



Doping Oneself Cautiously : A Critical Approach of Healthism

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Doping oneself cautiously: A critical approach of Healthism

Abstract

This article studies the questions on doping and on the fight against doping in reference to healthism. One can interpret these social activities as expressions of health practices reshaping and strengthening the relations between patients, their health and the medical staff. The analysis of three chat forums (we have examined more than 244,000 messages altogether), highlights on the one hand, that powers cannot be identified in a permanent way and, on the other hand, that the Internet users are leading inquiries collectively. A pragmatics of powers interested in the asymmetries of "grips/grasps" and of "influence" (Chateauraynaud, 2015) allows us eventually to describe subtly these complex processes.

Keywords

Doping, healthism, pragmatic sociology, social control, Internet

Se doper prudemment: Un approche critique au santéisme

Résumé

Le papier se propose d'examiner les questions de dopage et de lutte antidopage dans son rapport avec le santéisme. On pourrait être tenté de lire ces activités sociales comme des manifestations de pratiques de la santé qui reconfigureraient en les renforçant, les relations entre le patient, sa santé et le corps médical. Mais l'analyse fine de trois fils de discussions électroniques (nous avons analysé en tout plus de 244,000 messages), montre d'une part qu'il est difficile d'identifier de façon durable les pouvoirs et que d'autre part, que les internautes s'efforcent de mener collectivement des enquêtes. Une pragmatique des pouvoirs qui s'intéresse aux asymétries de prises et aux emprises (Chateauraynaud, 2015) permet finalement de décrire assez finement ces processus complexes.

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Mots-clés

Dopage, Santéïsme, sociologie pragmatique, contrôle social, Internet

Doparse a uno mismo con cautela: un enfoque crítico al salutismo

Resumen

Este artículo estudia las preguntas sobre el dopaje (*doping*) y en la lucha contra el dopaje en referencia a salutismo. Uno puede interpretar estas actividades sociales como expresiones de prácticas de salud que reforman y fortalecen las relaciones entre los pacientes, su estado de salud y el personal médico. El análisis de tres foros de chat (hemos examinado más de 244.000 mensajes en total), pone de relieve, por un lado, que los poderes no pueden ser identificados de manera permanente y, por otro lado, que los usuarios de Internet conducen investigaciones colectivamente. Una pragmática de los poderes interesados en las asimetrías de "toma/agarre" (en francés, "*prise*") y de "influencia" ("*emprise*") (Chateauraynaud, 2015) nos permite finalmente describir sutilmente estos procesos complejos.

Palabras clave

Dopaje, salutismo, sociología pragmática, control social, Internet.

1. Introduction

The video is striking.¹ After swallowing about ten pills with a glass of water, Denis (his real name has been changed) injects himself 100 mg of steroids. When the journalist asks him "Do you care about your health?", he answers: "Not for the time being. I know that it's not good, but no...". On the internet we can read the testimony of someone going by the nickname of Satanabolix describing all the products he has been consuming before ending with a series of questions: "What do you think about my case? What kind of disease could I develop if these 'cures' were to become an annual habit? These doses seem to you abusive (sportsmen dose)? Do you think there is a due date for the first symptoms to come?"² The two testimonies reveal opposite practices of what we call doping in sports. Sharing the same activity (bodybuilding), Denis affirms that he is not worried about his health (he argues during the interview that doping is not dangerous), while Satanabolix wonders about the potential health problems caused by doping practices.

If we examine the anti-doping campaign, we may perceive a large variety of practices: from preventive ones involving different actions (an individual moral argument, health discourse) to invasive body tests (blood samples) or even intrusions into social life. Indeed, sportsmen must provide their geographical location three months in advance, and, as of January 1st, 2015 they can be checked up day and night.

