Abstract

Aim: Based on the theory of labelling, this paper sought to better understand doping norms in Swiss national and international elite cycling.

Methods: The investigation was based on 16 semi-structured interviews conducted in 2007 with eight active Swiss national and international elite cyclists and other people involved in cycling (coaches, physicians, cycling team and individual managers, journalists).

Findings: Doping was considered deviant at the national elite level, but not at the international level. At the national elite level, dopers were considered the ‘outsiders’, and the ‘insiders’ were cyclists who did not use performance-enhancing substances. In contrast at the international elite level, dopers were considered the ‘insiders’. Nevertheless, some changes were observed in international elite cycling: even if some social pressures to dope persisted at the international elite level, they were less strong. Clean cyclists were not harassed or excluded from international elite cycling. Notably, a personal physician outside the cycling environment emerged as the rule creator and enforcer, and could be considered the moral entrepreneur in this study. Finally, the definition of doping in the cycling environment differed from the World Anti-Doping Agency (WADA).

Conclusions and Implications: Doping norms in international elite cycling have evolved slowly. It seems important that the WADA continues its effort to develop more efficient preventive and repressive anti-doping actions, and to extend these measures to all persons involved in doping practices, such as personal physicians who play an important role in doping use and norms.

Keywords: cycling; theory of labelling; deviance; drugs; Switzerland
Doping Use and Deviance in Swiss National and International Elite Cycling

1. Introduction

Many studies have attempted to investigate the influence of social structure on individual action and identity using sociological and psychological perspectives. Social norms are a widely used concept for explaining human behaviour (Coleman, 1990). As conduct rules, these norms imply that a certain type of behaviour is expected by others and enforced by external sanctions that are social rather than economic in nature. Generally, people who deviate from certain social norms are punished or harassed by ‘insiders’ (Coleman, 1990; Lindbeck & Snower, 2001). For interactionists, deviance is not considered a pathological act going against consensual norms, but as a social phenomenon that consists of a set of interpretations and social reactions (Macionis & Gerber, 2011; Rubington & Weinberg, 2008). Interactionists work with relative rather than absolute definitions of deviance: for them, there are no behaviours that are intrinsically deviant (Anderson & Taylor, 2009).

Influenced by social constructionism and symbolic interactionism (Macionis & Gerber, 2011), Becker (1963) developed the theory of labelling in the early 1960s and illustrated it with two cases: marijuana users in the United States and Chicago dance musicians. Labelling is an active social process of how particular acts become defined as deviant: “Social groups create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular people and labelling them as ‘outsiders’ [...] Deviant behaviour is behaviour that people so label” (Becker, 1963, p. 9). The behaviour that people exhibit may sometimes be labelled deviant by others, but on other occasions it may be regarded as acceptable and even normal. Rules are the products of persons or organisations and “we can think of the people who exhibit such enterprise as moral entrepreneurs” (Becker, 1963, p. 147). The moral entrepreneurs act as rule creators by crusading for the passage of rules, laws, and policies against behaviours they find abhorrent, or as rule enforcers by administering and implementing them. Becker (1963) emphasized the need for empirical research: “The most persistent difficulty in the scientific study of deviant behaviour is a lack of solid data, a paucity of facts and information on which to base our theories” (Becker, 1963, p. 165).

On the one hand, the theory of labelling presents some limitations and is not adapted for all types of deviance. As underlined by Christiansen (2010), “to say that genocide or high-school massacres are only deviant behaviour because we label them so is not only contra-intuitive but also dangerous” (p. 94). On the other hand, the interactonist view of deviance has proven to be useful when analysing sports doping phenomena (Brissonneau, Aubel, & Ohl,
In cycling, the Festina scandal at the 1998 Tour de France highlighted the widespread doping in international elite cycling and the involvement of physicians in the doping (Brissonneau et al., 2008; Waddington, 2000). During the period of organised team doping, doping was a common practice among professional cyclists; drug use was a shared practice and contributed to the subculture of doping in cycling (Brissonneau, 2007; Kimmage, 2001; Lê-Germain & Leca, 2005; Lentillon-Kaestner, 2013; Lentillon-Kaestner & Carstairs, 2010; Schneider, 2006; Smith, 2015; Waddington, 2000). The Festina scandal triggered changes in attitudes towards doping: according to Lentillon-Kaestner’s (2013) study, doping use was a part of cycling culture for the cyclists of the “former generation” (i.e., those who stated their cycling career before the 1998 Festina scandal), but not for the cyclists of the “new generation”, who have a new attitude towards doping. Doping use decreased slowly, however, it did not disappear (Bassons, 2000; Lentillon-Kaestner, 2013; Mignon, 2003). Since the Festina scandal, cyclists have started to confess their doping behaviours (e.g., Laurent Brochard and Alex Zühlle in 1998; Jérôme Chiotti, Luc Leblanc and Richard Virenque in 2000; Erik Zabel, Bjørne Riss, Johan Museeuw in 2007, Laurent Fignon in 2009, Danilo Di Luca in 2010, Lance Armstrong in 2013). Lentillon-Kaestner and Carstairs (2010) underlined the importance of the transition from the national to international elite levels in the evolution of cyclists’ doping behaviours. Some studies have shown that doping was accepted as a shared practice in the peloton but not at the lower levels of practice (Christiansen, 2010; Lentillon-Kaestner & Carstairs, 2010). A number of studies have underlined the importance of social influences (mostly from other more experienced cyclists and physicians) in doping behaviours (Gucciardi, Jalleh, & Donovan, 2010; Hardie, Shilbury, Ware, & Bozzi, 2012; Lentillon-Kaestner, 2013; Lentillon-Kaestner & Carstairs, 2010; Lentillon-Kaestner, Hagger, & Hardcastle, 2012; Lucidi, Zelli, Mallia, Grano, Russo, & Violani, 2008; Waddington, 2000; Zelli, Mallia, & Lucidi, 2010).

