, the perceived impact of doping on performance in particular sports, and the impact which doping has upon the image of a sport (e.g., Erickson, McKenna, & Backhouse, 2014; Mohamed, Bilard, & Hauw, 2013). Theoretical approaches to understanding the psychology of doping have emphasised social-cognitive determinants of use where doping is seen, using the theory of planned behaviour (Ajzen, 1991), as a volitional behaviour depending on the athlete's intentions to use PEDs, which are influenced by attitudes, expected social approval and perceived behavioural control. Furthermore, and as discussed previously, the importance of individual views about the approval of significant others, PED use amongst peers (Wiefferink, Detmar, Coumans, Vogels, & Paulussen, 2008) as well as the individual's confidence about resisting social pressure (Erickson et al., 2014; Lucidi et al., 2008) have all been shown to play a role in understanding PED usage. Despite this understanding, however, the testing of these ideas amongst elite athletes has been scarce and the predominant emphasis has been on reasons why athletes do dope (e.g., Kirby, Moran, & Guerin, 2011) rather than on the reasons that they do not. Dodge and Jaccard (2008) present an important advance on these ideas and suggest that abstinence is a "viable, independent, behavioural alternative in some decision making contexts" (p. 710). Using a sample of adolescent athletes, this research found that the reasons underpinning decisions not to dope were not merely the inverse of the reasons cited for doping and that focusing on emotive and affective beliefs shown to influence intention not to dope within intervention programmes may affect the use of PEDs (Dodge & Jaccard, 2008).

However, the emerging picture may lack clarity. An obvious limitation of many studies to date is that data is often not based on truly elite samples, with various studies conducted with high school (e.g., Laure, Lecerf, Friser, & Binsinger, 2004), adolescent (e.g., Laure & Binsinger, 2007), or collegiate athletes (e.g., Petróczi, 2007). Consequently, further work is indicated to confirm these findings with elite populations. As such, it would be valuable to see if the decision to not use PEDs is impacted or moderated by the elite status of the athlete and their perception of the environment in which they perform. If so, and based on data with genuine elites (e.g., Moran, Guerin, Kirby, & MacIntyre, 2008), there are strong indications that programmes utilising accurate and empirically justified information could prove a strong feature of a deterrent programme.

Reflecting these issues, the purpose of this study was to examine the reasons athletes cite for not using PEDs. Previous research has shown attitudes towards doping vary by sex, with males at a higher risk than females and sport, risk of doping is highest in speed and power sports (both factors highlighted by Alaranta et al., 2006). Further, Vangrunderbeek (2011) reports a shift in attitude over time from 'zero tolerance' to a more lenient attitude towards doping in sport as athletes age. Reflecting this, we were also interested in exploring whether the reasons *not* to use PEDs might vary against a number of key factors including age, sport, and level of performance. Given the important impacts demonstrated for psychosocial milieu, this was limited to an examination of athletes from a British and Irish culture. As the aim of this study was to explore athletes' personal experiences of decision-making about PEDs, a phenomenological approach was employed.

2. Methods

2.1. Design

Data were collected using semi-structured interviews and analysed using Interpretative Phenomenological Analysis (IPA; Smith, 1996), as this approach allows rigorous exploration of idiographic subjective experiences and social cognitions. Essentially, IPA explores how people ascribe meaning to their experiences in their interactions with the environment (Smith, Jarman, & Osborn, 1999, chap. 14).

2.2. Participants

A purposive sample of athletes ($n = 36$) and coaches ($n = 10$) were recruited from a range of sports (i.e., power, endurance and team sports) and backgrounds. Athletes were all high-level participants in their chosen sport (defined as participation at a world-level (e.g., World Championship or Olympic Games for the power and endurance sports; International for team sports) and declared that they had not taken PED during their sport careers (see Table 1). This purposeful sample was an important consideration in order to examine the elite viewpoint. A range of sports was purposefully sampled in order to identify the extent to which findings, and consequently policy and strategy, could be generalisable and impactful. The coaches had, at least, 15 years' experience coaching at a world-class level (e.g., World Championship or Olympic Games for the power and endurance sports; International level for team sports).

2.3. Procedure

Following research ethics board approval, coaches and athletes from a range of sports who met the sampling criteria were recruited