What do we learn from these examples? We can address the aesthetic norms that led Denis to doping himself with high drug doses and subsequently looking like his favourite body-build heroes. We can notice an obsession about health among persons like Satanabolix taking high risks while worrying about the consequences of doping substances. We can be intrigued by a public action, which, on the one hand, creates vulnerability in order to impose a prevention campaign based on a "health cult" (Peretti-Watel & Moatti, 2009) and, on the other hand, introduces measures violating sportsmen's private life such as collecting their urine and blood sometimes in the middle of the night. Discipline, control and bio-politics refer to both doping practices and to actions that are meant to banish them. We may quote studies that have been inspired by Foucault's ideas while describing social activities and thus identifying to what extent [they?] are inscribed under a game of constraints more or less formalised and submitted to hard or soft-power strategies, involuntarily enclosing all the social actors in an ideology. The

¹ From the TV program "Spécial investigation: Dopage, les amateurs aussi" (Canal+, 2008). Retrieved on June 5 2015 from http://www.dailymotion.com/video/x79tk3_dopage-les-amateurs-aussi_sport.

² Atout.org (2003, July 28). Forum : Stéroïdes anabolisants. Retrieved on June 5 2015 from <http://www.atoute.org/dcforum/DCForumID5/3123.html>.

recent conference on *santéisme* ("healthism") which was held in December 2014 in Paris, was an attempt to answer these questions and proposed an analysis of the effects of the new health practices, which should create a discourse focused on health and on the relationship between patients, their health and the medical staff. Our aim is to describe some of these doping practices in order to discuss these approaches. Precisely, we shall try to understand the mechanism of political power by analysing the authority's arguments and the sportsmen's attitudes in return.

Therefore, we shall focus on the Internet chats. This material has many benefits. First, it seems possible to analyze a large series of data from an ecological material – meaning not directly submitted to researchers' *artefacts* - while all data are freely accessible according to the rules defined by the actors themselves while expressing their doping experiences, their doubts, their skills and methods to buy doping substances. Second, starting from stories told on these chats enabled us to gain a better knowledge of the practices, the effects, the products and the doping methods. A quick reading of some of these chats is sufficient enough to convince even the most inexperienced reader about the spontaneity of Internet users while telling their stories using nicknames: testimonies regarding their body, the pains and the gratifications of the doping practices told in the most intimate manner, generally reserved to private confessions. Third, these messages contain various data on doping practices. Whether it is about a sport failure, a desire to progress, the dangers of doping, the reasons to start or to stop a cure, a series of warnings or critiques, testimonies have various indicators, which should be classified in order to identify the degree of rationality and the role of the constraint in the construction of sportsmen's judgments.

However, this type of material raises some methodological problems because of both its [volume?] and its nature (the language used is not canonical). Therefore, we have created an indexation system by using the Prospero³ software and the latest socio-informatics techniques (Trabal et al., 2010; Trabal, 2013). We have built up strategies allowing us to identify the products' names, the words indicating hesitation, critique or those describing normativity. The study material contains about 244.417 messages chosen from general Internet chat forums (though related to health) but also from specialised forums, focused on specific sports⁴.

³ Cf. www.prosperologie.org

⁴ In order to respond to a scientific preoccupation of variation and doping prevention, we have chosen a general website (doctissimo.fr), a bodybuilding site (planete-muscle.com) and a last one dedicated to triathlon (onlinetri.com). The language used on these three websites is French. It would also have been possible to analyse other websites written in foreign languages, but such a study would have entailed an important indexation work, because one must take into consideration the way Internet users express themselves in each of these languages.

We examine here three chats to discuss successively the importance of the collective dimension in the construction of a biomedical knowledge, the arguments used by the medical staff, the institutions regulating the doping practices and finally the sportsmen' "sense of measure" that should also allow us to study the inferences of *healthism*.

Finally, we discuss the notion of power. To replace this issue within recent sociological debates, we shall try to find a third path between two scientific traditions that are inappropriate to analyze our material. The first tradition, which is based on Foucauldian views, interprets all health and body care as an act of power. The second tradition, more pragmatic, sees the power intrinsically related to the situations that have generated it" (Barthe et al., 2014). From this perspective, we should describe them without ruling in advance on those who owe them. The present statement defends an approach introducing the idea of power perceived as an asymmetry of long-lasting grips or grasps ("prises durables")⁵ between actors.