The literature on doping in cycling currently lacks in-depth analyses of how these doping subcultures were built at the national and international elite levels due to the theoretical approaches taken and focus on cyclists’ views. Using Becker’s (1963) labelling theory, the purpose of this paper was to better understand doping norms and subcultures in Swiss national and international elite cycling based on interviews conducted in 2007. Interviews from 2007 represent valuable data in terms of understanding the evolution of
doping norms and subcultures in cycling. Firstly, the effects of the Festina scandal were still being felt in international cycling in terms of the increased implementation of anti-doping measures in international elite cycling (Christiansen, 2005; Lentillon-Kaestner, 2013). As underlined by Lentillon-Kaestner (2013), “the Festina scandal highlighted the need for an independent, international agency that would set unified standards for anti-doping policies and coordinate the efforts of sports organisations and public authorities” (p. 189). The Festina scandal was a primary catalyst for the formation of the World Anti-Doping Agency (WADA) established in 1999, that published the first version of the World Anti-Doping Code in 2004 (Wagner, 2010). Revisions to the Code and evolution of anti-doping practices have seen many other international anti-doping measures implemented since 2004. The Anti-Doping Administration & Management System (ADAMS) was launched in 2005 for the initial pilot phase and implemented in 2009 (WADA, 2009). ADAMS consists of a web-based database management system on which the athletes provide required information about their whereabouts to enable out-of-competition drug testing. The athlete biological passport was proposed in the early 2000s, with cycling the first sport to introduce its use in 2008. The athlete biological passport is an indirect method of doping detection based on the individual and longitudinal monitoring of haematological or urine markers (Saugy, Lundby, & Robinson, 2014). Formal operating guidelines and mandatory standards were published following experience with the passport (WADA, 2013).

Secondly, 2005 saw the introduction of the Union Cycliste International (UCI) Pro Tour (Benijts & Lagae, 2012; Morrow & Idle, 2008). As underlined by Morrow and Idle (2008), “the Pro Tour was a radical change in that it sought to create league in professional road cycling, in which all the best riders and the best events were included (p. 315). These two events make examining interviews about doping with cyclists from 2007 a useful test of Becker’s labelling theory.

2. Methods
This article was based on research financed by the World Anti-Doping Agency (WADA) and was approved by the Ethics Committee at the University of Lausanne, Switzerland.

2.1 Participants

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1 http://www.uci.ch/clean-sport/the-athlete-biological-passport-abp/
Participants contributed to this research on a voluntary basis. To better understand how the doping subculture was built at the Swiss national and international elite levels, attention was focused on active cyclists and active social actors in the cycling environment in Switzerland at the time. All of the participants who were asked to participate agreed to take part in the study: eight young active cyclists, two coaches, three physicians, two cycling team managers, two individual cycling managers and one cycling journalist were interviewed. All participants were male. It is noteworthy that all of the coaches, team or individual managers interviewed had been international elite cyclists before the Festina scandal. The eight active cyclists were selected from among the best young cyclists of Switzerland. Six were men in the under-23 category (U23) who hoped to find an international elite team in the near future. Two had already found a UCI Pro Tour team (neo-professional), one for just over a year (Pro Tour A) and the other three years (Pro Tour B). All of the cyclists interviewed were or had been on the national team in the junior or under-23 category.²

### 2.2 Data Collection

The data were collected through 16 semi-structured interviews conducted in 2007. All interviews were recorded and transcribed verbatim. The interview protocols (i.e., for cyclists, coaches, managers, physicians) were adapted from the guide used by Trabal, Buisine, Brissonneau, and Defrance (2006) in their investigation of doping among professional cyclists. The interviews with cyclists included questions about each step of their career (new team, category, trainer, competition level), their training (type, quantity), the competitions (type, quantity), their business contacts (coach, manager, doctor), their family and social life, their health (physical and psychological) and their use of legal and illegal performance-enhancing substances (type, quantity, moment of use, people involved). Interviews with physicians, team/individual coaches and managers included questions about their respective occupation, sport experience, personal role in training, medical, material, dietetic, cyclists’ daily life supervision, relationships with cyclists, and experiences/perceptions with regard to doping behaviours and doping culture in cycling.

