Letter to the Editor

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USING THE TRANSTHEORETICAL MODEL TO EXPLAIN ANDROGENIC–ANABOLIC STEROID USE IN ADOLESCENTS AND YOUNG ADULTS: PART ONE

The recently published article in Strength and Conditioning Journal,”Using the Transtheoretical Model to Explain Androgenic–Anabolic Steroid Use in Adolescents and Young Adults: Part One,” by Leone et al. (6), is a very relevant, interesting, and useful article. It accurately describes each of the stages within the Transtheoretical Model of Change (TTM; 16) and how the processes characteristic of each stage may help explain how individuals come to begin and continue using anabolic–steroids (AAS). The authors describe several circumstances and interactions, which may lead young people toward using AAS, despite the known negative repercussions associated with their use (4,8). They rightly emphasize the need for fitness professionals to be aware of such influences, to facilitate identification of problem behaviors and motivation toward more healthful ones.

However, although the article (6) is informative and well written, there are clarifications that should be made. The article states that, “… the TTM has not been used to explore negative health behaviors, such as AAS use or the use of other illicit drugs,” and that its purpose is to apply the model “in reverse” to explain AAS use (pp. 48). In actuality, the TTM has been used to investigate both the acquisition and the cessation of many behaviors, both positive and negative, and the authors are not unique in applying it in reverse (1,7,9,10,18,19,21). In fact, DiClemente (1), one of the original developers of the TTM, has dedicated 2 chapters of his book “Addiction and Change: How Addictions Develop and Addicted People Recover,” to apply the model to the process of addiction. Although these misstatements may not seem particularly injurious, because the TTM is a leading behavior modification model, I believe that clarification is necessary.

The TTM was created to provide a comprehensive understanding of the stages and processes of change, by integrating concepts from significant systems of psychotherapy (11,13–15,17). Because, by definition, psychotherapy refers to the “… treatment of emotional, behavioral, personality, and psychiatric disorders” (2, pp. 817), the vast majority of people who research and write about the TTM do so with an aim to promote treatment. In efforts to motivate others to abstain from harmful behaviors and/or to adopt positive ones, they typically write from the perspective of striving to promote change from the negative toward the positive. However, this does not mean that they do not understand the TTM’s “reverse” applications or the way it can be used to explain change from the positive toward the negative.

A key element of the TTM is known as “decisional balance” (12,18). It is a concept borrowed from Janis and Mann’s (5) conflict theory, which holds that the making of sound decisions requires careful consideration of all potential consequences, both favorable and unfavorable. Therefore, with decisional balance as a core construct of the TTM, all true applications of the model must consider the negatives associated with decisions. In using it to explain smoking and immoderate drinking behaviors, the pros of abstaining, such as improved health, reduced expenses, and personal satisfaction, are weighed against the pros of consuming, such as pleasure, relaxation, and escape (3,7). These same considerations, with slight rephrasing, could be viewed as the cons of consuming (poor health, extra expenses, and personal dissatisfaction) and the cons of abstaining (reduced fun, relaxation, and escape). In using the TTM to explain anorexic behaviors, the pros of healthful eating, which may include more energy, better concentration, greater tolerance to cold, and improved relationships, are weighed against the pros of self-starvation, which may include feelings of self-control, assertiveness, and achievement (20). Here too, the perceived cons of eating are weighed against the cons of fasting. In general, people act, when the pros of a behavior outweigh the cons, whether they have the pros of acquiring a behavior or the pros of stopping one (12,18).

The article under discussion (6) focused on factors that motivate individuals to use AAS… the pros of using. It could have instead focused on factors that motivate people to stop using AAS… the cons of using. Whatever the perspective, in the TTM, the anticipated positive and negative consequences of decisions are considered, and it is incorrect to say that the model
has not been applied to explain the development of negative behaviors. Discussing the model from the less common point of view certainly helps us all develop a more comprehensive understanding of its applications, but it is important to acknowledge the researchers who have already contributed significant information to the literature, from this perspective.

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REFERENCES

Response

I am writing this response to a letter to the editor concerning our article recently published in the *Strength and Conditioning Journal*: “Using the transtheoretical model to explain androgenic-anabolic steroid (AAS) use in adolescents and young adults: Part one. 30(6): 47–54, 2008.” We certainly appreciate the overall clarifications and contributions from the letter to the editor; however, we also would like to take this opportunity to clarify some of the meaning that was lost or not clear from our article.

The major emphasis of the article was to present how the TTM has not been specifically used (as to our knowledge) in exploring AAS and related behaviors. We certainly could have been clearer in explaining this in our article. For example, we could have worded the introduction to the TTM section and AAS use to speak directly of AAS and omitted “negative health behaviors” or “the use of other illicit drugs.” We did, however, account for the use of the TTM for other negative health behaviors, captured in our statement, “application of the TTM has ranged from smoking cessation to weight loss” (pp. 48). Also, applying the TTM in reverse should be interpreted for AAS use; we assumed the reader would make this connection, but we acknowledge the fact that we could have been more direct in this point.

Another point we chose to emphasize was the practicality of using the TTM for understanding AAS use. The critique of our article seems to assume that we are using the article to advance theory for AAS use, whereas our stated meaning is to give the practicing strength and conditioning professional practical ways to use a very well-established model.

In terms of focusing on factors that would motivate people to stop using AAS, we appreciate this approach. We reference previous work, which explored perspectives of people who chose not to use AAS, and other performance-enhancing substances (1). Using the TTM to discourage AAS also is presented in the article by Leone et al. (2).

In closing, we truly appreciate the points of clarification from our article. We think that clarifications and a healthy dialogue concerning this important and prevalent topic will advance efforts in addressing AAS use in sports and in society in general.

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REFERENCES