2. "The foolish ones are those who inject themselves a random dose"

Satanabolix (4 messages). Anabolic steroids.

Hello, I don't have any pathological case to submit to you.

I just need a medical advice on a doping matter.

I'm 25 years old. I recently did a full check up and my health record is satisfactory. No medical disorders to sign, no medical history either.

I'm injecting myself anabolic drugs since 8 weeks: 300 mg of nandrolone weekly / 250 mg of testosterone enanthate (=androtardyl) weekly / 2 injections weekly (highly dosed) / I eat 160g of proteins as a food supplement to my normal nutrition (5 meals per day). I'm also taking magnesium in order to supply a deficiency caused by proteins and zinc too (caused by a high level of testo). I don't consume anti-oestrogens, I only do it once a year (I'm on my third year now), and I've never had a gynecomasty. By the end of this cure I

⁵ According to Francis Chateauraynaud it is difficult to find an equivalent expression to the French "prise" in English (i.e. the concept of "grip"). It is possible to introduce the notion of a "hold", where the subject may "have a hold over" and/or "be afforded a hold". In French the term "prise" has a very large range of meanings and has been used to conceptualize the relationships between persons, objects and environments through a perceptual work which can be distributed on a continuum joining transparency of external world and pure representational activity. Many terms may be used to mean "prise": grip, grasp, hold, purchase ... it must be adjusted in context". Chateauraynaud, F. (2009), *Public controversies and the pragmatics of protest. Toward a ballistics of collective action*, Paris: GSPR, EHESS, p. 6.

shall regain a normal lifestyle without any food supplement. I don't smoke. I don't drink. I'm doing a lot of sports at least five times per week; I practice different sports, mostly anaerobic ones.

What do you think about my case? To which pathology should I expect to be confronted with if these cures were to become an annual habit? These doses seem to you abusive (sportsmen doses)? Do you think there is a due date for the first symptoms to come? I expect medical answers. I'm addressing here to the professionals.

What do you think about my case?⁶ This question is usually asked while visiting the doctor's office but it can be easily referred to the obsession of health among those who are taking risks. We can also see in this testimony the recognition of an authority; Satanabolix writes on a medical site, moderated by doctors and he asks for their advice. We can therefore claim that he is accepting medical authority: he uses the frame of a medical judgment by giving spontaneously all information needed for a diagnostic; he also uses the "professional" lexicon and says expecting "medical answers".

Nonetheless, this reference to the medical staff can be interpreted in different ways. From a *healthism* perspective, we may be tempted to analyse this testimony as an acceptance of medical authority and speak about the "enrolment" (in Bruno Latour's terms) of sportsmen into the health care process: [reformuler: which means considering that the health argument promoted by the anti-doping campaigns would have been partially integrated into Satanabolix's thoughts, not totally as to make him give up his doping practices, but sufficient enough to make him wonder about the side effects]. The tradition of cognitive sociology created by Cicourel (1974), when focused on "medical reasoning" ("Le raisonnement medical", Cicourel, 2002), leads to an analysis of this *elicitation* from the perspective of a dominance game theory in which the [demander?/requester] is the authority, at least temporarily, since "the respondent is forced to interrogate himself about the fundamentals of his own knowledge" ("le répondant ne peut éviter de s'interroger sur le fondement de son propre savoir", Cicourel, 2002, p. 45).

Other chat discussions reveal a medical resistance insisting on the uselessness of pharmaceutical drug doses during a drug therapy. Satanabolix is facing up three doctors arguing with him. His solid counter-arguments end up irritating the medical staff: "Sorry, but for me, the foolish ones are those who inject themselves a random drug dose", says the doctor moderating the chat forum. Other questions regarding drug costs, distribution networks and information on steroids can be found on the website. On the one hand, the disagreement starts

⁶ This is the beginning of the chat previously mentioned in n. 2: Atout.org (2003, July 28). Forum : Stéroïdes anabolisants. Retrieved on June 5 2015 from <http://www.atoute.org/dcforum/DCForumID5/3123.html>.

from the medical results on specific pathologies, on the other hand, from the “through the body” (Faure, 2000) Satanabolix’s learning. Satanabolix disqualified doctor’s knowledge based on prejudices. This debate reminds us of an old controversy on doping harmfulness, opposing those demanding epidemiological proofs in order to evaluate the long-term side effects, which in reality cannot be obtained because of deontological principles banning all massive doping tests on human beings, to those conducting partial inquiry studies, considered sufficient enough to stop people from doping.