Building interviewees’ trust to increase data reliability relied on a four step process. First, before the interviews, the goal of this research was clearly explained. Second, the participants were promised complete anonymity: the names of towns, teams, races, cyclists and other people were deleted from the transcript. Third, the interviewees gave signed consent

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² An International Cycling Union (UCI) category: the elite racers who are 19 to 22 years old are classified in the category “U23” (under 23: less than 23 years).
outlining their rights. Finally, the transcript was sent to the participants by e-mail; they could add, delete or make changes to the transcript. Data analysis began only after the participants had revised or approved the transcript.

2.3 Data Analysis

The transcribed interviews were analysed using thematic content analysis (as described by Mucchielli, 1998). Both, deductive and inductive approaches were used. First, a deductive (theory-driven) approach based on Becker’s (1963) theory was used. Following transcription, the first step was to identify and select all data that responded to the following: Was doping considered deviant at the national and international elite levels? Who was accepted, harassed, or excluded in national and international elite cycling? How were doping norms built at both levels? Who were the moral entrepreneurs in national and international elite cycling? Secondly, an inductive (data-driven) analysis was used: the investigator read each transcript several times and determined the emergent themes related to Becker’s (1963) theory. The data were classified in corresponding categories and sub-categories arising from the multiple readings. Next, the categories were compared with each other, and the overarching themes across the interviews summarised. The interviews were reread to refine and verify the emergent themes. Three major themes emerged from the analyses: doping norms, ‘insiders’ and ‘outsiders’, and moral entrepreneurs.

3. Findings

3.1 Doping Norms at the Swiss National and International Elite Levels

The interviews revealed different doping norms in Swiss national and international elite cycling in 2007. Doping was perceived by interviewees as deviant only for the national elite level.

3.1.1 A necessity in international elite cycling.

Doping under supervision was generally accepted at the international elite level by Swiss national and international elite cyclists interviewed (except by one U23 cyclist). Without doping substances, international elite cycling was considered an unhealthy activity. Doping under supervision was perceived as health protection for professional cyclists, underlined by a neo-professional cyclist (Pro Tour A):

Up to now, there have never been accidents caused by doping. Apart from the Simpson case, but that was many years ago and I think it was never proven. The risks are more
long-term risks. But, the other day, I saw a program in which some people aged 60 and older in the United States took hormones to avoid aging! Therefore, maybe cyclists will live until they are 120 years old!

3.1.2 Deviant at the Swiss national elite level.

By comparison, doping at the national elite level was considered deviant. Before moving to the international elite level, cyclists had to prove that they could perform without doping substances. One neo-professional cyclist (Pro Tour A) declared:

I think before becoming professional, it [taking illegal performance-enhancing substances] is worse than at the international elite level, because the national elite cyclists who dope do not have the level and then they dope. While at the international elite level, you do not become professional if you do not have the potential. And then, we all have a certain level. Afterwards, [at the international elite level] it's not the substances that make a difference. While at the national elite level, there are guys who are very bad and they dope.

This non-acceptance of doping at the national elite level pushed the neo-professional cyclists to hide their new doping practices from national elite cyclists. An U23 cyclist, explained his experience:

Last year, [Pro Tour A] had an altitude training camp in X [a mountain]. He had organised a cottage and he had also invited some U23 cyclists. And he stayed three weeks to prepare himself for the Tour of Spain. [A friend] once woke up at night and saw a big box in the bathroom. He wondered what was inside the box. [Since he has become professional, Pro Tour A] did not tell anyone about his recuperation methods anymore. Another U23 cyclist woke up that night and they opened the box together: it was a box full of syringes: a cubic meter box full of syringes!

This statement underlined the difference of doping culture between the Swiss national and international elite cycling. Swiss national elite cyclists had a lot of contacts with neo-professional and professional cyclists allowing them to be aware of the doping practices in international cycling.

