

Negotiating the Social Consequences of Stopping or
Reducing Alcohol Consumption

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Publications included in this thesis

Bartram, A., Elliott, J., & Crabb, S. (2017). 'Why can't I just not drink?' A qualitative study of adults' social experiences of stopping or reducing alcohol consumption. *Drug and Alcohol Review*, 36(4), 449-455. DOI: 10.1111/dar.12461

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Bartram, A., Hanson-Easey, S., & Elliott, J. (in press). Heroic journeys through sobriety: How temporary alcohol abstinence campaigns portray participant experiences. *International Journal of Drug Policy*.

Abstract

There are compelling health reasons to limit alcohol consumption, but this consumption is ingrained in Australian culture, playing an important role in the rituals of many social occasions. This can make reducing or stopping alcohol consumption challenging, as one risks rejecting, not just a drink, but also the valued social meanings that drink represents. In this thesis, I aimed to identify how Australians who stop or reduce their alcohol consumption negotiate the social consequences of this change.

I employed a sequential exploratory research design, involving three qualitative studies: (1) interviews with 16 people who had recently stopped or significantly reduced their alcohol consumption; (2) interviews with 13 people with a significant other who had recently stopped or significantly reduced their alcohol consumption; and (3) analysis of campaign materials from two temporary alcohol abstinence campaigns, *Dry July*[™] and *Ocober*[™].

In the first study, I found that people could be stigmatised for violating expectations around alcohol consumption when they stopped or reduced their drinking. They could manage this stigma within drinking occasions by downplaying their non-drinking or presenting it as socially acceptable, for example, linked to a fundraiser like *Dry July*[™]. However, in the longer term, they preferred to modify their social interactions to accommodate non-drinking. These modifications required the support of their social companions, and were more readily accepted where they still carried the same meanings as those previously conveyed by alcohol.

Given the importance of support from social companions, in the second study, I identified the types of accounts people draw on to justify providing this support: (1) deontological accounts referring to duty or obligation; (2) consequentialist accounts in which costs for providing support were minimised or balanced; and (3) accounts which

attended to the importance of maintaining relationships through shared experiences.

Deontological accounts positioned supporter and recipient asymmetrically, while the other account types positioned each party symmetrically, consistent with friendship norms.

As the first study identified temporary abstinence campaigns as an acceptable reason for (short-term) non-drinking, in the third study I explored how two of these campaigns portrayed participant experiences. Both campaigns featured an overarching portrayal of a hero's journey, with participants embarking on a quest to fundraise for their cause, and returning from their experience transformed. However, the campaigns differed in the way they positioned participants, with only *Dry July*[™] consistently positioning participants in ways that encouraged longer-term behaviour changes—suggesting that not all temporary abstinence campaigns may be equally effective as health promotion tools.

Overall, my findings emphasise that health promotion campaigns must move beyond individualistic conceptions of behaviour, to attend to the social as well as health consequences of reducing alcohol consumption. Although individualistic strategies, such as participating in temporary abstinence campaigns, can help in managing social situations in the short-term, more ongoing changes to alcohol consumption can risk one's social group memberships, unless the changes are supported by the group. By attending to how people can negotiate this support, health promotion campaigns may better assist people to stop or reduce their drinking, without sacrificing their social well-being.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint award of this degree.

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Chapter 1 Introduction

1.1 Chapter outline

In this chapter I outline the background to the research project underpinning this thesis, the research questions and objectives this project sought to address, and the structure of the thesis. The following chapter provides a more detailed review of the literature regarding non-drinkers.

1.2 Introductory background

There are compelling health reasons to limit or abstain from consumption of alcohol. In the short term, alcohol consumption increases a person's risk of injury (Taylor et al., 2010), while in the longer term it can lead to chronic health conditions including liver disease and cancer (Corrao, Bagnardi, Zambon, & La Vecchia, 2004). People's drinking can also cause harm to others, with harms ranging from noise and fear to physical abuse, sexual coercion and social isolation (Laslett et al., 2011). Alcohol was estimated to contribute 5.1% of the total burden of death, disease, and injury in Australia in 2011 (Australian Institute of Health and Welfare, 2016), and alcohol-related problems were estimated to cost Australian society over \$14.3 billion annually across the health system, criminal justice system, lost productivity at work and home, and road crashes (Manning, Smith, & Mazerolle, 2013). Thus, reducing alcohol consumption is valuable from both an individual and public health perspective. However, reducing alcohol consumption, at both the individual and population level, is made challenging by the fact that drinking alcohol is a normal and socially embedded behaviour in Australia, as in many Western countries.

According to the 2016 National Drug Strategy Household Survey, 81% of Australians aged 18 or older consumed alcohol in the past year, and 38% of Australians aged 18 or older drank at levels above those recommend in the National Health and Medical Research

Council guidelines for reducing short-term risk of injury and/or lifetime risk of injury or disease (Australian Institute of Health and Welfare, 2017). Alcohol is an ingrained part of Australian cultural and social practices, playing a role in the rituals and traditions of many social occasions, including celebrations such as wedding and birthdays, as well as more everyday socialising (e.g. Cherrier & Gurrieri, 2013). Cherrier and Gurrieri (2013) investigated the social norms of alcohol consumption in Australia that work to constrain people's choices to (not) drink alcohol. To explore these norms, they spoke with people who had participated in *FebFast™*, a fundraising initiative that asks people to give up alcohol for the month of February. They noted that people who reject consumption of a product are often "highly reflective on the symbolic meanings of the rejected consumption," and thus well placed to shed light on the socially embedded nature of drinking alcohol (Cherrier & Gurrieri, 2013, p. 234). They identified three cultural norms that are embedded in alcohol consumption in Australia: the norm of sharing, the norm of reciprocity, and the norm of conformity.

Sharing alcohol is seen as symbolic of sharing experiences and nurturing personal relationships. Consuming alcohol with friends can be a way to celebrate positive occasions, such as birthdays and weddings, and to show solidarity and share pain, for example, after a death (Cherrier & Gurrieri, 2013). Conversely, to not drink at these social occasions could be seen as not truly sharing in the occasion (Conroy & de Visser, 2013). Although excessive alcohol consumption is generally construed as a health-damaging behaviour, this symbolic role means alcohol consumption can also have a health-promoting aspect, where it is used to provide social connectedness and support. A study by Emslie, Hunt, and Lyons (2013) explored the use of alcohol by Scottish men in midlife, a group with a high proportion of "at risk" drinkers. They found that men regarded drinking alcohol together as an act crucial to forging and maintaining friendships. Drinking was justified as a way to help men talk with each other and provide social support, providing the men with a "space and place to discuss

their emotions, needs and desires” (p. 39). The men in this study downplayed the risks of alcohol consumption to their physical health, instead emphasising the positive effects on their mental health.

Alcohol also contributes to social solidarity through the norm of reciprocity, where certain social interactions have a social obligation to consume alcohol embedded in them. For example, people can feel obliged to bring alcoholic drinks to a social occasion, and hosts can in turn feel obliged to offer alcoholic drinks to their guests. An offer of a drink can imply an obligation to accept that drink, or else risk causing offence by refusing it (Cherrier & Gurrieri, 2013; Paton-Simpson, 1995, 2001). This norm can also be seen in the Australian tradition of buying rounds, where each person in a group is expected to buy a drink for the whole group in a form of balanced reciprocity (Murphy, Hart, & Moore, 2017). Requesting non-alcoholic drinks after buying a round of alcoholic drinks for the group can cause confusion and guilt, as it means that other members of the group cannot equally reciprocate the purchase of the round (Cherrier & Gurrieri, 2014).

People are expected to conform to group norms of alcohol consumption regarding when and where it is consumed, what type, how much, and so on. Thus, not drinking alcohol in the same manner as the rest of the group can be seen as deviant, a form of ‘letting the team down’ or not participating properly in an occasion (Cherrier & Gurrieri, 2013). In addition, group norms about alcohol consumption can be strongly gendered. In a study of young adult friendship groups in New Zealand, Lyons and Willott (2008) found that the type of alcohol drunk was used to accomplish gender identities; drinking beer was seen as “‘what you do’ as a man” (Lyons & Willott, 2008, p. 701), with nearly all the men in the study drinking beer (even if they did not like it), and nearly all the women not. Those women who did drink beer were more likely to do so from a glass—thus feminising an otherwise masculine behaviour. Furthermore, expectations of conformity to norms of

alcohol consumption can apply even in workplace settings: an investigation into the role of drinking in two Norwegian workplaces found that alcohol played a ritual role in marking belonging within the workplace or groups within it, and that people who did not drink in a manner consistent with the workplace's ideals about why and how to drink, or did not drink at all, were often marginalized or excluded (Nesvåg & Duckert, 2017).

Given these normative expectations and symbolic meanings surrounding alcohol consumption, it can be difficult to stop or reduce one's drinking. Mäkelä and Maunu (2016) explored direct and indirect pressures to drink among the Finnish population, drawing on both quantitative and qualitative data. They found that 47% of Finns reported being pressured to drink at least once in the past twelve months. Heavy drinkers reported experiencing the most pressure, which the authors suggested might be because those who are worried by their level of drinking may be more sensitive to the pressures sustaining it, or may receive more pressure if they try to cut down. Based on interviews with 23-35 year old regular drinkers, this pressure was found to be largely indirect, arising from the above-discussed norms attached to alcohol consumption: for example, expectations that certain occasions require drinking, as well as strong connections between drinking and the maintenance of social bonds. Thus, the choice whether to drink was not an entirely autonomous decision, instead reflecting a tension between autonomy and sociability (Mäkelä & Maunu, 2016).

However, the critical role alcohol plays in many people's social relations and traditions has to date not been given much attention in Australian health promotion interventions aimed at reducing alcohol consumption in the general population (Cherrier & Gurrieri, 2014). These interventions have tended to focus on increasing awareness of the negative health consequences of drinking and exhorting people to 'drink responsibly,' for example, by paying attention to the number of standard drinks they consume. Through this focus,

these interventions locate responsibility for alcohol consumption with individuals and construe drinking as a rational, cognitive, autonomous decision (Cherrier & Gurrieri, 2013, 2014; de Visser, Wheeler, Abraham, & Smith, 2013). In doing so, they ignore the potentially negative and challenging social consequences that can make reducing alcohol consumption a difficult behaviour for an individual to perform.

This inattention to the social context of health behaviours is a common limitation across health behaviour interventions generally, not just those focused on alcohol. Through a literature trend and co-citation analysis, Holman, Lynch, and Reeves (2017) demonstrated that references to social context in health behaviour interventions may even be decreasing, despite ongoing research demonstrating the importance of social context to health behaviours. Holman et al. (2017) suggested that this likely reflects that many of these interventions are grounded in individualistic psychological theories of behaviour change, which downplay or ignore the influence of social context in favour of individual cognitions.

Thus, there is a need for more nuanced health promotion interventions which attend to the social, as well as health, consequences of changing behaviour.

Historically, the effectiveness of alcohol-related health promotion interventions in achieving behaviour change has been underwhelming (Babor et al., 2003)—perhaps partially reflecting the impoverished theoretical grounds on which they were developed. However, these health promotion interventions enjoy broad public acceptance, unlike more restrictive policy measures targeting price or availability of alcohol (Anderson, Chisholm, & Fuhr, 2009; Room, Babor, & Rehm, 2005). Although such policies have been demonstrated to be effective where implemented (Babor et al., 2003), people resist these measures as intrusive regulations of leisure-time activities, as well as failing to address underlying causes of alcohol-related problems or preserve choice (Cohn, 2016). This resistance, coupled with a powerful alcohol industry that lobbies against increased

restrictions (Jones, Wyatt, & Daube, 2016), makes it politically difficult to introduce more restrictive policies currently. Health promotion interventions are thus likely to continue to be favoured in countries such as Australia in the foreseeable future, so it is valuable to consider how these interventions might address the social challenges that can accompany stopping or reducing drinking, to better support people to reduce their alcohol consumption.

In spite of these challenges, a small but significant minority of Australians do not drink alcohol, and there is an increasing interest among the population in reducing or stopping drinking, at least temporarily. In the 2016 National Drug Strategy Household Survey, 19% of Australian adults reported drinking no alcohol in the previous year, and 48% of drinkers reported taking some action to reduce their alcohol intake in the same period, mainly by reducing the amount drunk per session (29% of drinkers) or reducing the number of drinking occasions (28% of drinkers; Australian Institute of Health and Welfare, 2017). Participation in events and social movements in which people pledge to give up alcohol for a limited period of time, such as *FebFast™*, *Dry July™*, *Ocsober™*, and *Hello Sunday Morning™*, are growing rapidly in popularity in Australia (Dry July, 2016b; FebFast, 2016; Hello Sunday Morning, 2016; Ocsober, 2015). The premise of this thesis is that we might be able to learn from those who deviate from drinking norms to inform the development of future health promotion interventions that are more sensitive to the social and cultural context in which alcohol consumption takes place.

This approach, focusing on non-drinkers rather than drinkers, is akin to a positive deviance approach to intervention development, which seeks to identify positive 'outliers' in communities at-risk for particular behaviours or health outcomes, and interview or observe these people to discover the enabling factors that might explain their positive outcomes (Marsh, Schroeder, Dearden, Sternin, & Sternin, 2004). The positive deviance

approach has been most heavily employed in the field of child malnutrition, but has also been trialled with other behaviours and settings, including hygiene in hospitals (Singhal, 2010) and smoking among prisoners (Awofeso, Irwin, & Forrest, 2008). Authors such as Fry (2011), Conroy and de Visser (2014), de Visser et al. (2015) and Graber et al. (2016) have proposed that we might gain similar insight from the experiences of non-drinkers in social situations where drinking is normative.