Several sportsmen and Internet users who were interested in this controversy would join the chat forum. Sometimes they testify, other times they discuss doctors’ attitudes and their knowledge. Satanabolix is no longer participating in the debate, but some Internet users continue to argue with the doctors who are still involved in the conversation. “There isn’t a *justified medical demonization* of these products that should be considered like any other medical pill”, says one of them after delivering some counter-arguments to a doctor’s physiological discourse. And, according to another user “One has to read what it is written and not complain about what one would like to read and listen in a suitable way. (...) Contrary to some professions where one can say everything he or she wants, you’ll be confronted as a doctor to a hostile reality; it’s not a theatre play, nor a commercial, juridical or political show”. When an Internet user cites long paragraphs from a physiological article, the doctor moderating the site ceases all dialogue saying that the discussion was digressing toward sexual steroids, which should be discussed in some other chat forum (the debate never took place on some other chat). What can we say about these first discussions? They show up that power is never definitively achieved. In spite of its knowledge and its authority, the medical staff did not manage to defend its point of view. Presenting the principles of clinical tests and citing various researches, doctors could simply have demonstrated the harmfulness of doping drugs and the risks occurred by Satanabolix. Therefore, the bodybuilder could have found his answer. It was up to him to decide whether he should take such a risk or not. The Internet users could have shown their knowledge on drug substances (they know much more about distribution networks, efficient doses and their direct effects on sporting results) expressing their fears (hence addressing themselves to a medical site in the first place). By defending the eligibility of steroids’ knowledge, each party claims their own power. In the end, nobody wins: pleading a digression toward a highly specialised subject, the doctor moderating the chat forum puts an end to the conversation. The power to prevent the other from delivering his counter-arguments consists in the doctor’s “moderator” role on this medical site.

As Laval points out (2011), from a Foucauldian view, the articulation of these two axis of power – the institutional discipline and the people’s regulation norms - gives birth to the “normalised societies” where power “dominates everyday life”, the individual body and the

collective one. Doctors' opinions confirm this propensity to govern the sportsmen' body by using arguments merging physiological principles with moral ones, defined in terms of normality ("it's not about ethics, it's simply common sense", a doctor used to say to an Internet user who was asking him for scientific proofs instead of "moral" ones). Nonetheless, we cannot claim that such temptation of power works at all times. Not only do sportsmen manage to transform medical substances to improve their sporting results, but they also openly contest the medical discourse, giving doctors scientific lessons, solid counter-arguments, blaming them for their prejudices, demonstrating the weak points of their references and finally deploring their propensity to confound registers. One of them laughs and says: "It is not a medical argument". "Toxicity" is here "the tiny taste of a cook's hazelnut" or "the blackcurrant of new Beaujolais". Suddenly, the sportsmen having physiological knowledge, experience with drugs and some skills in rhetoric techniques seem to be able to take doctors' authority. If we were to adopt a symmetric reading of the controversy, we could hardly identify the main actors holding power.

3. A common inquiry research

Can we consider sportsmen as prisoners of a Panopticon, isolated in cells while being watched by (medical) guards? The Benthamian image cannot explain the protests that sportsmen develop particularly when they are using methods similar to those of the medical staff, nor can it take into account the collective nature of this kind of judgment. Another chat forum where doctors do not participate (more precisely, they do not intervene as doctors) reveals this judgment. With the help of Prospero software (Trabal et al., 2010) we have identified chats expressing uncertainty and we shall analyse here one of them.