3.1.3 Doping in the peloton.

When focusing on doping acceptance in a group, it is important to verify the definition of doping that is being used as the reference. Cyclists did not refer to the WADA prohibited list to define doping since cortisone was not considered a doping substance in national and
international elite cycling. Even if doping was not accepted in national elite cycling, the use of cortisone was widespread. Seven of the eight cyclists interviewed confessed misuses of TUEs for cortisone. An U23 cyclist, stated:

All the riders I know, they all have tried cortisone. [...] Yes, they take therapeutic use exemptions (TUEs). [...] They play with the rules. It depends what you mean by doping but everyone I know, they do that. They say that they hurt their knee; they will get two cortisone injections in the buttocks and have a TUE even though they did not hurt their knee.

The misuse of TUEs seemed to be the first step in doping for the national elite cyclists. TUEs allowed cyclists to take banned substances without risk of testing positive, as underlined by an U23 cyclist: “If we want to dope legally we can. Just find the right physician who gives TUEs easily and that’s all.”

Besides cortisone, none cyclists interviewed declared to use other illegal performance-enhancing substances. Finally, except for the widespread use of cortisone - a substance not considered doping at the national elite cycling level - the use of other banned substances was uncommon and considered deviant in national elite cycling.

3.2 ‘Insiders’ and ‘Outsiders’

At the Swiss national elite level, clean cyclists were presented as ‘insiders’ and dopers the ‘outsiders’. Some national elite cyclists preferred not to go (or they hid that they were going) to the physician in favour of doping under medical supervision because of his reputation and their fear of returning with illegal performance-enhancing substances. One U23 cyclist stated:

[The doctor], he is well known in cycling [laughs]. But ethically I did not want to go to this physician because he has a bad reputation, and it is still ambiguous. [...] My old family doctor who studied with him always told me: ‘Do not go to this physician!’. He does not deserve confidence.

Doped cyclists were considered ‘outsiders’ at the national elite level, as underlined by Pro Tour A: “I think it is worse to dope at the national elite level than at the international elite level, because you should not be able to get to the international elite level unless you have potential.”

In contrast with the national elite level, dopers at the international elite cycling level were considered the ‘insiders’. The cyclists interviewed never criticised dopers. In this way one U23 cyclist declared:
They [international elite teams’ managers] are afraid of getting caught, and the sponsor does not want to risk that his team will get caught, so the team director, or the physician say: ‘Listen, we cannot do it within the team but the physician who lives there, he is very good’. Or: ‘We want some results, we do not want you to boost here, but if you want to, go there’. Afterwards, it is the rider’s fault. No, I think the cyclist always has a choice. […] He [the rider] is not a victim, but he is not just guilty. In my opinion, the system is complex. There are many people who greatly simplify the problem of doping, saying the cyclist has only to choose. Yes, it's true he has to choose, but it is not so easy. I'd like to see some people in the place of cyclists; it is difficult to make certain choices at certain times.

Notably, clean cyclists were considered ‘outsiders’ at the international elite level before the Festina scandal. Before the Festina scandal, doping was a shared practice and directly organized by the international elite teams. Professional cyclists who refused to dope were considered ‘outsiders’: if they said openly that they were against doping, they were harassed, excluded by some riders in the peloton or by some members of team staff. A trainer who was a former professionnel cyclist related his experience:

There were some team directors who delegated to the trainers, they did not want to deal with it. And then there were other directors who excluded me because supposedly I would not have been good enough when I was younger because I did not take anything […] Generally, I still had good contact [with other professional cyclists], but on the other hand, they knew that I was against doping. I may have been stupid enough to say it [my position against doping]. It's true that I was put a little aside at one time. […] I did not agree to enter in the circle.

Before the Festina scandal, some international elite cyclists were forced to stop their cycling careers because they refused to dope, as underlined by a physican:

And then, he [a former international elite cyclist] was against it [doping] and I remember very well, because he told me: ‘I stop, I'm tired, I do not want to be like others, I do not want to take all that stuff [illegal performance-enhancing substances]’. […] He is the only rider who came to say frankly to me: ‘Listen, I know that if I want to progress, I have to take it [illegal performance-enhancing substances] and I do not want to, so I stopped’.

At the international elite level, while social pressures to dope existed none led to harassment or exclusion. After the Festina scandal, doping behaviours became more hidden and cyclists only had suspicions on doping practices.
The two neo-professional cyclists interviewed did not reveal a sense of harassment or exclusion, but the social pressures to dope persisted. The more junior of two (Pro Tour A) said: “The guys with old mindset, such as X in the Y [a race over many days] of 2007, he kept saying to me: ‘…you have to wake up a little’. Because they do not believe that I am here without taking anything. They do not believe it, they say: ‘You know [with] a little EPO, it is possible to do it, [with] a little [more] power, you can do it’”.