To date, a relatively small number of studies have explored the social experiences of non- or lighter drinkers of alcohol, primarily focusing on young adult non-drinkers in university settings (for example, Conroy & de Visser, 2014; Fry, 2011; Herman-Kinney & Kinney, 2013; Herring, Bayley, & Hurcombe, 2014; Piacentini & Banister, 2009; Romo, 2012). A detailed review of these studies is provided in Chapter 2. This thesis builds on the existing literature by focusing on the experiences of people aged over 25 years who cease or reduce their alcohol consumption. An understanding of the social consequences of stopping or reducing alcohol consumption, as well as the strategies and support that can be employed to negotiate these consequences, may facilitate the development of health promotion interventions that better assist people to reduce their alcohol consumption in the social context in which drinking typically occurs.

1.3 Research questions and objectives

The overarching objective underpinning this thesis was to identify how Australians who stop or reduce their alcohol consumption negotiate the social consequences of this behaviour change. To achieve this objective, the research for this thesis was guided by a series of related research questions:

1. What are the social experiences of Australians aged over 25 years who stop or reduce their alcohol consumption?

2. What techniques or strategies do they use to manage social situations while becoming a non- or lighter drinker?
3. What support or resources do they draw on to help them to manage social situations while becoming a non- or lighter drinker?
4. How do the identified resources provide support to help them to manage social situations while becoming a non- or lighter drinker?

The research consisted of two phases, with the first focusing on the perspective of people who stop or reduce their drinking, addressing the first three questions. The second addressed the fourth question regarding sources of support, including the perspectives of significant others in providing this support, as well as support from temporary alcohol abstinence campaigns. The research design and methodology are described in greater detail in Chapter 3.

1.4 Thesis outline

This thesis is presented as a thesis by publication. The thesis is set out in eight chapters, including this introduction. Chapters 2 and 3 continue to provide background and context to the research project. Chapter 2 reviews the existing literature on the social experiences of light and non-drinkers, including identifying gaps in the literature that this thesis seeks to address. Chapter 3 sets out the research design and methodology underpinning the studies that make up this thesis. Chapters 4 through 7 comprise the analytic chapters, and are presented as a combination of published peer-reviewed journal articles (4 & 5), and chapters that have been prepared in manuscript form and submitted for publication (6 & 7). As this is a thesis by publication, there is some overlap between the material provided in the background chapters and the introductory sections of these articles. Chapter 8 provides a general discussion of the key findings of the previous chapters, identifying the limitations of this research, as well as implications for future research and practice in this area.

Chapter 2 Literature review

2.1 Chapter overview

In this chapter, I review existing literature on light and non-drinkers, including their reasons for not drinking, the role non-drinking plays in expressing their identities, and their experiences in social situations involving alcohol. Through this review, I identify gaps in the existing literature, and I conclude the chapter by explaining how this thesis seeks to address these gaps.

2.2 Reasons for not drinking

Despite the common focus of health promotion campaigns on the negative health consequences of alcohol consumption, people report a range of both health- and non-health-related reasons for cutting back or stopping drinking (Epler, Sher, & Piasecki, 2009; Huang, DeJong, Schneider, & Towvim, 2011; Mikhailovich, George, Rickwood, & Parker, 2011; Rinker & Neighbors, 2013). These reasons include its impact on their ability to fulfil responsibilities, as well as motivations to do with broader lifestyle choices or desired identities, including religious identities. In a survey of 18-29 year-old non-drinkers at an Australian university, the most commonly reported reasons for not drinking included that alcohol damages health (62%), not liking the taste or smell (53%), having seen bad examples of alcohol on others (52%), not liking the effects of alcohol (51%), alcohol could or was affecting studies or work (36%), and religious reasons (35%) (Mikhailovich et al., 2011). Huang et al. (2011) examined the reasons endorsed by US college students for choosing not to drink on any one occasion. They found that heavy drinkers were more likely to endorse situational reasons for not drinking, such as driving, school, or work commitments, or else concerns about weight gain, while non-drinkers were more like to endorse reasons to do with lifestyle choices, including personal values, religious beliefs, not wanting the image of a drinker and beliefs about alcohol's effect on behaviour. Consistent with this, longitudinal

research with US college students has suggested that those who endorse reasons related to personal values and convictions are more likely to continue to abstain than those who endorse reasons related to consequences (Epler et al., 2009; Rinker & Neighbors, 2013).

Qualitative studies of young adult non-drinkers have identified similar reasons for not drinking. In interviews with nine UK undergraduate non-drinkers, reasons for not drinking included personal experiences of excessive alcohol consumption with severe consequences, close family experience of alcoholism, religious, political or cultural reasons, and general misgivings about alcohol (Piacentini & Banister, 2009). Most of the young non- or light drinkers from the UK interviewed by Herring et al. (2014) stressed that they were not anti-alcohol—they represented drinking as a personal rather than a moral choice, as long as people were ‘reasonable’ or ‘responsible’ about drinking. In another study of young non- or light drinkers from the UK, this personal choice was characterised as a way to stay in the ‘sweet spot’ while socialising: maintaining a state in which they could feel good in their body, safe and secure, and enjoy the moment without regrets that might come from drinking to excess (Graber et al., 2016).

It is worth noting that drinkers also draw on notions of safety and responsibility when accounting for their decisions *to* drink (including to drink heavily). For example, based on young UK adults’ accounts of their drinking, Szmigin, Griffin, and Mistral (2008) argued that binge drinking is better understood as ‘calculated hedonism’ or a ‘controlled loss of control,’ where drinkers carefully select the time and location for getting intoxicated as a means of managing their risk and fulfilling their personal and professional responsibilities. Similarly, in a study by Lyons, Emslie, and Hunt (2014), Scottish mid-life adults portrayed getting drunk as a necessary and responsible action, as it helped to ‘safely’ release pressure built up from their everyday lives, and positioned themselves as ‘experienced’ drinkers who could control their consumption by monitoring their embodied states, rather than by

counting drinks. The flexibility with which people employ the term 'responsible drinking' to characterise a wide range of drinking behaviours underscores the limited influence health promotion messages urging people to 'drink responsibly' are likely to have on alcohol consumption, as noted in Chapter 1.

Some reasons for not drinking alcohol seem to be more readily accepted in social situations than others. Conroy and de Visser (2014) drew the distinction between culturally sanctioned reasons, which are accepted with little further question or challenge, and unsanctioned reasons, which require further explanation or are seen as open to negotiation. They suggested that religion, physical illness, and prior alcohol dependence are examples of culturally sanctioned reasons, while a reason such as disliking the effect of alcohol on themselves or others would be unsanctioned and thus require a non-drinker to do more work to convince others of the legitimacy of his or her decision not to drink. Similarly, Advocat and Lindsay (2015) explored how young Australians negotiate space to not drink to intoxication, and found there were only a limited number of reasons which were socially acceptable: driving, a carer role, work or study responsibilities, or religion. Interestingly, except for religion, these reasons for not drinking more closely resembled those endorsed by heavy drinkers than non-drinkers in Huang et al.'s study (2011). The distinction between acceptable and unacceptable reasons to avoid drinking also seems to apply in older age groups. Among groups of early mid-life adults in Scotland, non-drinking was still seen as a behaviour that required explanation; acceptable reasons for non-drinking included detoxing, dieting, driving, and (to some extent) child care responsibilities (Emslie, Hunt, & Lyons, 2012).

2.3 Non-drinking and identities

People who do not drink vary in the extent to which they willingly accept an identity as a 'non-drinker.' For some UK young adult non-drinkers, being seen as a non-drinker was

central to their identity and a source of pride, while for others it was not significant (Herring et al., 2014; Seaman & Ikegwuonu, 2010). Banister, Piacentini, and Grimes (2015) found that non-drinking students actively refused a non-drinker identity, rejecting the notion of a 'community' of non-drinkers, or at least that they belonged to that community. This refusal to embrace a non-drinking identity might be because such an identity can carry negative connotations, such as unsociable or judgemental; however, the authors argued that in refusing a non-drinker 'identity' to distance themselves from such connotations, the students were also providing tacit support for this view of non-drinkers more generally.

Although many who do not drink resist a 'non-drinker' identity, they can view their non-drinking as aiding the expression of other desired identities. Fry (2011) conducted focus groups with young adults from the east coast of Australia who did not drink. Among these participants, Fry found that motivations for the non-consumption of alcohol were guided not by health consequences but by how this behaviour enhanced the expression of other desired identities such as sporty, cultural, thrifty, or having respect for one's body. Similarly, motivations for not drinking among abstainers on a US college campus included wanting to present an academic, athletic, or religious identity (Herman-Kinney & Kinney, 2013), and some non-drinking high schoolers in New Zealand used their non-drinking to construct alternative identities such as sporty, healthy, or religious (Nairn, Higgins, Thompson, Anderson, & Fu, 2006). For participants in *Hello Sunday Morning*[™], a program in which people seek to change their relationship with alcohol by abstaining for a limited period of time and blogging about their experiences, stopping drinking presented a disruption to their sense of self, but also enabled them to develop a new healthy self, or a self that was better placed to resist dominant norms around alcohol consumption (Pennay, MacLean, & Rankin, 2016). More generally, some non-drinking young adults explained their non-drinking as related to a desire to live their life in authentic terms, with alcohol

potentially masking or tainting their 'true' self, and non-drinking a way to demonstrate their personal agency (Conroy & de Visser, 2015; Graber et al., 2016).

Not drinking alcohol can also present a challenge to performing desired identities, particularly where those identities are associated with alcohol consumption. Piacentini, Chatzidakis, and Banister (2012) found that non-drinking university students' accounts of their abstention featured ambivalence and contradiction, reflecting an identity conflict; although the students emphasised the negatives of alcohol consumption, discounted condemners of their non-drinking, and resisted negative labelling, they also reflected on the loss of benefits associated with alcohol consumption, particularly with regard to establishing and maintaining relationships at university. Nairn et al. (2006) made the point that many teenagers want to be perceived as adult-like as well as teenage-like, and that alcohol consumption plays a key role in this because it is symbolic of what adults do. Thus, not drinking as a teenager or young adult can be difficult as it opens the young person to accusations of being child-like or immature (Nairn et al., 2006; Parder, 2016). Not drinking can also be a challenge to a masculine identity. Heavy drinking has traditionally been associated with hegemonic masculinity (Conroy & de Visser, 2013; Lyons & Willott, 2008; Willott & Lyons, 2012); thus, non-drinking was seen as having greater negative social consequences for men than for women by UK undergraduate drinkers (Conroy & de Visser, 2013).

2.4 Social experiences of light or non-drinkers

As the above discussion suggests, choosing to avoid drinking alcohol is not a neutral behaviour: it carries implications for one's identity, and can lead to reactions and evaluations from others in social situations. To date a small number of studies have explored the social experiences of non- or lighter drinkers of alcohol. In an early study, Paton-Simpson (1995) spoke with non- and light drinking New Zealand men aged from 15

to over 70 years as part of his doctoral research into the existence of minimum drinking norms. Focusing on the interactions between these 'underdrinkers' and others in social settings where alcohol was consumed, he found the men reported experiencing reactions to their abstention or lighter drinking styles ranging from defensiveness about drinking, insults or aspersions about sociability, masculinity, and adulthood, through to more physical reactions including drink spiking or threatening behaviour. Paton-Simpson (1995) argued these reactions showed that 'underdrinking' was seen as a deviant behaviour that was stigmatised. Potential costs to the men for engaging in this deviant behaviour included: personal costs such as feelings of awkwardness and embarrassment; interactional costs such as rudeness or role engulfment, where they became defined entirely by their non-drinking status; broader social costs such as exclusion from drinking groups and drinking-related activities; and business and career costs resulting from this social exclusion. To reduce or avoid incurring these potential costs, the men reported employing strategies such as attempting to pass as drinkers, or at least making their 'underdrinking' unobtrusive, for example, by holding a drink; providing socially acceptable excuses for their behaviour; acting counter to stereotypes of 'underdrinkers'; or compensating for their lack of alcohol consumption in other ways, such as being involved in alternative masculine activities like sport (Paton-Simpson, 1995).

More recent studies have focused on the experiences of young adults who do not drink or drink only lightly, particularly in university settings where heavy drinking is culturally normative (Conroy & de Visser, 2014; Fry, 2011; Graber et al., 2016; Herman-Kinney & Kinney, 2013; Herring et al., 2014; Nairn et al., 2006; Parder, 2016; Piacentini & Banister, 2009; Romo, 2012; Scott, Anderson, Harper, & Alfonso, 2016). Similarly to Paton-Simpson (1995), a common finding of these studies was that not drinking was regarded as strange or deviant, with non-drinkers reporting that they had experienced negative reactions ranging from weird looks and questions requiring them to account for their behaviour through to

more overt name-calling, social exclusion, or verbal or physical attempts to compel them to drink, including by spiking their drinks. Even where non-drinkers did not personally experience extreme reactions toward them, they were concerned about being negatively judged, labelled as boring, immature, or unlikable (Grimes, Banister, & Piacentini, 2013). Non-drinkers also reported that drinkers would perceive them as making a moral judgment about alcohol consumption in general, and potentially become uncomfortable or defensive about their own behaviour, unless the non-drinkers made efforts to dispel this interpretation (Nairn et al., 2006; Romo, 2012).