"I would like to know if I-carnitine is considered a doping substance ... I've read a lot of articles and I still don't know it ... thanks"⁷. Manboo's question could be surprising: the equivalence between a drug and a doping practice. The first answer comes from Andybibibi, a regular chat user (his status shows it), responding ironically ("glucose is much more a doping drug than the I-carnitine"). Manboo does not understand the answer and rephrases his question, still in a clumsy manner: "When one is taking I-carnitine while training as a professional sportsman, could one have doping problems?". This sentence, offering a doping representation ("could one have doping problems?"), receives an answer, this time without irony,

⁷ Doctissimo.fr (n.d.) Forum Forme & Sport. Retrieved from http://forum.doctissimo.fr/forme-sport/dopage/carnitine-dopage-sujet_697_1.htm (webpage no more available).

from the same Internet user: "I don't think so, because it has never been proved that it could be efficient whatsoever". The example is based not on the drug's absence from the list of illicit substances, but on the principle guiding the frame of these lists: being at the same time efficient and dangerous for health. This answer satisfies Manboo and comforts him in his belief: a doctor may tell him that the substance is illegal, while another source claims that even if the substance is not authorised for sale, it may be found in "his" drugstore; the possessive pronoun thus testifying a personal experience. Finally, a third regular Internet user, like Andybibi, talks about the doctor's incompetence.

Several debates therefore overlap. One regarding the doctors, another blaming them and still another one with an ironical and mocking tone: "Doctor" (actually he always dreamed of) says Andy... He has opened an office (not the restrooms, I guess?) on docti". Another dialogue followed up on Manboo's demand, deals with the status of the I-carnitine in the anti-doping legislation. We can notice a single answer to this question, in reference to creatine: "Carnitine is an amino acid of the body; it's just like saying that creatine is a doping substance, so stop eating meat and fish, because they do contain a lot of creatine". The arguments work on a doubtful judgement but not on a disputed one: the I-carnitine, just like the creatine, is present in many food products; the debates on creatine led to its authorisation (the substance has been illegal for many years in France), the I-carnitine cannot therefore be considered as a doping substance. The common opinion insists on the inefficiency of this substance on sporting results. However, several users initiate a controversy: "A certain author of a book on body-building says that the I-carnitine is efficient for a person of about 20% BMI and even more efficient for women, but the points of view are still divided on this matter". Others speak about "various researches that proved its inefficiency" in order to explain the functioning of the molecule and its limits on performance enhancement.

What can we say about this chat in reference to bio-power? The chat discussion reveals that it is more about a medical matter than about a real interest in drugs. Moreover, judgments on the medical world and its authority can be noticed. Users oppose themselves to doctor's answers even when the doctor is no longer present (he exists only in the users' statements). Nevertheless, the question of the legitimacy of knowledge is still discussed. Disqualifying a doctor provokes defending attitudes coming from several users. Arguments based on scientific studies and physiologic enunciations strengthen the presence of bio-power. Far from critique and medical discourse, we shall notice that the image of an isolated human being surveyed by a bio-medical power is weakened. Not only do users refute doctors' arguments, but they also build up common beliefs, crossing multiple resources: third-party advice, physiological discourses found on the Internet, experiences, judgements (comparisons between substances). They can therefore mobilize knowledge coming from a bio-medical power, but in the same time

liberate themselves from authoritative power.

This chat illustrates a social activity less marked by a final dominating form as a set of elements conceived to remove all doubts. These activities are usually individual, but their sharing generates common inquiry researches. At some point, one may consider that Internet users are following instructions from the fathers of pragmatism:

That inquiry is related to doubt will, I suppose, be admitted. The admission carries with it an implication regarding the end of inquiry: *end* in both senses of the word, as end-in-view and as close or termination. If inquiry begins in doubt, it terminates in the institution of conditions which remove need for doubt. The latter state of affairs may be designated by the words *belief* and *knowledge*. For reasons that I shall state later I prefer the words 'warranted assertibility'. [...] The use of a term that designates a potentiality rather than an actuality involves recognition that all special conclusions of special inquiries are parts of an enterprise that is continually renewed, or is a going concern (Dewey, 1938, pp. 7-9).