The social pressure to dope made it very difficult for a cyclist to refuse at the international elite level. A cyclists’ trainer commented:

It is a little like the mafia, it is the ‘jungle’ [at the international elite level]. That's why I am against young cyclists becoming professional too early; they are not ready to face the jungle. Because they are not yet prepared for such an amount of social influences, that's the problem.

### 3.3 The Moral Entrepreneur

Since the Festina scandal, personal physicians outside the team organisation have played a considerable role in doping. Cyclists chose their personal physicians according to their reputations: in favour of medical supervision of doping or against doping.

The majority of cyclists interviewed had the same personal physician (Physician A) who was in favour of doping under medical supervision. As underlined by a U23 cyclist, physicians who were against doping were perceived as inefficient:

Yeah, so the last year, I felt tired all of a sudden and then I went to [Physician B] who, compared to [Physician A], is considered a ‘clean doctor’. But I have discussed for example with [former international elite cyclist] and he said: ‘Yes, but [Physician B] he knows nothing’ ... He is frowned on.

In the Swiss cycling environment, Physician A had a high influence on the cyclists’ attitudes and behaviours towards doping and could be considered the moral entrepreneur in the doping issue. Indeed, Physician A’s discourse about doping matched that of the cyclists interviewed. For example, as with the cyclists interviewed, his definition of doping did not match the WADA prohibited list:

Yes, but cortisone is not real doping. Every day, I do a cortisone injection to a guy who has a peritendinitis, who is not a top athlete, who just wants to play football with his friends who are 50 years old. […] Well, it becomes doping if you take 5, 6 or 7 per year, but I mean doing a cortisone injection is an absolute banality. I think there are 80% of footballers, even at a lower level, they have a cortisone injection a year. […]
Cortisone has a refreshing effect, but it is also an interesting substance, because if the?

elite athlete is tired, you give him an injection of cortisone and he will do much better. Cortisone helps overcoming overtraining, etc. and so it is used. It is true that we must be?
honest: even today, I think all cyclists, at one time or another, use cortisone. If the?
athlete was tired, a team physician or someone would tell him: ‘Listen, I'll make an?
injection in a patellar tendinitis or tendonitis of the wrist’. And then we put the injection?
into the buttock.

Like the cyclists, Physician A argued for doping under supervision to protect the
cyclists’ health:

EPO was officially banned but in fact was taken by everyone, because they created a
rule that they had to have hematocrit levels below 50. So the guy could take what he
wanted as long as [he did not exceed this limit]... EPO was an example where I fought a
long time: I thought it was a treatment, it could be a treatment. Why? Because a cyclist
would start the Tour of France with a hematocrit of 46. I have had two, three riders, X
and Y who finished the Tour of France hematocrit levels of 35 or 36. A cyclist may not
be well at 36. So I defended the idea, saying that if we keep the hematocrit level at 46,
we do sports medicine, it is not doping. If they pass from 46 to 55, it is doping. [...] Is it
really dangerous to give EPO to a guy? Then how do we explain that it is dangerous to
keep the hematocrit level at 46, while we give three times more quantity to a guy who
has kidney failure. So it is not credible for an athlete and then on the contrary, if we let
him self-medicate, what happened? They do often bullshit, and then they have
hematocrit levels of 60.

Further, Physician A was against broad legalised doping, but advocated for doping
under medical supervision and only for experienced cyclists:

No, I am not really for the legalization of doping use. We need to know what is really
dangerous, what is not. No study is made. And we say: ‘This product is dangerous
because it improves performance’. So, I do not believe it. [...] They [anabolic steroids]
are not dangerous substances. While the excessive person taking 10 times the dose
because he thinks he will be better, it may be excessive. But I would like to discuss
really what we can give, what we cannot give. And then, you give but only to
competent people, not free to everyone, like aspirin.

The national and international elite cyclists interviewed shared the physician’s idea of
supervised doping under medical follow-up at the international elite level, demonstrated by
the following comments from two cyclists:
When you go to see him [Physician A], he would say: ‘It’s better that I give performance-enhancing substances to you under medical supervision than you go to buy a growth hormone that comes from a human body in Germany or on the internet. He prefers to have the control. While [Physician B, against doping], he protests even the recoveries. Me, I assume, you make 35 000 kilometres in a year, you need a little bit of vitamins but not... true vitamins, not only vitamin C, stuff like that. (Pro Tour A)

For him [Physician A], as he said, he thinks it is less bad to take, I do not know, EPO or stuff like that, than to take anything [...] And I think at some point, for example at the international elite level, he was not entirely wrong, because either way there are now, in my opinion, lots of cyclists who take performance-enhancing substances, so it is better that it is medically followed. (an U23 cyclist)

In addition, as the interviewed cyclists, Physician A did not accept doping in national elite cycling:

With national elite cyclists, it's easy to say: ‘I give you nothing’. I tell them: ‘First, show that you worth something’ [...] Right, that's what I told them: ‘Look, a guy like David [former international elite cyclist], he is able to win a race without taking anything. I'm sure, and I know because sometimes he took nothing. [...] So if you're not able to win anything without doping, stop take doping substances. You will not only be an average rider, doping might destroy your career and you will be seen as a cheat.