Romo (2012, p. 673) suggested that non-drinking is a form of healthy deviance, a “behaviour that is generally perceived as healthy yet is looked down upon by mainstream society,” which can lead people engaging in the healthy behaviour to experience stigma. Consistent with this, studies that have explored drinkers’ attitudes toward or stereotypes about non-drinkers have found that non-drinking is generally viewed negatively. For example, drinkers have described not drinking alcohol as something strange requiring explanation, and as something unsociable—although drinkers also acknowledged that non-drinkers may actually be more socially competent if they are able to socialise without alcohol (Conroy & de Visser, 2013). Attitudes toward non-drinkers have been found to be associated with drinkers’ level of alcohol consumption, with negative evaluations of non-drinkers predicting heavy drinking among high schoolers and undergraduate students, particularly males (Regan & Morrison, 2011, 2013; Zimmermann & Sieverding, 2010).

To lessen or manage their exposure to negative reactions from drinkers, non-drinkers have reported developing and employing a range of what Herman-Kinney and Kinney (2013) referred to as ‘stigma management strategies.’ A common strategy described by participants in non-drinking studies involved concealing or keeping vague their non-drinking status. One approach was to pass off a non-alcoholic beverage as an alcoholic one, for

example, by serving it in a fancy glass, or even just to hold a bottle of water to help reduce or deflect drink offers (Conroy & de Visser, 2014; Fry, 2011; Herman-Kinney & Kinney, 2013; Romo, 2012). Some people reported that they were good at subtly avoiding their turn in drinking games or disposing of unwanted drinks (Conroy & de Visser, 2014; Herring et al., 2014). Others indicated that they would act extroverted or even tipsy to hide the fact they were not drinking (Fry, 2011; Piacentini & Banister, 2009). Many also found it useful to provide socially acceptable (if sometimes fictional) excuses for not drinking, such as needing to drive or being on antibiotics, to help to sanction or legitimise their behaviour (Conroy & de Visser, 2014; Herring et al., 2014). However, these excuses needed to be believable or used sparingly—in one study, regular social companions reportedly noticed, and commented, if someone gave an excuse repeatedly (Parder, 2016).

Romo (2012) drew on communication privacy management theory to explore why students who do not drink choose to either conceal or disclose their non-drinking status. This theory postulates that people use rules to decide whether or not to reveal private information based on several principles, including whether the perceived benefits outweigh the perceived costs of disclosure (Petronio, 2002). Consistent with this, participants in Romo's (2012) study were more likely to report being open about their non-drinking if they viewed this as a core part of their identity—that is, there was a large benefit to them in revealing their non-drinking status. Similarly, for young British non-drinkers who identified as members of the Pakistani Muslim community, attempting to 'pass' in drinking environments was not seen as an option, because appearing to other members of their community as if they were drinking alcohol had the potential to damage their reputation (Bradby, 2007; Valentine, Holloway, & Jayne, 2010). Participants in Romo's (2012) study were also more likely to report disclosing their status if they could do so in a way that minimised costs, for example, in avoiding coming across as rude or judgmental of others' drinking. When being a non-drinker was not an important part of participants' self-identity,

or when they were particularly concerned about being seen as judgmental or otherwise labelled, they were much more likely to report concealing that they were not drinking alcohol (Romo, 2012). Similarly, participants in other studies have reported being selective about who they disclose their non-drinking status to, preferring to do this only with close friends or people who were likely to be trustworthy and empathetic (Conroy & de Visser, 2014; Herman-Kinney & Kinney, 2013; Scott et al., 2016). Some non-drinkers stated that they preferred to make it clear to all others that they did not drink alcohol, in order to minimise 'leg-room' for their peers to pressure them to drink (Conroy & de Visser, 2014).

Those who chose to reveal their non-drinking status, or had it revealed by others, described other strategies to ease social situations and avoid being viewed as judgmental. Several people reported making light of their non-drinking, using politeness or humour to smooth over drink refusals (Conroy & de Visser, 2014; Herring et al., 2014; Romo, 2012). Some students in the study by Romo (2012) noted that people would offer them alcohol as an easy way to initiate conversation. To make it clear that they were rejecting the drink, and not the drinker, these students said they would politely decline the drink and try to transition the conversation to another topic such as introductions or recent events. Some people also reported recounting 'war stories' of their former drinking days to gain credibility and acceptance, and to make it clear that they were not judgmental of drinking (Fry, 2011; Piacentini & Banister, 2009). Others described framing their decision to not drink as a personal choice, rather than a moral stance, and making a conscious effort to be seen as having a good time even though they were not drinking (Romo, 2012). Many people reported that they would not challenge the group if they found drunkenness a problem, and instead dealt with concerns about excessive drinking by trying to ignore what was going on (Herman-Kinney & Kinney, 2013; Piacentini & Banister, 2009; Seaman & Ikegwuonu, 2010).

Another approach reportedly used to gain social acceptance as a non-drinker was to take on a role in the group that benefitted from a lack of intoxication. This could include being the designated driver (Fry, 2011; Piacentini & Banister, 2009; Seaman & Ikegwuonu, 2010), the carer who makes sure no one gets hurt and everyone gets home (Herring et al., 2014; Piacentini & Banister, 2009), or perhaps even the 'wing-man,' who helps their friends to approach potential partners (Conroy & de Visser, 2013). Many non-drinkers expressed a sense of obligation to look out for their drinking friends, but some also described feeling reluctant or irritated that they were pushed into these roles, and as a consequence less able to enjoy themselves freely (Herring et al., 2014). Avoiding being labelled as 'responsible' and forced to take on these duties was described as a key motivation for some non-drinkers to conceal their non-drinking status (Romo, 2012).

Non-drinkers also reported reducing their exposure to drinking situations, thus reducing the need to manage their non-drinking status. Some said that they chose to avoid drinking situations altogether, pursuing activities and interests that did not involve alcohol (Conroy & de Visser, 2014; de Visser et al., 2015; Fry, 2011; Herring et al., 2014; Valentine et al., 2010). They also reported encouraging their friends to take part in social activities less focused on alcohol, for example, going to the movies or dinner instead of to a bar (Herring et al., 2014; Romo, 2012). Others described limiting their time in drinking situations by arriving late or leaving early (Herring et al., 2014), or limiting the extent to which they had to actively negotiate their non-drinking status by spending time with friends who accepted it and cutting ties with those who would push them to drink (Conroy & de Visser, 2014). Some non-drinkers presented these adaptations as positive for their social relationships, as they helped them to focus on the broader context of friendships, or identify where drinking was masking a lack of 'true' friendship (Graber et al., 2016). However, avoiding drinking situations was not seen as a good solution by some non-

drinkers, as it could leave them feeling excluded from important social occasions (Fry, 2014; Scott et al., 2016).

One exception to the recent focus on young adult non-drinkers was a study by Romo, Dinsmore, Connolly, and Davis (2014), which looked at the experiences of full-time workers who identify as non-drinkers. Despite the focus on work-related, rather than purely social, interactions, non-drinking professionals nonetheless reported using similar strategies to students to manage communication of their non-drinking status, such as concealing their non-drinking status, providing socially acceptable 'excuses,' or using humour. In contrast to the other studies, these professionals emphasised the importance of using these strategies not just to protect their own identities, but also to ease social interactions for drinkers. Drawing on the literature on 'facework,' Romo et al. (2014) argued that not drinking in a culture where drinking is normative threatens the 'face,' or desired public identity, of both non-drinkers *and* drinkers. In general, people cooperate to maintain both their own and others' faces during social interactions, yet it is inevitable that threats to face will occasionally occur (Cupach & Metts, 1994; Goffman, 1967). People engage in facework to manage these threats. Facework involves using communication to counteract threats to face either proactively, to avoid or diminish the threat (preventive facework), or as damage control after a loss of face has occurred (corrective facework; Cupach & Metts, 1994). To avoid or restore damage to their own and others' faces during social interactions, these professionals reported deploying a range of preventive facework strategies such as holding a drink to avoid being offered one, and corrective facework strategies such as using humour and providing socially acceptable excuses for not drinking (Romo et al., 2014).

2.5 Gaps in the non-drinking literature

Overall, the literature to date on the experiences of non-drinkers in social settings has identified some consistent themes regarding the need for non-drinkers to manage social

occasions to avoid negative experiences, and the strategies they employ to do this.

However, this previous research has primarily focused on young adults, has not tended to distinguish between lifetime non-drinkers and former drinkers, and has provided only limited insight into how the friends and family of people who stop drinking respond to this change.

With the exception of Romo et al. (2014), who focused exclusively on work settings, and Paton-Simpson (1995), who conducted his interviews with adult men more than 20 years ago, little research has focused on the social experiences of non- or light drinkers beyond the young adult age group. This youth focus has been justified as this cohort is seen as 'at-risk,' with high rates of alcohol consumption among young adults aged under 25, particularly university students (Fry, 2010; Seaman & Ikegwuonu, 2010). However, in Australia at least, the proportion of young adults drinking at levels exceeding the guidelines for lifetime risk has fallen in recent years so that it is now similar or lower than that of older age groups (Australian Institute of Health and Welfare, 2017). Thus, there is value in examining how older adults manage social situations without drinking.

Studies on non-drinkers have also not tended to distinguish between lifetime non-drinkers and former drinkers—yet it is the latter that is most informative from a health promotion perspective, given that this group has engaged in the behaviour change that an intervention aimed at reducing alcohol consumption would target. The lack of distinction may be reasonable in studies focused on young people, with research by de Visser et al. (2014) suggesting that young non-drinkers and former drinkers are very similar to each other in terms of personality characteristics and alcohol-related attitudes and beliefs. This is not consistent across the lifespan, however, with research on older adults showing large differences between lifetime non-drinkers and former drinkers, suggesting it is important to distinguish between these types of abstainers (Graham, 1998). In a Finnish population

study, it was found that heavy drinking, rather than abstinence, was associated with experiencing social pressures to drink (Mäkelä & Maunu, 2016). The authors suggested this might be because it is considered acceptable to pressure people who have been known as keen social drinkers, and (as noted previously) that those heavy drinkers concerned about their drinking may have felt or received more pressure if they tried to cut down. People who cease or cut back their alcohol consumption in situations in which they have been known as drinkers may experience different, or stronger reactions, and have different strategies open to them, than those who have always been non-drinkers. Thus, it would be useful to specifically look at the experiences of those who have made a change in their drinking.

Despite the social nature of alcohol consumption, the literature also provides only limited insight on how the partners, friends or family of those people who cease or cut back their alcohol consumption respond to this change. In some studies, friends were acknowledged as an important source of support, for example, by not requiring non-drinkers to conceal their non-consumption (Conroy & de Visser, 2014), and by helping them to develop skills to cope in new social situations without alcohol (Piacentini & Banister, 2009). However, participants talked about the need to make choices, spending time with friends who accepted their non-drinking and cutting ties with those who did not (Conroy & de Visser, 2014). Some participants also acknowledged that their choice not to drink had an impact on their friends and colleagues, noting that refusing a drink ran the risk of being misconstrued as a rejection of the drinker or a judgment of their own drinking (Nairn et al., 2006; Romo, 2012; Romo et al., 2014). However, no studies appear to have included the perspectives of friends or family of non-drinkers as participants, a gap I seek to address in this thesis.

2.6 Conclusion

The existing literature on non-drinkers suggests that non-drinking is a behaviour that carries social implications, and thus needs to be negotiated with friends and peers during social occasions. Non-drinkers report a range of reasons for not drinking; however, only some of these are considered acceptable within the social norms that govern drinking. Non-drinking can aid in the expression of people's desired identities, but an identity as a 'non-drinker' can also carry negative connotations, and limit people's performance of other desired identities. Avoiding alcohol is thus not a neutral behaviour, and many non-drinkers report that they experience negative reactions and challenges to their non-drinking in social situations. To lessen these reactions, they work to either obscure their non-drinking status, or actively position themselves as non-judgmental or otherwise acceptable to the social group despite their lack of alcohol consumption.

However, this literature has predominantly focused on young adults, many of whom never drank alcohol, or at least did not have a long history of consumption. Less is known about how adults who are known as drinkers, then stop or cut back their drinking, negotiate this change with their family, friends, and broader social groups. Yet the experiences of this group would be particularly informative for the development of health promotion interventions supporting people to change their drinking behaviour. In this thesis, I seek to address this gap. The following chapter outlines the study design and methodology I employed to do this.

Chapter 3 Research design and methodology

3.1 Chapter overview

In this chapter I present an overview of the research design and methodology guiding the research presented in this thesis. As this thesis is by publication, there is necessarily some overlap between the details presented in this chapter, and those reported in the Method sections of the following analytic chapters. To minimise this overlap, my focus in this chapter has been to explain and justify the epistemological and methodological principles guiding my research approach, rather than to provide a detailed description of the procedures I employed (although some description is included for context). First, I outline the epistemological framework underpinning this research, followed by a description of the overall research aims and design. Then, I discuss decisions regarding study design, data collection, and analysis for each of the three studies undertaken as part of this thesis. Throughout this chapter, I have attempted to practice reflexivity by considering how my personal perspective and experiences position me with regard to the research process, and making explicit the decisions and assumptions guiding my research (Liamputtong, 2013).

3.2 Epistemological framework

This thesis is situated within the research paradigm of pragmatism. The goal of research has often been understood as the pursuit of ‘true’ knowledge, whether that be a singular truth as associated with realist research, or multiple, relative truths as associated with constructionism (Cornish & Gillespie, 2009; Rorty, 1999). Under both realist and constructionist paradigms, the choice of methodologies and methods is usually guided by the paradigm’s theories of what constitutes knowledge (Rorty, 1999). In contrast, under the paradigm of pragmatism, the goal of research is seen as the pursuit of ‘useful’ knowledge: knowledge is evaluated based on its consequences for action (Cornish & Gillespie, 2009;

Rorty, 1999). Within the pragmatism paradigm, research methods are chosen based on what is most appropriate to answer the research question and deliver useful findings (Feilzer, 2010). Thus, throughout this chapter, I aim to defend my choice of research methods with reference to these criteria.