In order to interpret this research, it is important not to define in advance the asymmetric forms that can be found on the chat forums, and which are in permanent evolution: an Internet user takes a doctor for a stupid man; after being disqualified, his words are still present. The answers are sometimes final, but the focus on new studies makes it possible to reassess certainties and beliefs. Power, doubts, valuation and devaluation of the authorities holding such beliefs are overlapping. In this case, describing actors' actions and interpretations, challenging concepts such as reversibility, reconfiguration and timescale may enlighten the question of power.

4. Limits and reversibility

We have already demonstrated how much doping practices were marked by timescale (Trabal et al., 2006; Le Noé et Trabal, 2008). The notion of experience has been studied as it removes all presumptions of the anti-doping campaign, usually based on the idea that the use of a doping substance is caused by the users' lack of medical knowledge: according to the prevention campaign, people are doping because they are ignorant.

We can interpret this ignorance by analysing sportsmen' speeches or chat conversations,

focusing on various subjects. We have already noticed how much side effects worried those who used doping substances. Nonetheless, the medical questions are not the only ones to intrigue the Internet users who are also interested in finding out about anti-doping tests, on the Internet, in journals or sport club testimonies, fearing of being caught during their sport competitions or during their school or professional medical check ups. This anxiety regarding health problems is not always expressed on a binary level (there is a risk/there is none, so I dope myself/ I do not dope myself) but rather on a logics based on the idea of limits. Lacking certainty about zero-risks, Internet users choose to limit their risks by testing the most harmless doses, experiencing them and finally assuring themselves of the reversibility of their own personal consumption, trying to do their best: taking a maximum profit from their doping practices (Trabal, 2013).

As all critics against the medical world, this form of caution intrigues the researcher. The notions of positive effects or side effects, of "good" doses, of legitimacy for speaking, of judgments' critics are variable. If some elements are already stabilised, many others are still changing and, contrary to the idea of a doping code of silence, this variation generates discussions that a researcher can survey and interpret. In order to observe these changes, one can think that a *healthism* view could describe the world in a much more stable way than our analysis. We may always find a unifying principle, which could make sense to a set of practices: the concepts of utopia, ideology and power helps us understand the social world and nurture our thoughts, but they also create an artefact. On a subject like doping, pointing out both old practices and new bio-medical researches, and readings on *healthism*, invite us to stabilize the world by giving it, by all means, a sense: everything should be referred to an imaginary place, to an utopia, whose characteristics should be determined; all innovations should strengthen or lean on health needs, all new bio-medical practices should accelerate or reconfigure the references to the body or to the medical world. An inquiry for new forms of bio-power or for reviving old utopias into the modern world may step aside the complexity of this reality. We can avoid this kind of artefacts by using a pragmatic tradition taking into consideration one single principle and finding a new approach.

On the one hand, this approach leads us to describe the actors' work in a subtle way without judging them but by allowing us to focus on the evolution of their qualifications. By respecting this principle of symmetry and reflexivity we have been able to interpret our material and underline the complexity of the relationships. This approach also facilitates the analysis of doping dynamics and doubts and identifies the powers involved in this process.

On the other hand, we shall redefine several concepts in order to describe the dynamics of the balance of power. Chateauraynaud (2006) observes that the concern for the non-qualification principle has determined a part of the pragmatic sociology community to leave

aside the notion of power. He uses this notion by building up a series of concepts, particularly heuristic in our case. He also introduces the concept of "influence" (in French, "*emprise*")⁸ in the asymmetry of "long-lasting grips or grasps" ("*prises durables*") definition, along with the notion of "grip or grasp" ("*prise*") in the study of mediated practices (the original study was focused on auctioneers and authentication experts).