4. Discussion

The purpose of this paper was to better understand the doping norms in Swiss national and international elite cycling using Becker’s (1963) labelling theory. This was achieved by interviewing both active cyclists and other persons involved in the cycling environment who play a role in the construction of doping norms (Brissonneau et al., 2008; Waddington, 2000). Using Becker’s (1963) theory of labelling emerged as valuable for understanding how groups create deviance concerning doping in cycling. In particular, the findings give an insight into why and how doping was accepted at the international elite level but not at the national level. Further, the findings underline how the phenomenon of ‘deviance’ was based on the reactions and responses of others to an individual act (Becker, 1963).

Doping was considered deviant in national elite cycling but not at the international elite level. The subculture of doping at the international elite level provides ways of avoiding trouble with conventional society (Becker, 1963): cyclists learned from the moral entrepreneur (Physician A in this study), and from more experienced cyclists, the techniques
needed to avoid positive doping tests (e.g., to use false TUEs or to play with EPO’s limit). Even if the Festina scandal saw some developments in doping use (Lentillon-Kaestner, 2013), this study showed that, in 2007, doping use was still accepted as a norm in international elite cycling. At the international elite level, the doped cyclists were considered ‘insiders’ and their behaviours were valorised and never criticised by other cyclists. Before the Festina scandal, clean professional cyclists were considered ‘outsiders’ and sanctioned because they did not want to follow the group’s doping norms. They were excluded by other professional cyclists and forced to stop in extreme cases. By being hostile to ‘outsiders’, ‘insiders’ decrease the ‘outsiders’ possibility of achievement and increase the monopolistic power of the ‘insiders’ (Azard, 2004). Following the Festina scandal, doping practices have become more hidden (Lentillon-Kaestner, 2013) and, even if the the subculture of doping was still present in international elite cycling in 2007, the professional cyclists interviewed were not harassed or excluded when they did not dope. Nevertheless, some social pressures to dope persisted at the international elite level. Social influences from significant others were very important to develop an understanding of doping behaviours (Gucciardi et al., 2010; Lentillon-Kaestner, 2008; Lentillon-Kaestner & Brissonneau, 2009; Lentillon-Kaestner & Carstairs, 2010; Lucidi et al., 2008; Waddington, 2000; Zelli et al., 2010). The significant others for the active cyclists interviewed were those who could help them reach their goals (professional and perform in international elite cycling) through their experience and knowledge. More precisely in this study, Physician A was identified as a dominant moral entrepreneur followed by the more experienced professional cyclists. In most cases, these cyclists were part of an international elite team before the Festina scandal, where doping was often organized within the team and they had no real choices about doping. As underlined by Lentillon-Kaestner & Carstairs (2010), “cyclists of the “former generation” still seemed to have power in international elite cycling” (p. 341).

The finding also underscored a development in direct and indirect social influences (Spichtig & Traxler, 2007) in international elite cycling. Before the Festina scandal, the direct social influences principally came from team physicians, team support staff and other cyclists. In 2007, the direct social influences had evolved and weakened. Clean professional cyclists were no longer harassed directly even if direct social pressures to dope were coming from the moral entrepreneur (Physician A) and from more experienced professional cyclists. These direct influences existed next to the indirect social influences from the general atmosphere of doping at the time (Denrell, 2008; Forgas & William, 2001). Social norms shape preferences
through a process of cultural learning (Harrison & Villena, 2008), which is why sometimes individuals behave differently in groups than they do alone, and why behaviour differs in diverse contexts. As Denrell (2008) argues, “you may conform to the majority opinion to avoid being seen as deviant” (p. 47). As long as the cyclists from the “former generation” had the power in the international elite peloton, it would be difficult to observe new doping norms emerging. We can suppose that when the “new generation” of cyclists (who become professional after the Festina scandal) will become significant others for young cyclists, the doping acceptance in international elite cycling would decrease.

The norms take time to evolve. The non-exclusion of clean professional cyclists is an important step in the development of doping norms in international elite cycling. In line Azard (2004), doping norms seem to follow the idea that, in addition to humans’ conforming to social norms, social norms evolve according to the benefits humans derive from them. When a norm is costly to follow and people do not derive benefits from following it other than avoiding social disapproval, the norm erodes over time. With the increase in the number and efficiency of doping tests, it is actually very difficult to continue to organise doping in international elite teams. Doping is becoming more individualised. If, before the Festina scandal, team doctors played the primary role in introducing doping culture to international elite teams as the moral entrepreneurs in doping norms (Brissonneau et al., 2008; Waddington, 2000), then since the Festina scandal the role of the team doctor has been reduced in favour of personal physicians (Dikic, McNamee, Günter, Markovic, & Vajgic, 2013; Lentillon-Kaestner, 2013).