According to Feilzer (2010, p. 8), the pragmatism paradigm “sidesteps the contentious issues of truth and reality and accepts, philosophically, that there are singular and multiple realities that are open to empirical inquiry and orients itself toward solving practical problems in the ‘real world.’” Thus, it has been argued to be an appropriate paradigm for research disciplines with an applied focus, such as health research (Cornish & Gillespie, 2009). It is similarly an appropriate paradigm to use for this research project, given the project’s focus on learning how people manage social challenges in order to inform health interventions aimed at reducing alcohol consumption.

In determining what makes for useful knowledge, there is a need to consider the question ‘useful for what purpose (or whose interests)?’ (Cornish & Gillespie, 2009; Feilzer, 2010). Feilzer (2010) suggests that answering this question calls for reflexive research practice, in which researchers consider how their own interests and values influence research. Prior to commencing my research degree candidature, I worked as a designer and manager of behaviour change programs which aimed to encourage people to reduce their car use. Although unrelated to alcohol consumption, this background meant that I came to my research with a strong orientation toward doing research that would have practical significance, and could be applied within programs or policies. This orientation influenced my decision to conduct the research for this thesis within the paradigm of pragmatism. Consistent with this paradigm, I have aimed throughout each stage of the research to formulate research questions with reference to their practical significance, to choose methods which will best answer these practical questions, and to attend to what the

practical implications of my findings might be. I have also sought to publish the research within journals that attract readers with an interest in the practical application of research findings to policy and interventions.

Consistent with a pragmatist epistemology, I did not situate this research within a singular theoretical framework, but instead drew on a range of theories as they were useful to explicate my research findings. Pragmatists such as Rorty (1999) and Baert (2004) have argued that explicitly committing to a theoretical framework at the outset of a research project can lead to a “blinkered way of seeing things” (Baert, 2004, p. 367), where research findings are interpreted so that they confirm existing suppositions, and thus limit our ability as researchers to gain new insights into a topic. However, Baert (2004) warns that it is impossible to approach a topic entirely free from presuppositions, and thus that it is best to openly acknowledge which theories have influenced our research project, without committing to these as an explicit framework. I approached this project from an educational background in psychology, and was particularly familiar with theories within the fields of social psychology and behaviour change. Thus, I have drawn more heavily from these fields, rather than others such as sociology or anthropology, in my analyses.

3.3 Research aims and design

As discussed in Chapter 1, the overarching question this thesis sought to address is how Australians who stop or reduce their alcohol consumption negotiate the social consequences of this behaviour change. Beneath this overarching question sat a series of related research questions:

1. What are the social experiences of Australians aged over 25 years who stop or reduce their alcohol consumption?

2. What techniques or strategies do they use to manage social situations while becoming a non- or lighter drinker?
3. What support or resources do they draw on to help them to manage social situations while becoming a non- or lighter drinker?
4. How do the identified resources provide support to help them to manage social situations while becoming a non- or lighter drinker?

To address these questions, I employed a sequential exploratory design with a focus on qualitative data collection and analysis (Creswell, Plano Clark, Gutmann, & Hanson, 2003). Under this research design, the results of earlier studies are used to inform elements of the design of later studies. According to Creswell et al. (2003), this design places an emphasis on exploring a phenomenon, rather than explaining and interpreting relationships, and is particularly useful where a researcher is seeking to develop knowledge to inform the development of a tool or an intervention. As discussed in Chapter 1, my interest in this research question is for its potential to inform health promotion efforts around alcohol consumption, so that these may better acknowledge and address the social challenges around reducing alcohol consumption. Thus, this research design seemed appropriate. This research design can also include a final quantitative phase in which the findings of earlier phases are tested (Creswell et al., 2003); however, I did not include a quantitative phase in this research project as it was beyond the scope of what was achievable within the time and resources available to me for this thesis.

The project consisted of two phases, as shown in Figure 3.1. The first phase consisted of a single study involving interviews with people who had recently stopped or significantly reduced their alcohol consumption (Study 1), through which I aimed to address the first three research questions. The results of this study are reported in Chapters 4 and 5. The second phase consisted of two studies (Studies 2 and 3) which broadly addressed the fourth

research question. These studies addressed two sources of support identified by participants in Study 1 as useful in helping them to manage the social consequences of changing their drinking: significant others, and temporary alcohol abstinence campaigns such as *Dry July™* and *Ocsober™* (in which people pledge to abstain from alcohol while raising funds for charity). Study 2 explored the availability of support from partners, family, and friends through a series of interviews involving the significant others of people who had recently stopped or significantly reduced their alcohol consumption; the results are reported in Chapter 6. Study 3 consisted of a document analysis of the campaign materials of temporary alcohol abstinence campaigns *Dry July™* and *Ocsober™*, to understand how these initiatives portray the experience of abstaining from alcohol; the results are reported in Chapter 7.

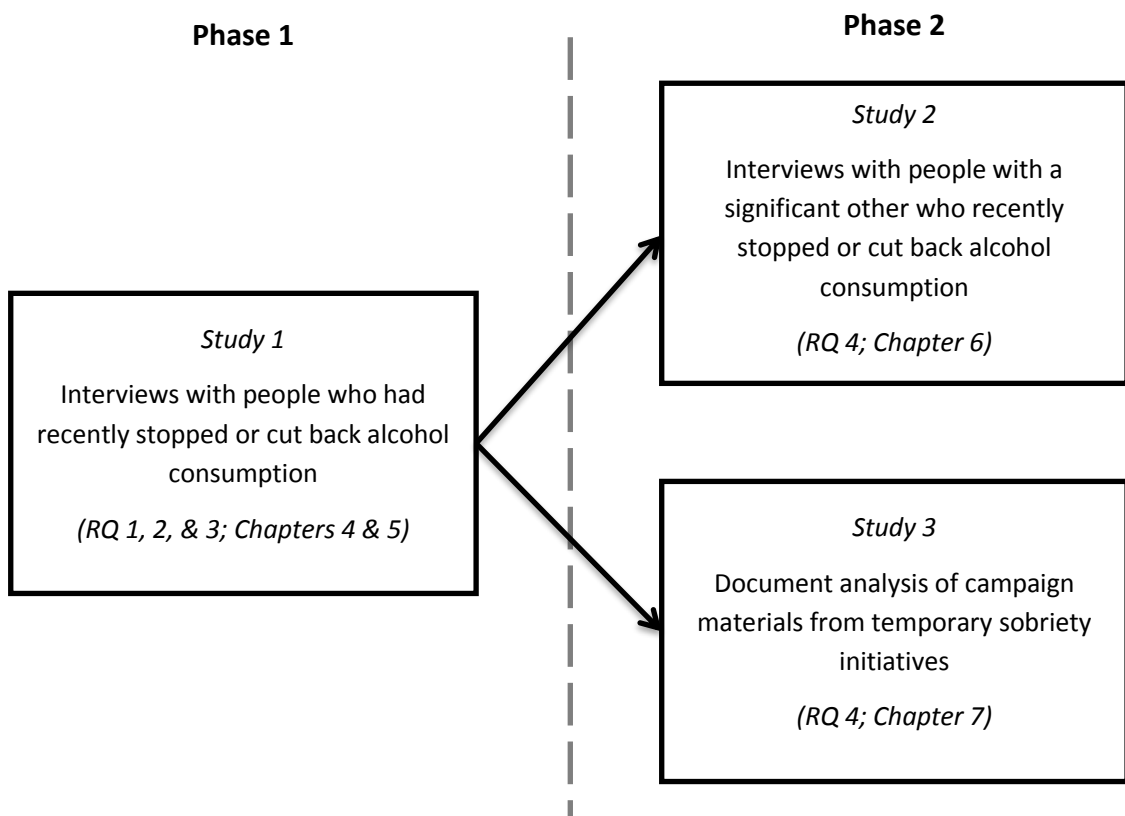


Figure 3.1. Research project design (RQ = research question)

The following sections of this chapter provide greater detail about the methodological decisions made in each study. I present a discussion of each study's design, participants, and data collection methods in turn, followed by a combined discussion regarding approaches to analysis.

3.4 Study 1 – Experiences of people who stop or reduce alcohol consumption

3.4.1 Study aims and design

The objectives of Study 1 were to gain an understanding of how adults who have stopped or reduced alcohol consumption experience social situations involving alcohol, including those where they were previously known as a drinker, what techniques or strategies they use to manage social situations while becoming a non- or light drinker, and what support or resources they used to help them to manage social situations while reducing their alcohol consumption. The study used a qualitative interview design featuring semi-structured interviews with people aged over 25 years who had recently stopped or significantly reduced their alcohol consumption.

3.4.2 Participants and recruitment

The population for this study was defined as people over the age of 25 years who had stopped or cut back their alcohol consumption for at least three months within the last year, and live in South Australia. As discussed in the previous chapter, these inclusion criteria were selected to address gaps in the literature on non-drinkers, namely the limited amount of research regarding people outside of the young adult age group, and the tendency for research to focus on all non-drinkers, not specifically those who have changed their drinking. The three month requirement was intended to ensure that participants had made a change to their consumption for long enough that they would likely have had to

deal with some social situations involving alcohol, and not just avoided them for that time period. In particular, I did not want to include people who had only participated in a month-long temporary alcohol abstinence campaign such as *FebFast™*, *Dry July™*, or *Ocsober™*, as participants in these events have reported that this form of temporary abstinence from alcohol is being seen as more and more socially acceptable (Cherrier & Gurrieri, 2014); thus, they would not be required to negotiate this decision to any great extent with friends. The requirement that participants had made the change within the last year was to help ensure they had recent experiences to draw on. The geographic restriction to South Australia was a practical consideration: I was located in South Australia and did not have the budget to travel further afield to conduct interviews. Although it may have been possible to conduct interviews over the telephone or a video link, I chose to conduct all interviews face-to-face as in this format it is easier for interviewers to establish good rapport with participants, and thus elicit responses of greater depth compared with other interview formats (Irvine, 2011; Shuy, 2003).

In contrast to some previous research with non-drinkers (Conroy & de Visser, 2014; Herring et al., 2014; Seaman & Ikegwuonu, 2010), I did not determine eligibility for study participation based on participants' reasons for stopping or reducing drinking. Conroy and de Visser (2014) drew a distinction between 'sanctioned' and 'unsanctioned' non-drinkers, arguing that those whose non-drinking is culturally sanctioned—for example, because it is based on religious beliefs, physical illness, or alcohol dependence—have to do less work to convince others of the validity of their decision not to drink. However, given this study focused not on long-term non-drinkers, but on those who had recently changed their drinking, even those who had reasons that might be considered sanctioned would still need to negotiate this change within their social groups. In addition, previous research has shown that non-drinkers are not always willing to disclose a religious, health, or

dependence-related motivation for their non-drinking, and thus must still work in other ways to manage occasions involving alcohol (Romo et al., 2014).

The decision to include people who either stopped or significantly reduced their drinking, rather than just those who stopped completely, was based on two lines of reasoning. First, total abstinence is unlikely to be the goal of health promotion efforts around alcohol consumption, so seemed an unnecessarily strict criterion. Second, previous research with non-drinkers has suggested that what matters is less that people do not drink at all, and more that they drink substantially less than is considered normative; for example, Paton-Simpson (1995) described his sample as 'underdrinkers' rather than non-drinkers, and although Piacentini and Banister (2009) advertised for participants who did not drink alcohol, they found that participants perceived non-drinking as a continuum of behaviour that could include light or occasional consumption.

Recruitment occurred via a range of approaches including flyers posted around the researchers' community, a Facebook event, a media release, and personal contacts. I deliberately chose to sample from the general community rather than from communities focused on stopping or reducing alcohol consumption, such as *Alcoholics Anonymous* or *Hello Sunday Morning*TM. Participants in such communities have been shown to draw on the dominant narratives in these communities when describing their experiences (Cain, 1991; Hamley & Carah, 2012). I was interested in learning about how people talked about the experience of stopping or reducing drinking more generally, so took a broader approach to recruitment (although I did not explicitly exclude anyone who had familiarity with these communities). The media release in particular was helpful in achieving a broad reach within the general South Australian community, as it received coverage across local television, radio, and online news. Recruitment continued until information provided by participants about their social experiences became repetitive, corroborating data collected in previous

interviews—an indication that ‘data saturation’ had occurred (Morse, 1995). In total, 16 participants were recruited for this study; a more detailed description of participants is included in Chapters 4 and 5.

3.4.3 Data collection

Interviews were used as the data collection method for this study as they are an effective method for gaining an in-depth understanding of the subjective experiences of participants (Grbich, 1999). Interviews also give participants a degree of power and control in the research setting, by allowing them some choice around what they speak about and how they do so. In addition, they permit the researcher to probe participants’ responses for clarification and greater depth (Liamputtong, 2013). A semi-structured interview approach balanced the need for the interview to cover the topics of interest in this research project with space for the interview to flow more naturally, and give the participant some control over the direction the interview took. The topic guide, which is included in Appendix A, was developed with a focus on open-ended questions that would allow participants to talk about their experiences in their own terms. It also included some potential probing questions to prompt participants to further discussion of the topic if their initial responses were unclear or lacked depth, and as an interviewer, I asked additional probing questions as they occurred to me in the course of the interview. Early questions focused on more concrete, easy-to-answer topics around what the participant had done, with more difficult questions such as how they felt about their experiences introduced later once the participant was more at ease with the interview process. I did not strictly follow the interview schedule, but instead followed up on topics as they arose from participants’ talk.