It seems to us that this concept also allows us to describe the instances of a stabilized balance of power (according to Michel Foucault's bio-power principle, but not always thought as operative) and to use the notion of "grip" or "grasp" ("*prise*") in order to analyse the process revealing the effects of doping substances, to share this way of "catching" realities and finally to defend the legitimacy of these forms of expertise. This approach contributes to the conception of a "pragmatics of power which doesn't limit itself to the well identified domination models; because the differences of 'grip' or 'grasp' ('*prise*') generating the situations of 'influence' ('*emprise*'), always in a gradual and silent way, are usually starting from the minor models of the social reality and taking small steps in a context of an unspoken knowledge" (Chateauraynaud, 2015).

We have already tested these concepts in order to analyze the various phases of doping (Trabal et al., 2006; Le Noé et Trabal, 2008) and not the users' profile, as other researchers do. According to us, concepts like "grip" or "grasp" ("*prise*") and "influence" ("*emprise*"), when applied to doping issues, invite us to think the process where substances and humans are working together either from the perspective of changeable contingent relationships or of a stabilised institutional frame with decisive temporal constraints" (Trabal et al., 2006, p. 229). Likewise, we have defined the critical elements of an anti-doping apparatus that are particularly intrusive: "The dynamics integration of the critique in order to adjust and to reinforce the ensemble always generates a need for a much higher control. Probably, this propensity of controlling everything without assuring oneself of the 'grip or grasp' ('*prise*') highlights the opinion that actors have on doping practices and on the anti-doping campaigns" (Demeslay & Trabal, 2013, p. 31).

This attitude and vocabulary allow us to study both stability and instability; the stability tests look for "grip or grasp" ("*prise*") sharing while the destabilisation [ones?] question about beliefs and forms of authority.

⁸ The notion of "*emprise*", which derives from the word "*prise*", is difficult to translate. It implies an asymmetry of long-lasting grips ("*prises durables*").

5. Conclusion: Paying attention to *pramatas*

Without depriving us from an analysis of doping practices in terms of *healthism*, this type of pragmatic research leads us to describe a process of qualification and revive several useful concepts in to understand the complexity of the reality.

Yet, another aspect is brought into question. What are the stakes of the debate between these two traditions? In other words, what can we learn from concepts such as “grip or grasp” (“prise”), “influence” (“emprise”) and “test” or “trial” (“épreuve”) in relation to concepts usually associated with bio-power?

An answer may be given by analysing the consequences of the results of intellectual studies on the social world. The tradition started by Foucault, revealing the game of power, can be applied at different levels to doping issues. Doping practices cannot be separated from aesthetic norms, from the discourse on the benefits of sport, from an ideology praising performance enhancement and surpassing ones limits, nor from the constraints imposed by sports organisations.

We can also observe the influence of bio-powers on the human body when analysing them from the perspective of a political and historical process leading to a “straightened-up body” (Vigarello, 1978). In spite of the great interest of these studies, what can we say to those enduring these powers? What can we do in order to protect vulnerable people? It is difficult to suggest or to force sportsmen to give up their passion. The “educative” messages reminding us of the importance of a clean sport are actually communicating an ideology of *healthism*. The anti-doping tests appear like a form of power over the body and they are doomed to post-Foucauldian critique. Do we have the right to act or can we act without reinforcing bio-power principles?

We may always consider that the consequences of our speech evoke in different ways those of the fathers of pragmatism. It seems to us that our inquiry research of chats forums and vocabulary allows us precisely to give “grip” or “grasp” (“prise”) to the actors. On the one hand, our perspective invites dope consumers to interrogate the uncertainty zones of their practice and to doubt their beliefs by continuously engaging multiple investigations. On the other hand, our comments invite those who fight doping to ask themselves about the temporality of their “grips or grasps” (“prises”), to determine their opponents to build up their own “grip” or “grasp” (“prises”), avoiding therefore carefully the asymmetry of “long-lasting grips or grasps” (“prises durables”). To put it differently, the sociologist should learn when to take control and when to lose it (Pour le dire autrement, il nous semble que le sociologue peut apprendre à *prendre* et à se *déprendre*).⁹

⁹ The notion of “*empreneur*” signifies the one who creates a relationship based on influence (*relations*

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