Replicating this aspect of the study in the post-Lance Armstrong era of professional cycling would enable a further insight into how doping norms have developed in international elite cycling. The shifts in anti-doping policy and practice have been significant in terms of drug testing (Backhouse, Patterson, & McKenna, 2012; Overbye, Knudsen & Pfister, 2013), ADAMS and the biological passport (WADA, 2009, 2013). Further, more popular cyclists have confessed to doping, which could have a significant impact on doping norms in the international elite environment.

At the national elite level, clean cyclists were considered, in this study, the ‘insiders’ and the doped cyclists the ‘outsiders’. National elite cyclists had to prove that they had the capacity to reach the international elite level without performance-enhancing substances. This raises questions about the impact of the professionalisation and commercialisation of an activity on the acceptance of doping behaviours. Previous studies have argued a link between the use of performance-enhancing drugs in sport and professionalism as well as
commercialism (e.g. Brewer, 2002; Christiansen, 2010; Morrow & Idle, 2008). The notion that “commercialism is an important factor within the professional road cycling network since its inception” (Morrow & Idle, 2008, p. 331) has seen increasing commercial penetration in sport, and more particularly in cycling has led to profound institutional changes that puts new pressures on team managers and racers (Brewer, 2002). When riders become professionals, their change in status comes with an increased workload, full-time commitment, more media coverage, higher performance pressures and fatigue in exchange for popularity, media presence and earnings. These changes could increase the acceptance of illegal performance-enhancing substances or methods in professional road cycling. It is worth noting that similar professionalism and commercialism pressures are experienced by other elite performers (e.g., politicians, musicians and actors), suggesting further studies could focus on comparing the role of professionalism and commercialism on doping norms across elite performance activities (e.g., comparing road cyclists and musicians).

Even though social influences to follow doping norms were high at the national and international elite levels, some former professional cyclists interviewed did not follow the group’s doping norms and were sanctioned. The resistance of some former professional cyclists against the doping norms may be explained by their levels of norm sensitivity (Spichtig & Traxler, 2007): some cyclists suffered less from sanctions (e.g., exclusion) than others. Nevertheless, most of the time, the former professional cyclists preferred to hide their positions against doping or to lie to avoid being labelled as ‘clean’ cyclists and be accepted in international elite cycling. In the same way, the neo-professional cyclists who took performance-enhancing substances hid their doping behaviours from national elite cyclists. Becker (1963) noted that many people commit occasional nonconforming acts without becoming involved in a sustained pattern of deviant activity. The main reason for this is that most people do not get caught in their nonconformity and remain ‘secretly deviant’. As Becker (1963) argues, one of the most important steps in the process of involvement in a deviant career is the “experience of being caught and publicity labelled as deviant” (p. 31). With the individualization of doping practices, the changes in international elite doping norms and the externalization of doping networks, the doping was not anymore systematic in international elite cycling than observed in Christiansen’s study (2005). This reinforces the rejection of the commonly held view that professional cyclists all take part in the same deviant subculture. Nevertheless, it was difficult to estimate the percentage of riders who doped; doping practices were no longer shared but hidden, thus leading each rider to rely on suspicion to inform their understanding of doping norms.
Even if the pervasive role of physicians in doping has been established in other studies of cycling and sport more generally (Brissonneau et al., 2008; Christiansen, 2005; Dikic et al., 2013; Waddington, 2000, 2005), this study has demonstrated the central role of personal physicians in the construction of doping norms in national and international elite cycling. The rule creator and enforcer, the moral entrepreneur as it was termed by Becker (1963), was in this study a personal physician. The corollary is that the role of the team physician was reduced (Christiansen, 2005). The systematic concealment of doping after the Festina scandal (Lentillon-Kaestner, 2013) saw team staff and personal managers interviewed in this study often being ignorant about their cyclists’ doping behaviours. In comparison, Physician A’s discourse matched the discourses of the cyclists interviewed. Becker (1963) focused on those in positions of power and authority who make and enforce the rules. In the case of doping, the doctors have power because they can easily access performance-enhancing substances and give TUEs. By prescribing performance-enhancing substances under medical supervision, the doctors can help cyclists to achieve their cycling goals and excel at their profession in better condition. The physician interviewed in this study justified his position in favour of doping under medical supervision to protect the patients’ health. Cyclists derived benefits from these doping norms - that is why they accepted them and had complete confidence in their personal physician.