Interviews have some limitations as a data collection method that must be acknowledged. Due to their time-consuming nature and the large amounts of data they generate, the number of interviews that could be conducted were necessarily limited. Thus,

it was not possible from interviews to make generalisations about the experiences of all people who stop or cut back their alcohol consumption. However, this was not the objective of this study, which focused instead on gaining a deep understanding of the experience.

Interviews also necessarily involve reconstructions of events and experiences by participants, with interviewers having some influence on how the meaning attached to these experience is constructed in this context (Liamputtong, 2013). Again, this must be weighed against the depth of understanding that interviews provide, which another method such as unobtrusive observation would not (unobtrusive observation of participants in social situations would also entail considerable practical and ethical challenges, and still involve interpretation on the part of the analyst). To address issues around interviewer influence, the interview schedule was designed, as much as possible, to avoid leading the participant; I further refined this across the course of interviews, adding a broad opening question inviting participants to 'Tell me about the change you made in your drinking.' Additionally, as an interviewer, I thought carefully about how I was positioned within the research. I attempted to position the participant as an expert and myself as a non-judgemental learner, interested to hear about what they had to say about their experiences. To aid this positioning, I did not make my own drinking status explicit to participants: I drink alcohol, and as previous research has demonstrated that non-drinkers can feel judged by drinkers (e.g. Grimes et al., 2013), I wanted to avoid evoking concerns about judgement in my interviewees. However, given I present as a white middle-class Australian woman, participants may have assumed (correctly) that I had some familiarity with dominant cultural norms around alcohol consumption, and its uses in social situations. Although I could not completely close myself off from this cultural knowledge, where participants' accounts appeared to reference presumed shared norms or understandings of

a topic, I tried not to make assumptions that this meaning was indeed shared, but sought to clarify this meaning with the participant.

3.4.4 Ethical considerations

This study was approved by the University of Adelaide's Human Research Ethics Committee (Appendix B). It was anticipated that the study had a low risk of harm to participants beyond the anxiety of taking part in an interview and a small risk of triggering negative emotions. To minimize this risk, all participants were provided with information regarding the study, including the topics of discussion, prior to participation. The information sheet also provided details about how to contact the South Australian Alcohol and Drug Information service helpline to obtain advice or assistance with any concerns about alcohol consumption.

Participants provided written informed consent prior to taking part in interviews, and were able to withdraw themselves and/or their data from the study from any point up until the completion of data analysis. No participants elected to withdraw. All identifying information such as participant names and places were changed during transcription to ensure participant confidentiality, and all data were securely stored electronically on a password protected network within the University of Adelaide. Participants were given the option to review transcripts; eight participants took up this option, but none requested any modifications to these transcripts.

3.5 Study 2 – Experiences of significant others

3.5.1 Study aims and design

The objective of Study 2 was to learn more about a source of support identified by participants in Study 1 as important for helping to manage the social consequences of changing their drinking: significant others. This second study again used a qualitative

interview design, involving semi-structured interviews with people with a significant other—a partner, close friend, or family member—who had recently stopped or substantially reduced their alcohol consumption. The study aimed to gain an understanding of these people’s experiences and perceptions of their significant others’ change in alcohol consumption, and their thoughts on the role of significant others in supporting those who want to stop or reduce their alcohol consumption.

3.5.2 Participants and recruitment

The population for this study was defined as people over the age of 18 years with a partner, close friend, or family member who had stopped or substantially reduced alcohol consumption for at least three months within the past two years, and who lived in Australia. These inclusion criteria resemble the criteria used in Study 1 with some minor differences. I expanded the age range for this study because, unlike in Study 1, to my knowledge, there has been no research from the perspectives of significant others of any ages, not just those over 25 years. The legal drinking age in Australia is 18; thus, this seemed an appropriate cut-off age. I broadened the time period in which people could have changed their drinking to two years, both for pragmatic reasons so that significant others of Study 1 participants would be eligible to participate, and because I found in Study 1 that participants could comfortably reflect in detail about their experiences dating back several years (as explained in Chapter 4, despite initially indicating that they met study criteria, it emerged during Study 1 interviews that two participants had made significant changes to their drinking beginning approximately four years prior to the interviews). Participants for this study were not required to live in South Australia, as I was willing to conduct interviews either face-to-face or via telephone for this study (although face-to-face was preferred). By this second study, I had gained skills and confidence as an interviewer, so concluded that I would be able to build sufficient rapport over a telephone interview. Although telephone

interviews often provide less depth than face-to-face interviews (Irvine, 2011), they nonetheless have been found to produce data of sufficient quality for qualitative analysis (Carr & Worth, 2001). As with Study 1, there were no restrictions on why participants' significant others had stopped or reduced their drinking. Participants were not required to be drinkers themselves.

Recruitment initially occurred via a media release, as well as snowball sampling from Study 1 participants and others who had expressed interest in future studies regarding non-drinking; we asked these people if they would be willing to forward details about the current study to a partner, close friend, or family member with whom they (previously) drank alcohol. The aim was to recruit for diversity with respect to gender and relationship to the person who stopped or reduced their drinking (partner, friend, or family). Given the success of a media release in reaching a broad section of the community in Study 1, I had hoped this would be similarly effective in Study 2. However, this was not the case, and I struggled in particular to recruit male participants. To address this deficit, I developed a flyer targeting male participants only; this was posted around the community, as well as distributed by men's health and alcohol-related organisations.

In total, 13 participants were recruited for this study. Despite my efforts, numbers of male participants remained low; I discuss this as a limitation of Study 2 and provide a more detailed description of participants in Chapter 6.

3.5.3 Data collection

As with Study 1, semi-structured interviews were chosen as the data collection method, given their usefulness in gaining an in-depth understanding of participant experiences while ensuring that the interview covers topics of interest to both the researcher and the participant (Grbich, 1999; Liamputtong, 2013). However, as previously noted, interviews are necessarily co-constructions involving both the participant and interviewer. As a means

of collecting more naturalistic data, I originally considered conducting friendship-based focus groups involving both someone who had stopped or reduced their drinking and their significant others. Focus group discussions drawing on pre-existing friendship groups can allow an examination of social interactions which come close to naturally occurring data, as these groups have pre-existing rapport and familiarity, can draw on shared experiences, and can challenge each other's accounts of these experiences (Kitzinger, 1994). However, I decided against this method on ethical grounds, as these focus groups would have risked creating a power imbalance, singling out the person who had changed their drinking as the focus of attention, and potentially subjecting them to judgement. Focus groups, in comparison to interviews, can pose challenges in maintaining the confidentiality of participants, and participants may be unwilling to disclose perspectives which differ from the rest of the group (Liamputtong, 2013). Thus, one-on-one interviews were deemed a more appropriate method.

The interview topic guide for Study 2 is included in Appendix C. As with Study 1, this guide was developed with a focus on open-ended questions to allow the participant to talk in their own terms, supplemented by probing questions to prompt further discussion. Early questions focused on easy-to-answer topics about the participant's patterns of socialising with their significant other, and what changed regarding their significant other's drinking, followed by potentially more difficult questions regarding how they felt about the experience. The interview schedule was designed, as much as possible, to avoid leading the participant; for example, instead of simply asking participants 'What role do partners, friends, and family have to play when someone changes their alcohol consumption?', I first asked 'Do you think significant others have a role to play when someone changes their alcohol consumption?', so that participants were more able to claim that there was no role to play in this situation. As with Study 1, I did not strictly follow this topic guide, but instead followed up on topics as they arose from participants' talk. I attempted to position the

participant as the expert and myself as a non-judgemental learner, and tried to probe for further explanation rather than making assumptions about shared cultural meanings.

3.5.4 Ethical considerations

This study was approved by the University of Adelaide's Human Research Ethics Committee (Appendix D). As with Study 1, it was anticipated that the study had a low risk of harm to participants beyond the anxiety of taking part in an interview and a small risk of triggering negative emotions. To minimize this risk, all participants were provided with information regarding the study, including the topics of discussion, prior to participation. The information sheet also provided information about how to contact the South Australian Alcohol and Drug Information service helpline to obtain advice or assistance with any concerns about alcohol consumption.

Participants provided written informed consent prior to taking part in interviews, and were able to withdraw themselves and/or their data from the study from any point up until the completion of data analysis. No participants elected to withdraw. All identifying information such as participant names and places were changed during transcription to ensure participant confidentiality, and all data were securely stored electronically on a password protected network within the University of Adelaide. Given that five of the participants in this study were connected with participants in Study 1, it was important to consider how to ensure internal confidentiality—that is, ensuring not just that participants are unidentifiable to the general public, but also to each other, in any research outputs (Tolich, 2004). To this end, I did not conduct any joint analyses of data from the two studies, as where a participant can recognise their own quote, they might then be able to identify their significant other (Ummel & Achille, 2016). I also presented participants' ages in ranges in Study 1, and did not present ages at all in Study 2, to minimise the extent to which participants might be able to identify their significant others through this

demographic information. Participants were given the option to review transcripts; three participants took up this option, with one requesting a small change to further anonymise a description they thought might be recognisable to people familiar with their family. This change was made and no excerpts from that section of the transcript have been included in any publications or this thesis.

3.6 Study 3 – Temporary abstinence campaigns

3.6.1 Study aims and design

Temporary alcohol abstinence campaigns involve people pledging to abstain from alcohol for a limited period of time, typically a month, while raising funds for charity. In Study 1, participants identified such campaigns as useful tools in helping them to manage social occasions as non-drinkers, as the campaigns are seen as socially acceptable reasons to turn down a drink (see Chapter 4). Thus, in Study 3 I was interested to learn more about how these campaigns might support people looking to stop or reduce their alcohol consumption, and in particular, to understand how these initiatives portray the experience of abstaining from alcohol. This study consisted of a document analysis of the 2016 campaign materials of two Australian temporary alcohol abstinence campaigns, *Dry July™* and *Ocsober™*.

3.6.2 Selection of campaigns

I chose to focus on *Dry July™* and *Ocsober™* as two prominent Australian examples of temporary alcohol abstinence campaigns. *Dry July™* is, to my knowledge, the largest and (equal) longest running alcohol abstinence campaign in Australia: it was first conducted in 2007, and in 2016, 16,787 people registered to participate, raising a total of more than AUD3.7 million for projects which reduce stress and increase comfort for people diagnosed with cancer, their families, and carers (Dry July, 2016a). Although smaller, with just 3500

registered participants raising AUD460,000 in 2016 (Ocober, 2016b), *Ocober™* also has prominence in Australia as a fundraiser for *Life Education*, a popular deliverer of school-based health education programs (Ocober, 2016a). Both campaigns were mentioned by name by participants in Study 1. *FebFast™* was not included as, although it is a slightly larger and longer-running campaign than *Ocober™* (like *Dry July™*, it commenced in 2007), in recent years its focus has expanded beyond alcohol abstinence to also promote abstinence from sugar or other products or behaviours (FebFast, 2016). It was also not mentioned by any Study 1 participants.

3.6.3 Data selection

The data for this study consisted of the websites of the two campaigns, www.dryjuly.com and www.ocober.com.au, as well as generic e-mails sent to registered participants of the 2016 campaigns. I selected these particular types of documents for analysis because these were the campaign materials which participants were most likely to view: all participants must visit the website to register their participation, and unless they opt out, registered participants are subscribed to e-mail communications from the campaign. In a survey of participants in *Dry January®*, a similar British alcohol abstinence campaign, 96% of participants reported that they signed up for e-mails, and 69% reported that they read every e-mail they received (de Visser, Robinson, Smith, Cass, & Walmsley, 2017). Research with *FebFast™* participants as well as other fundraising campaigns such as *Movember™* have shown that participants in such campaigns draw on the discourses provided in campaign materials when talking about and assigning meaning to their experiences (Bravo & Hoffman-Goetz, 2016b; Robert, 2016); thus, it is useful to analyse the materials themselves.

An alternative approach I could have taken in this study was to conduct interviews with campaign participants about their experiences. However, several studies have already

explored the experiences of *FebFast*[™] participants through interviews (Cherrier & Gurrieri, 2013, 2014; Fry, 2011; Robert, 2016). In addition, a possible limitation of this approach is that those campaign participants willing to take part in an interview may have been those who were most reflexive on alcohol in general, or most motivated to make ongoing changes to their drinking, rather than 'typical' participants. Thus, I was interested in looking more closely at what the campaigns actually provided to support people to make changes to their drinking. To this end, a document analysis was considered the more appropriate approach.

I was able to access e-mails sent to participants in these campaigns because I personally registered to participate in both campaigns (and actively fundraised for *Dry July*[™]). Thus, it was possible that my own experiences with these campaigns would have an influence on this study. An advantage of document analysis as a research method is that, unlike a data collection method such as interviews, the data are naturally occurring and thus not influenced by the researcher (Bowen, 2009). However, there is still the potential for researcher influence in the selection and analysis of materials (Bowen, 2009). To avoid biases in selection, I included in my data set all e-mails and all webpages within the campaign websites, excluding individual participant fundraiser pages and *Dry July*[™] Ambassador pages, which only included a biography of the ambassador. To limit the influence of my personal experiences on analysis, I was careful to ensure that this analysis was closely grounded in the data, and that my supervisors (who were not registered participants) agreed with my interpretations (further detail on the analytic approach is provided in the following section as well as Chapter 7).

3.7 Analytic approach: variations on a thematic analysis

The analytic approach I have taken across all three studies was based on Braun and Clarke's (2006) guidelines for thematic analysis, although I deployed this method somewhat

differently in each study, as I will outline in this section. Thematic analysis is a qualitative analytic method which enables the identification, analysis, and reporting of patterns, or themes, within a data set (Braun & Clarke, 2006). It is a flexible method, which does not require a commitment to a particular theoretical framework, and can generate unanticipated insights (Braun & Clarke, 2006). It is thus well suited to a project conducted under the paradigm of pragmatism. It is also a foundational method for qualitative analysis, which can be used as a building block toward other types of analyses to add further interpretation and insight to findings (Braun & Clarke, 2006). Braun and Clarke (2014) argue that thematic analysis is a useful approach for those doing applied health research, as it supports researchers to conduct robust and sophisticated analyses of qualitative data, but to present these analyses in a way which is readily accessible to an educated general public, not just those within academia. Thus, this method fitted with my aims to conduct research with the potential for practical application.

Although the flexibility of thematic analysis is its key strength, it can also leave it open to the accusation that ‘anything goes,’ and thus that it lacks rigour (Braun & Clarke, 2006). To avoid this accusation, it is necessary for researchers to make explicit the epistemological and other assumptions which have guided their analyses. To this end, Braun and Clarke (2006) propose five questions researchers need to answer when conducting a thematic analysis: what counts as a theme, whether analysis is inductive or deductive/theoretical, whether the analysis provides a rich description of the whole data set or a detailed account of a particular aspect, whether the analysis is guided by a realist/essentialist or constructionist epistemology, and whether themes are semantic or latent. The remainder of this section outlines the decisions driving the thematic analyses presented in this thesis; decisions regarding the first two questions were consistent across all analyses, while those regarding the latter three questions varied from analysis to analysis. Greater detail regarding the steps taken to conduct each analysis is provided in the analytic chapters.

What counts as a theme?

Braun and Clarke (2006) suggest that researchers need to consider how prevalent a theme needs to be within a data set in order for it to count as a theme, or whether what is relevant is less how frequently something occurs than whether a theme captures something important in relation to the overall research question. In determining what counted as a theme in my analyses, I decided not to present formal counts of prevalence, as such counts seem more consistent with research within a positivist paradigm, and their meaningfulness seems questionable given the purposive, rather than representative, samples characteristic of qualitative research. All themes presented in this thesis occurred across more than one data item (participants for Studies 1 and 2, or e-mails/webpages for Study 3). Beyond this basic criterion, the existence of a theme was determined based on what made most coherent sense of the data, with maximum coverage of the data set and minimum overlap between themes.

Inductive vs theoretical analysis

All analyses presented in this thesis used an inductive, rather than theoretical, approach. Theoretical analyses take an explicit commitment to a certain theory, and look at how elements of that theory play out in the data set. In contrast, in an inductive analysis, themes are strongly linked to and driven by the data, and, according to Braun and Clarke (2006), are more likely to generate unanticipated insights. Within an inductive analysis, a researcher can still draw on theory to interpret findings, but the initial coding and formation of themes is based on the data, not this theory. An inductive approach was thus better suited to addressing the open-ended research questions guiding this thesis; and was consistent with my decision not to situate this research within a singular theoretical framework (as discussed in section 3.2).

Rich description of whole data set vs detailed account of an aspect

A thematic analysis can be used to generate either a rich description of the entire data set or a detailed account of an aspect of the data set. Braun and Clarke (2006) suggest the former can be good for investigating under-researched areas due to its breadth of coverage, but can necessarily lose some depth and complexity; in contrast, the latter can provide a more detailed and nuanced account of one particular theme. The decision about which sort of analysis to perform was guided by the question(s) I wanted to answer with each study.

For Study 1, I conducted both types of analyses, reported in Chapters 4 and 5 respectively. Chapter 4 presents an analysis in which I aimed to provide a rich description of the whole data set, to contribute to our understanding of the social experiences of Australian adults who stop or reduce their alcohol consumption. In Chapter 5, the analysis focused on a detailed account of one aspect of the data set from Study 1, namely, how these adults worked to incorporate their change in drinking into their social rituals.

For Study 2, I initially considered providing a rich description of the whole data set, given this was the first study (to my knowledge) to explore the experiences of the significant others of non- or lighter drinkers. However, in the preliminary stages of analysis, it became clear that these findings were going to substantially overlap with those presented in Chapter 4, despite the different standpoint of participants. As I discussed earlier, within a pragmatist paradigm, research methods (and questions) should be chosen based on what will deliver useful findings. Thus, in Chapter 6, rather than a broad exploration of the experiences of significant others, I have presented an analysis focused on a detailed account of an aspect of the study that seemed likely to yield more novel and useful insights: how participants accounted for providing support to their significant others as reasonable (or otherwise).

For Study 3, I conducted a thematic analysis which aimed to identify how temporary abstinence campaigns portray the experiences of those participating in their campaigns (reported in Chapter 7). Although this question arguably does not cover the entire data set, it enabled a rich description of a broad part of this data set. To address the limitations on depth this breadth necessitates, I supplemented this thematic analysis with a discursive analysis of particular extracts within each theme, to identify how these extracts worked to position participants and others. Further detail can be found in the Method section of Chapter 7.

Essentialist/realist vs constructionist analysis

Although this thesis overall was situated within a pragmatist paradigm, it is necessary to specify assumptions about knowledge I made in each analysis, since pragmatism permits researchers to draw on either essentialist/realist or constructionist assumptions depending on which is most useful to answering the research question (Feilzer, 2010). Analyses for Study 1 (reported in Chapters 4 and 5) were conducted within an essentialist/realist epistemology, as these analyses sought to address research questions relating to participant experience and meaning; these can be theorised in an uncomplicated way within this epistemology as what a participant says is taken to be a straightforward report of their experiences (Braun & Clarke, 2006).

In contrast, analyses for Studies 2 (Chapter 6) and 3 (Chapter 7) were conducted within a constructionist epistemology, where meaning is understood to be socially produced and negotiated, rather than inhering within individuals (Crotty, 1998). Within this epistemology, it is argued that interview talk, along with other talk and text, should be conceived as accounts that are oriented to the context in which they are produced, and seek to do something in that context (for example, convince the interviewer that their feelings and actions were justified) (Brinkmann & Kvale, 2015). Thus, the analyst's focus is less on

what participants said they experienced than on how participants portrayed and accounted for this experience (Brinkmann & Kvale, 2015). The analyses in Chapter 6 and 7 sought to address research questions relating to portrayals and accounts, rather than experiences, so a constructionist epistemology was most appropriate.

With regard to Study 2, I initially approached the analysis within a realist epistemology, seeking to explore the experiences of the significant others of people who stop or reduce their drinking. However, as I explained in the previous section, this perspective did not yield novel insights, limiting the value of the research as viewed within a pragmatist paradigm (Cornish & Gillespie, 2009; Rorty, 1999). By re-approaching the analysis with a research question instead focused on portrayals and accounts, and thus drawing on a constructionist epistemology, I was able to generate what I considered more useful findings, with implications for how health behaviour interventions might seek to enlist the support of significant others (as argued in Chapter 6).

Semantic vs latent themes

In thematic analysis, themes can be identified at either a semantic level, where themes are based on the explicit or surface meanings or data, or an interpretative level, where themes are based on an examination of the ideas or assumptions underlying the semantic content of the data (Braun & Clarke, 2006). Braun and Clarke (2006) note that often, analyses within the former level come from an essentialist/realist paradigm, while analyses within the latter level more commonly come from a constructionist paradigm. Consistent with this, analyses for Study 1 (Chapters 4 and 5) focused on semantic themes, while analyses for Studies 2 (Chapter 6) and 3 (Chapter 7) focused on more latent themes. Braun and Clarke (2006) also note that more latent forms of thematic analysis, with their focus on the assumptions and structures underpinning what is articulated in the data, begin to overlap with some forms of discourse analysis. I elected to make this overlap explicit,

drawing on discourse analytic principles to deepen the analyses I presented in Chapters 6 and 7 by attending to how the language used by participants functioned in context. Further detail can be found in the Method sections of these chapters.

3.8 Chapter summary

In this chapter I have outlined the research design and methodological decisions underpinning the research conducted for this thesis. Overall, this research project was situated within the paradigm of pragmatism, and employed a sequential exploratory design with a focus on qualitative data collection and analysis. The research project included three studies, with the findings of Study 1 influencing the design of Studies 2 and 3. Study 1 employed a qualitative interview design to investigate the social experiences of people who stop or significantly reduce their drinking. Based on the findings of this study regarding sources of support for managing the social implications of their change in drinking, Study 2 employed a qualitative interview design to investigate the experiences of the significant others of people who stop or reduce their drinking, while Study 3 consisted of a document analysis of campaign materials used in temporary alcohol abstinence campaigns. The analytic approach employed in each study involved variations on Braun and Clarke's (2006) guidelines for thematic analysis.

In the following four chapters, I present four manuscripts based on these three studies; Chapters 4 and 5 derive from Study 1, Chapter 6 from Study 2, and Chapter 7 from Study 3. These chapters are followed by a concluding chapter in which I discuss the overall findings, limitations, and implications of my research.

Chapter 4 ‘Why can’t I just not drink?’ A qualitative study of adults’ social experiences of stopping or reducing alcohol consumption

Statement of Authorship

Title of Paper	'Why can't I just not drink?' A qualitative study of adults' social experiences of stopping or reducing alcohol consumption
Publication Status	<input checked="" type="checkbox"/> Published <input type="checkbox"/> Accepted for Publication <input type="checkbox"/> Submitted for Publication <input type="checkbox"/> Unpublished and Unsubmitted work written in manuscript style
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Contribution to the Paper	Conceived and designed the study; collected, analysed and interpreted data; wrote manuscript and acted as corresponding author.		
Overall percentage (%)	85%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
Signature		Date	1/3/18

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
- ii. permission is granted for the candidate to include the publication in the thesis; and
- iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

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4.1 Abstract

Introduction and Aims: Alcohol is ingrained in Australian culture, playing an important role in many social occasions. This can make reducing or stopping alcohol consumption challenging, as one risks rejecting, not just a drink, but also the valued social norms that drink represents. This study aimed to investigate the social experiences of adults who stop or reduce their alcohol consumption.

Design and Methods: Sixteen semi-structured interviews were conducted with people aged over 25 years who had stopped or significantly reduced their alcohol consumption for at least three months in the past year, and thematically analysed.

Results: Participants found themselves stigmatised for violating expectations around alcohol consumption when they tried to stop or reduce their own drinking. Although most were able to either conceal their change in alcohol consumption or present it so that it did not challenge norms around drinking, this approach was seen as a temporary measure, and not one to employ with people with whom they socialised regularly. Instead, many participants sought to change their interactions with their social group to focus on activities with which alcohol consumption was not strongly associated.

Discussion and Conclusions: Reducing or stopping alcohol consumption can have positive consequences for health, yet it can also raise social challenges that individuals need to negotiate in order to maintain their social well-being. This tension suggests a need for a health promotion campaigns to address the social as well as health consequences of reducing alcohol consumption.

4.2 Introduction

Alcohol consumption is ingrained in Australian culture, playing an important role in many social occasions. Drinking is culturally normative—according to the 2013 National Drug Strategy Household Survey (NDSHS), about four-fifths of Australians over the age of 14 consumed alcohol in the past year (Australian Institute of Health and Welfare, 2014). However, there are compelling health reasons to limit or abstain from consumption of alcohol: alcohol increases risks of injury, contributes to social problems, and increases the risk of chronic diseases (National Health and Medical Research Council, 2009). Many Australians drink at levels above those recommended by the National Health and Medical Research Council; 18% exceed the lifetime risk guideline by consuming more than two standard drinks per day on average, and 38% exceed the single occasion risk guideline by consuming more than four standard drinks on a single occasion at least once in the past year (in Australia, a standard drink is equivalent to ten grams of alcohol; Australian Institute of Health and Welfare, 2014). As such, it is imperative to consider how individuals can be supported to change their drinking behaviour, specifically reducing their alcohol consumption, despite its cultural normativity.

There is some interest among Australians in reducing or stopping drinking, at least temporarily. In the 2013 NDSHS, 49% of drinkers reported taking action to reduce alcohol intake in the last year, mainly by reducing the amount drunk per session (30% of drinkers) or reducing the number of drinking occasions (29% of drinkers; Australian Institute of Health and Welfare, 2014). Participation in events in which people pledge to give up alcohol for a limited period of time (e.g. *FebFast™*, *Dry July™*, *Ocsober™*, and *Hello Sunday Morning™*) are growing rapidly in popularity (Dry July, 2016b; FebFast, 2016; Hello Sunday Morning, 2016; Ocsober, 2015).

Despite this interest, reducing alcohol consumption poses some social challenges, given the dominant drinking culture in Australia. Those who decline a drink risk rejecting, not just the drink, but all the symbolic meanings attached to that drink. In a study of *FebFast™* participants, Cherrier and Gurrieri (2013) investigated the cultural norms that work to constrain people's choices (not) to drink alcohol: identifying norms of sharing, reciprocity, and conformity. Sharing alcohol was seen as symbolic of sharing experiences and nurturing personal relationships: a way to celebrate positive occasions (e.g. weddings) and to show solidarity and share pain (e.g. after a death). Alcohol contributed to social solidarity through the norm of reciprocity, where certain social interactions feature an obligation to provide or consume alcohol. People are also expected to conform to group norms of alcohol consumption; diverging from these norms can be seen as 'letting the team down' (Cherrier & Gurrieri, 2013).