This study underlined the problem of the definition of doping. The WADA uses an ostentive definition, stating that “doping is defined as the occurrence of one or more of the anti-doping rule violations set forth in Article 2.1 through Article 2.10 of the Code” (WADA 2015, p. 18). Each year the list of banned substances can change. For example, before 2004 caffeine was on the list and thus considered doping; after 2004, it was no longer on the list and therefore not anymore considered doping. In the cycling environment, the definition of doping was different from the official definition established by the WADA. Some cyclists interviewed stated that they had never doped, but afterwards they declared that they had taken cortisone thanks to a misuse of TUE. Cortisone was not considered doping in the cycling environment, but was on the WADA prohibited list. The findings reported here suggest that, in accordance with the more permissive definition of doping accepted in the cycling environment, doping is accepted only at the international elite level but not at the national level. If we refer to the WADA list of banned substances, the conclusion would differ because our results showed that cortisone was widely used at the national elite level. This led to vigilance regarding the definition of doping used as a reference by participants in doping studies (Lentillon-Kaestner & Ohl, 2011).
The TUEs became a legal way to dope that circumvented existing anti-doping regulation. The ADAMS, implemented in 2009, enables different data about individual athletes such as whereabouts information, test results, TUEs and information on anti-doping rule violations to be collected and aggregated (WADA, 2009). This information can be shared by relevant stakeholders to drive a reduction in the misuses of TUEs. Nevertheless, even if elite athletes support doping testing, elite athletes reported a remarkably low degree of trust in the efficiency of some anti-doping efforts such as the whereabouts and the TUE systems, in particular those athletes who have personal experience of these administrative procedures (Hardie et al., 2012; Overby & Wagner, 2014). Taking into account the development of anti-doping measures since 2007, it would be interesting to conduct additional studies on the development of the misuse of TUEs in national elite cycling.

Although this study has strengths, it was not without its limitations. One limitation concerns generalizability. The interviews used in this paper were conducted in only one country, Switzerland, and thus, we cannot generalise the interviewee’s attitudes to other countries (Brissonneau et al., 2009; Ohl, Fincouer, Lentillon-Kaestner, Defrance, & Brissonneau, 2013). A second limitation concerns the topic of doping behaviours: it is difficult to verify cyclists’ claims about their own and others doping behaviours. Nevertheless, Switzerland is a small country; all participants interviewed knew each other, facilitating the data comparison. The impact of confessions of doping behaviour among elite cyclists is unclear; for example, fewer professional cyclists confessed to doping in 2007 than confessed in the years after the interviews. Another limitation concerns this study’s focus on how social norms influence behaviours without accounting for the organizational context of cycling and cycling’s anti-doping commitment. For example, the establishment in 2005 of the UCI Pro Tour was a significant change (e.g., Pro Tour licences, events) affecting the professional road cycling network, the interaction between its stakeholders and the balance of power among those stakeholders (Morrow & Idle, 2008). A valuable extension to this study would be a deeper analysis of the influence of cycling organizational settings and commitment to anti-doping. A further limitation concerns the sample size of this study. For the purpose of this study it was important to analyse in depth the statements of active cyclists, as well as other persons involved in the cycling environment and doping practices; nevertheless, only two active professional cyclists were interviewed in this study. While it would be better to interview more active professional cyclists, the stigmatized nature of doping in cycling means accessing ideal samples can be difficult. Qualitative methods imply using a smaller sample than do quantitative methods. Nevertheless, with regard to our purpose, recounting data only
from interviews was the best choice for better understanding the construction of doping norms in cycling. Finally, this study focused on male cyclists only. Exploring the experiences of female cyclists to compare doping norms in male and female road cycling would be a valuable extension to the current study. Despite the limitations of the present study, the results provide a basis for further research to compare the doping norms at the national and international elite levels in other sports in Switzerland or to compare the cycling doping norms in other countries (Ohl et al., 2013).

5. Conclusion

There is nothing intrinsically normal or deviant about doping behaviours. The perception of doping as deviant depends on the cycling context (whether it is at the national and international elite level). This study gave an insight into how and why doping was accepted in international elite cycling and was rejected in Swiss national elite cycling. Some changes were observed in international elite cycling. Even if some social pressures to dope persisted at the international elite level, they were less strong and clean cyclists were no longer harassed or excluded from international elite cycling. Further, a personal physician outside the cycling environment emerged as the rule creator and enforcer and could be considered the moral entrepreneur in this study. Finally, the definition of doping in the cycling environment differed from the definition from the WADA. Doping norms in international elite cycling appear to have evolved slowly in the decade after the Festina scandal. It seems important that the WADA continues its efforts to understand the role of the full range of people involved in doping practices which the current study indicates also includes personal physicians.
References


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