Studies of people who do not drink alcohol in Australia, as well as in countries with similar drinking cultures—New Zealand, the United Kingdom, and the United States—suggest that not drinking is regarded as strange or deviant. Non-drinkers report experiencing negative reactions from drinkers, ranging from weird looks and questions requiring them to account for their behaviour, through to name-calling and verbal or physical attempts to compel them to drink (Conroy & de Visser, 2014; Fry, 2011; Herman-Kinney & Kinney, 2013; Herring et al., 2014; Nairn et al., 2006; Paton-Simpson, 1995; Piacentini & Banister, 2009; Romo, 2012). Paton-Simpson (1995) argues these reactions show that not drinking is a stigmatised behaviour, leading to potential costs such as feelings of awkwardness and embarrassment, as well as exclusion from social groups and activities. For individuals who stop drinking alcohol, these costs of diverging from social norms can disrupt their sense of self, making it difficult to maintain their change in behaviour (Pennay et al., 2016).

These potential costs have received limited attention in Australian health promotion interventions aimed at reducing alcohol consumption, which tend to focus on increasing awareness of health consequences and exhorting people to ‘drink responsibly.’ These interventions thus locate responsibility for alcohol consumption with individuals, construing drinking as a rational, cognitive, independent decision (Cherrier & Gurrieri, 2013). In so doing, they ignore the social context which can make reducing alcohol consumption difficult. If individuals are not able to manage this social context, they risk trading off their social well-being for their physical health.

Authors such as Fry (2011) and Conroy and de Visser (2014) argue that a greater understanding of the social experiences of non-drinkers may inform health promotion efforts to better address the social consequences of changing drinking behaviour. Several studies have investigated the experiences of young adult non-drinkers, particularly in university settings where heavy drinking is culturally normative (Conroy & de Visser, 2014; Fry, 2011; Herman-Kinney & Kinney, 2013; Herring et al., 2014; Nairn et al., 2006; Piacentini & Banister, 2009; Romo, 2012). These non-drinkers reported developing and employing a range of what Herman-Kinney and Kinney (2013) referred to as ‘stigma management strategies’ to lessen their exposure to negative reactions, including those reported above. A commonly reported strategy involved concealing their non-drinking status (e.g. passing off a non-alcoholic beverage as an alcoholic one), or providing an excuse for not drinking (e.g. being on antibiotics). Those who chose to reveal their non-drinking status, or had it revealed by others, employed strategies such as making light of it, asserting that it was a personal, not moral, choice, and that they did not judge others for drinking. Many non-drinkers adopted roles of value to the group such as designated driver or carer. Some non-drinkers also reported trying to reduce their exposure to drinking situations—arriving at parties late or leaving early, or encouraging friends to participate in social activities less

focused on alcohol (Conroy & de Visser, 2014; Fry, 2011; Herman-Kinney & Kinney, 2013; Herring et al., 2014; Nairn et al., 2006; Piacentini & Banister, 2009; Romo, 2012).

Although the research to date on the social experiences of non-drinkers has identified some consistent themes, most studies have not explicitly distinguished between lifetime non-drinkers and former drinkers—yet it is people who make a change in their established drinking behaviour that can provide the most useful guidance for motivating others to reduce their drinking. This conflation may be reasonable in studies focused on young people; young non-drinkers and former drinkers have been found to be similar in terms of personality, alcohol-related attitudes, and beliefs (de Visser et al., 2014). This similarity does not persist across the lifespan, however, with research on older adults showing large differences in demographic and personality characteristics between lifetime non-drinkers and former drinkers (Graham, 1998). In addition, a youth focus has been justifiable as this cohort is seen as ‘at-risk’ of high rates of alcohol consumption (Fry, 2010; Seaman & Ikegwuonu, 2010), but, in Australia at least, the proportion of young adults drinking at levels exceeding the guidelines for lifetime risk has fallen in recent years and is now similar to that of older age groups (Australian Institute of Health and Welfare, 2014). Furthermore, strong social norms around drinking continue into older ages; for example, a study of middle-aged men from the United Kingdom (which has a similar drinking culture to Australia) found that drinking was seen as crucial to forging and maintaining friendships and social support (Emslie et al., 2013). As such, there is value in examining how adults over the age of 25 who stop or reduce their drinking manage this in social situations.

Previous research has explored how adults individually negotiate the implications of stopping drinking for their sense of self (Pennay et al., 2016), yet, to our knowledge no study has explicitly focused on how adults negotiate this change within their social groups. We sought to address this gap by investigating the social experiences of people aged over

25 years who have recently stopped or reduced their alcohol consumption. We aimed to understand how these people experienced social situations involving alcohol, and to identify techniques or strategies they developed to manage the social implications of diverging from norms around alcohol consumption.

4.3 Method

4.3.1 Participants

We sought to recruit people aged 25 years or older, who had recently stopped or significantly reduced their alcohol consumption for at least three months within the last year. These time limits were imposed to ensure that participants had sufficient experience in changing their drinking, and that this experience was recent enough to permit in-depth discussion. Recruitment occurred via a range of approaches including flyers posted around the researchers' community, a Facebook event, a media release, and personal contacts. People expressing an interest in the study were provided with further information; those meeting study criteria were invited to a face-to-face interview at a time and place convenient for them. Recruitment continued until information provided by participants about their social experiences became repetitive, corroborating data collected in previous interviews—an indication that data saturation had been reached (Morse, 1995).

Sixteen participants (10 female, 6 male) aged from 25 to 65 years ($M = 39.8$ years) were interviewed. Eight participants identified as Australian, two as British-Australian, three as other European-Australian, one as Indian-Australian, one as Colombian-Australian, and one as Ethiopian. Thirteen participants were employed and/or studying, with the remaining three retired (1) or unable to work for health reasons (2). Participants' reasons for stopping or reducing their drinking were individual and complex; however, some common themes included to support the pursuit of other activities (44% of participants), to

bring their drinking under control (38%), because they disliked drinking/drunkenness (31%), to manage a health condition (31%), to feel healthier generally (25%), and for a personal challenge (13%). Some participants gave multiple reasons within these categories.

Despite initially indicating that they met the study criteria, during interviews it emerged that two participants had significantly reduced their drinking outside of the desired time frame (in both cases, approximately four years prior to the interview). As these participants were nonetheless able to reflect in detail about their experiences, these interviews were included in analysis.

4.3.2 Procedure

This research was approved by the authors' university ethics committee. Semi-structured interviews were conducted face-to-face, audio-recorded, and transcribed verbatim by the first author. At the beginning of each interview, the interviewer reiterated study aims and obtained written consent for participation. Open-ended questions and additional probing questions covered topics including participants' drinking patterns, their decision to make a change, their experience of becoming a non- or lighter drinker, their approaches to managing social situations, and their use of support or resources. At the end of the interview, participants completed a short demographic questionnaire. All names, places, and other potentially identifying information were changed during transcription.

We acknowledge that the dynamic of interaction between the interviewer and participant will have had some influence on the interview. To manage this, the interviewer was mindful to foreground participants' experiences, showing a genuine curiosity about what participants had to say. The interview schedule was structured to minimise leading questions and provide opportunities for the participant to dictate the flow of conversation. After each interview, the interviewer and co-authors reflected on the interviewer's contribution, modifying subsequent iterations of the interview schedule where appropriate.

4.3.3 Analysis

Transcripts were entered into the NVivo 10 software package (QSR International Pty Ltd, 2012) and thematically analysed. Thematic analysis enables identification, description, analysis, and reporting of themes or patterns of meaning within qualitative data (Braun & Clarke, 2006). The epistemological framework for analysis was essentialist or realist: it aimed to understand and report the experiences, meaning, and reality of participants with regard to changing their drinking in social situations (Braun & Clarke, 2006). Following guidelines suggested by Braun and Clark (Braun & Clarke, 2006), the first author initially read and re-read the transcripts to gain familiarity with the data, then systematically coded features of the data relating to the research focus across the entire data set. She examined the extracts of data related to each code, and collated these codes into broader themes, as shown in Table 4.1. All authors reviewed these themes and the related data, resolving any disagreements through discussion, to ensure that interpretations were grounded in the data. We acknowledge that this is nonetheless our interpretation, and have provided excerpts to illustrate each theme, allowing readers to assess our argument. Excerpts were selected as the most concise and/or archetypical examples of each theme (Brinkmann & Kvale, 2015). To aid readability, speech elements such as false starts and repetitions have been removed and punctuation added (Bailey, 2008).

Table 4.1

Collation of codes into themes

Code	Theme
Social pressure to drink	
What's wrong with you?	
No does not mean no	
Feeling like an outsider	Violating expectations around drinking
Associations with drinking	
Noticing the drinking culture	
Making change not obvious	
Justifying decision not to drink	Fitting in with expectations around drinking
Planning ahead to reduce pressure	
Leaving early	
Avoiding situations	Changing social interactions to avoid drinking situations
Finding replacements	

4.4 Results

Three key themes reflecting the social experiences of adults who stop or reduce their drinking were identified: violating expectations around drinking, fitting in with expectations around drinking, and changing social interactions to avoid drinking situations. These themes were prevalent across the data set, with no systematic differences apparent by participants' age or gender.

4.4.1 Violating expectations around drinking

Participants consistently reported that drinking was seen as normative amongst their peers, with alcohol consumption expected at many social events. Failing to meet this expectation was treated as a deviant behaviour, with participants feeling stigmatised for not drinking.

Participants reported feeling a sense of discomfort when they violated expectations by not drinking when others were, describing this as 'pressure,' 'disconnection,' or 'feeling like an outsider.' As Dan (45-49 years) explained, participants sometimes felt they were missing out on the meaning or emotions they used to get from events involving alcohol:

I used to do a fishing trip with a few mates – that was a big drinking weekend, far out. And we would occasionally catch fish... When I think about [going on] that trip [now I've stopped drinking], it's a bit shallow, it's a hollow sort of feeling. It won't have that camaraderie. Whatever used to come with the drinking won't be there.

Other drinkers would reportedly challenge participants about their failure to meet expectations around consuming alcohol at social events. These challenges took the form of pressing participants to have a drink when they had declined, or demanding an account for

their refusal. Bridget (25-29 years) described how she experienced these challenges as a constant pressure:

The pressure to [drink], ...you feel an expectation that you should be drinking at certain events and it's just constant. And if you're not drinking it's a constant 'Why aren't you drinking?' You have to give a reason and that's the annoying thing. Why can't I just not drink?

In violating social expectations by not drinking, participants sometimes found their behaviour stigmatised. Drinkers would make derogatory assertions about participants on the basis of their non-drinking; reportedly labelling participants 'boring,' 'wrong,' or having a 'problem' with alcohol. Paloma (30-34 years) described these aspersions as hurtful, intensifying her sense of discomfort in drinking situations:

I really feel bad when someone tells me 'What's wrong with you that you're not drinking?', and I'm like 'Oh yeah maybe I'm wrong, maybe I shouldn't be here,' or 'Yeah, I'm such a boring person.'

To minimise their experience of stigma, participants reported developing strategies to manage their social lives while reducing their alcohol consumption. As discussed below, participants favoured two overarching approaches: seeking to fit in with expectations around drinking, and seeking to change the way they socialise to avoid triggering these expectations.

4.4.2 Fitting in with expectations around drinking

One of the ways participants sought to avoid sanctions for not drinking was by working to minimise the extent to which they challenged expectations that drinking was a normal and central part of many social occasions. To do this, they would obscure that they were not drinking (much), or provide excuses for refusing a drink that were accepted without

further question. Participants reported several techniques for masking their lack of alcohol consumption: volunteering to buy drinks, drinking non-alcoholic drinks that resembled alcoholic ones, making alcoholic drinks they did consume last, handing alcoholic drinks to others, and subtly pouring them out. This helped them to 'pass' as drinkers and avoid feeling stigmatised, as Amanda (35-39 years) explained:

I did find that I was probably pretending I was still drinking a little bit when I was out socially. Like if I was at a bar, I'd go and order just soda and lime and make sure it was served in the same sort of cup as other people that were ordering vodka and soda, so it didn't look like I wasn't drinking. I think I consciously made an effort to do that because I was aware that there may be social stigma around me not drinking when other people were.

By actively avoiding drawing attention to their change in drinking, participants were able to fit in with social situations without challenging group norms, and thus threatening the group's integrity or their own membership within it (Marques, Abrams, & Serôdio, 2001).

When participants did decline a drink, if they provided a socially acceptable reason for their refusal, this could be sufficient to justify their violation at that point in time: 'an easy way to shut off the questioning and happily sit there with my ginger beer' (Geri, 40-44 years). Reasons participants reported as less likely to provoke further reactions included having to drive, being on medication, having a health condition, having a prior commitment, or taking part in a charity fundraiser such as *Dry July™* (Dry July, 2016b). In contrast, simply not wanting a drink was insufficient, as Bridget (25-29 years) observed:

It feels like you need to have a reason, over and beyond I just don't want to drink. [It] feels like you need to have some sort of health condition or you're on antibiotics or you're pregnant.

Having such a health condition did not necessarily remove the need for participants to manage social situations, as they were sometimes unwilling to disclose this condition. Geri (40-44 years), for example, regularly passed as a drinker while pregnant:

I didn't tell work people for a long time, until I was probably about five months pregnant, and so, you know, the high ball glass with soda and lime wedge could be a vodka very easily.

Although fitting in by passing as a drinker or providing acceptable excuses could serve to make social situations more comfortable, ultimately these strategies provided only a temporary reprieve, needing to be carried out anew on each social occasion, or with each person within an occasion. They could involve a degree of deception, which as Kyle (55-59 years) described, brought him further discomfort:

I have fibbed in the past and said I just don't feel well and things like that.

That's a lie and I don't like the deceit that comes with that, so I'm not comfortable with that.

Practising a deception can violate friendship norms around honesty, and thus trigger sanctions or exclusion from a group (Whitson, Wang, Kim, Cao, & Scrimshire, 2015). Given this, most participants attempted to pass or provide excuses only with larger groups or people they did not know well, because 'if you're not going to see them again... it doesn't really matter' (Olive, 50-54 years). In contrast, participants were more likely to seek an enduring solution to socialising with their closer friends and family as a non- or lighter drinker, by changing the way they socialised, as discussed below.

4.4.3 Changing social interactions to avoid drinking situations

Given the need to constantly disguise or defend non-drinking, and the lack of connection participants felt with others who were drinking, many began to avoid drinking occasions, replacing these with other activities. Several participants reported that, although they initially attended drinking occasions, increasingly they would leave these events early, or not attend them at all. As Paloma (30-34 years) discussed in the excerpt below, she originally employed the strategy previously described of presenting acceptable explanations for not drinking, but the need to constantly repeat herself discouraged her from this approach, leading her instead to avoid these interactions:

I've been going out less, to that sort of thing. At the beginning I was trying to explain myself but then I go 'What's the point?' People are going to keep asking and they're not going to be happy with anything. At some point they expect you to drink.

Participants often talked about this avoidance as somewhat positive, giving them time to pursue other goals and activities. For Farouk (25-29 years), eschewing nights out with his friends meant he could sleep well and thus better focus on his studies:

When I go out with friends, I didn't care about the time of sleep, I could sleep at 3 or 4 and wake up at 12. But now I have regular sleep patterns, I could sleep at 12 and wake up at 6... [This helps] with my study as well, because I have to focus and it's [a critical period in my degree]. So it works with that, not going out, not that kind of night out.

Nevertheless, avoiding drinking occasions could mean spending less time with friends, and had the potential to weaken relationships, as Olive (50-54 years) described:

If you stop going to functions, then you stop getting invited to functions.

And so then you find that you're very lonely. And I still don't have those friends, that support-network.

To avoid losing valued relationships, many participants sought to replace the drinking occasions in which they had previously socialised with different social activities, those with which alcohol had little normative association, such as going for a walk, or sharing breakfast. As Bridget (25-29 years) explained, moving her catch-ups with friends to earlier in the day reduced the expectation that she, or anyone else, would be drinking alcohol:

I think the time of day has changed... I have a lot more breakfasts and lunches rather than dinners with people now. And that's because no-one expects to be drinking at breakfast and lunch but when it's dinner it can roll on to drinks.

For some participants, the move to socialising without alcohol actually improved the quality of the time they spent with friends. According to Cassie (30-34 years), spending time with friends while sober improved the quality of their conversations:

It's just nice, you can have proper conversations because you're not slowly getting a little bit more drunk, a bit sillier, and saying stupid things.

Participants deeply valued the support of partners, friends, and family who were willing to accommodate changes in socialising. Those who changed their own alcohol consumption, at least in the presence of participants, were particularly appreciated. For example, Bridget's partner both took part in other activities with her, and cut back on his own drinking. Bridget (25-29 years) viewed this as critical to continuing with her non-drinking:

I don't even know if I would still not be drinking if he were drinking, to be honest. I think he's been a really great support, and we've been a great support for each other. And we both get more out of our weekends and we can spend more time with each other.

4.5 Discussion

This paper makes a unique contribution to the literature on non-drinkers by demonstrating that adults of a wide range of ages need to actively manage social occasions to avoid experiencing stigma when they stop or reduce their drinking: this is not just the experience of young adults or long-term non-drinkers, as previous research has shown (Conroy & de Visser, 2014; Fry, 2011; Herman-Kinney & Kinney, 2013; Herring et al., 2014; Nairn et al., 2006; Paton-Simpson, 1995; Piacentini & Banister, 2009; Romo, 2012). Stopping or reducing drinking was more than a matter of individual choice, with participants finding themselves stigmatised for diverging from drinking norms, thus negatively impacting social interactions. To minimise these impacts, participants either worked to avoid challenging drinking norms and fit in with drinking situations, or to change their interactions with social groups so that they avoided normative expectations around drinking. These approaches enabled participants to successfully negotiate reducing their alcohol consumption in the context of a culture that expects people to drink when others do.

Participants tailored their approach to managing social situations depending on whether the situation involved close friends or larger groups of acquaintances, a finding similar to research with younger non-drinkers (Conroy & de Visser, 2014; Herman-Kinney & Kinney, 2013; Herring et al., 2014; Romo, 2012). One study of non-drinking students at a US college reported that these students initially tried to 'pass' as drinkers with everyone, but found this difficult, moving to disclosing their non-drinking status to select individuals over

time (Herman-Kinney & Kinney, 2013). In another study of UK undergraduate non-drinkers, neither concealing nor revealing their non-drinking status was a completely satisfactory choice for participants, the former due to its deceptive nature and the latter because it rendered them 'outsiders' (Conroy & de Visser, 2014). Interestingly, participants in the current study were able to side-step this choice by changing their social activities.

Discussing their decision to stop or reduce their drinking was not a necessary precursor for participants to encourage their friends and family to engage in different activities, meaning they could avoid violating norms around both drinking and honesty in social interactions.

The strong preference shown by participants for changing how they socialised to support their reduction or cessation of alcohol is consistent with research suggesting that self-control is a limited resource (Inzlicht & Schmeichel, 2012). Making a change to your environment can be more effective in changing behaviour than relying solely on your ability to continually resist normative pressures to drink (Ent, Baumeister, & Tice, 2015). This has implications for health promotion: initiatives that encourage individuals not just to reduce their drinking, but replace this with other social activities, may be more effective in encouraging long-term changes in alcohol consumption than initiatives that provide no guidance on managing the social implications of diverging from norms. By replacing drinking situations with other social occasions, individuals both maintain their social relations, and remove the temptation to conform to expectations by drinking.

Findings from this and other studies on non- or lighter drinkers may also provide guidance on the skills useful for refusing alcohol within drinking situations (de Visser et al., 2015). This study provides insight into how people can strategically deploy socially acceptable explanations to justify drink refusal, and the types of reasons for not drinking deemed socially acceptable within Australian drinking culture: reasons such as needing to drive, having a health condition, or a prior commitment. Conroy and de Visser (2014)

proposed a distinction between reasons for non-drinking that are culturally sanctioned (e.g. physical illness or prior dependence) and those that are culturally unsanctioned (e.g. not liking the effects of alcohol). Other research has highlighted that non-drinkers take care to present their drink refusal in ways that do not appear to judge others for drinking (Romo, 2012; Romo et al., 2014). Socially acceptable reasons for drink refusal appear to be those that present the refusal as due to a constraint on one's freedom to comply with drinking norms, rather than a judgment about the value of those norms. These explanations thus work to maintain, rather than threaten, the group's norms, so individuals employing them are less likely to face sanctions (Marques et al., 2001).

It is interesting that a self-imposed constraint such as taking part in a fundraiser was accepted as a reason to avoid alcohol. This concurs with research with *FebFast™* participants, suggesting that these events have become acceptable reasons for (temporarily) violating drinking norms (Cherrier & Gurrieri, 2013, 2014)—perhaps because such participation is viewed as altruistic. Participation in these events can also lead to longer term reductions in alcohol consumption (de Visser, Robinson, & Bond, 2016; Hillgrove & Thomson, 2012), providing a 'safe' environment for people to trial a change in behaviour and explore the implications of this for their sense of self (Pennay et al., 2016), without experiencing all the social implications of violating norms around drinking.

We acknowledge that the participants in this study may not reflect all people who stop or reduce their drinking. Participants may have been highly motivated to take part because they had exceptionally notable or problematic social experiences in stopping or reducing their alcohol consumption. However, the similarity in how participants managed the social implications of their change in drinking, despite their diversity in age and gender, as well as the consistency between our findings and research on younger and long-term non-drinkers, gives confidence that these findings may be transferable to other contexts, potentially

assisting other individuals who diverge from cultural norms to manage the implications of this divergence.

Although the participants in this study did not find it impossible to stop or reduce their alcohol consumption, their divergence from norms raised social challenges that they were required to negotiate with their drinking friends in order to maintain their social relations. We argue that health promotion initiatives that pay greater attention to the social consequences of changing drinking behaviour—or else attempt to change the drinking culture itself—are more likely to be effective than initiatives seeking to achieve individual behaviour change by focusing solely on the negative health consequences of drinking alcohol.

Chapter 5 How have people who have stopped or reduced their alcohol consumption incorporated this into their social rituals?

Statement of Authorship

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Name of Principal Author (Candidate)	Ashlea Bartram		
Contribution to the Paper	Conception and design of the study; collection, analysis and interpretation of the data; drafting and critical revision of the manuscript.		
Overall percentage (%)	85%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
Signature		Date	1/3/18

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
- ii. permission is granted for the candidate to include the publication in the thesis; and
- iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

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5.1 Abstract

Objective: Limiting alcohol consumption is beneficial for health, but can be challenging given the role alcohol plays in the rituals of many social occasions. We examined how people who stopped or reduced their alcohol consumption incorporated this change within their social rituals.

Design: We conducted 16 semi-structured one-on-one interviews with adults aged 25-65 years, who lived in Australia and had stopped or significantly reduced their alcohol consumption in the previous year.

Results: Through thematic analysis, we identified four approaches to adapting drinking rituals: replacing alcohol with other drinks, replacing drinking with other social activities, changing the meaning of drinking rituals, and replacing drinking occasions with activities that achieve different goals. These approaches varied in the extent to which they reflected a low or high change in the meanings and/or behaviours attached to the ritual. Approaches involving little change, such as using alternative drinks, were more readily accepted by participants' social companions than approaches involving more substantial change, such as replacing drinking with activities achieving different goals.

Conclusions: Considering both the role *and* meaning alcohol carries in social interactions, and how else these might be achieved, may assist people to stop or reduce their drinking, without sacrificing their social lives.

5.2 Introduction

Limiting alcohol consumption is beneficial for health (Corrao et al., 2004), but can be challenging for individuals (Bartram, Elliott, & Crabb, 2017; de Visser et al., 2016), with alcohol playing a role in the rituals of many social occasions (Beccaria & Sande, 2003; Cherrier & Gurrieri, 2013). Rituals help to provide a sense of stability and identity to social groups, and failure to participate in these rituals can lead to a weakening of ties to a social group (Pearson, Child, & Carmon, 2010; Schuck & Bucy, 1997)—which can in itself have negative implications for health (Holt-Lunstad, Smith, & Layton, 2010). However, rituals can also be flexible, and may be adapted to support changes in behaviour (Schuck & Bucy, 1997). In this study, we explored how people who have stopped or reduced their alcohol consumption incorporated this change in drinking within their social rituals.

Alcohol makes a significant contribution to global morbidity and mortality, with 5.1% of the burden of disease and injury attributable to alcohol consumption (World Health Organisation, 2014). In the short-term, alcohol consumption increases a person's risk of injury (Taylor et al., 2010), while in the longer-term it can lead to chronic health conditions including liver disease and cancer (Corrao et al., 2004), as well as causing harm to others (Laslett et al., 2011). Thus, there are compelling health and social reasons for an individual to limit or abstain from alcohol. However, maintaining strong social networks is also important for health: the health-related risks of having only a small social network are comparable to the risks associated with alcohol consumption (Holt-Lunstad et al., 2010). Given the role that alcohol plays in the ritual of social interactions in many Western countries, including Australia, the setting of this study, it is important to consider how reducing or stopping alcohol consumption impacts on social interactions, and how people are able to manage this impact.

In this paper, we focus on the role of alcohol within interpersonal rituals, and how people are able to accommodate changes to alcohol consumption within these rituals. A ritual is a repeated interaction where the behaviours that form part of the interaction take on symbolic meaning (Schuck & Bucy, 1997). Interpersonal rituals are rituals enacted between family, friends, and romantic partners, as distinct from broader cultural or institutional rituals (Pearson et al., 2010). Common types of rituals among friends include participating in enjoyable activities, getting together, taking part in established events, and celebrations (Bruess & Pearson, 1997). Interpersonal rituals function to create bonds within groups, foster a sense of belongingness, and reinforce a group's norms and values (Bruess & Pearson, 1997; Rossano, 2012; Schuck & Bucy, 1997). They play an important role in creating a shared understanding of experiences, affirming participants' membership within a group (Grusec & Davidov, 2010; Pearson et al., 2010). Thus, choosing not to participate in a ritual is tantamount to choosing not to be part of a group.

The role that alcohol plays in the rituals of many social occasions, including celebrations such as weddings and birthdays as well as everyday socialising, makes stopping or reducing alcohol consumption potentially challenging. Cherrier and Gurrieri (2013) explored the symbolic meaning alcohol holds in Australian social rituals with a sample of people who had participated in *FebFast™*, a fundraising initiative in which people abstain from alcohol during February. They noted that in abstaining from alcohol for a limited time, these people became highly reflective on the meaning that alcohol held in social rituals. Through their analysis, they identified three cultural norms (or meanings) embedded in alcohol consumption in Australia: the norms of sharing, reciprocity, and conformity. As highlighted by Cherrier and Gurrieri (2013) and other researchers such as Emslie et al. (2013), sharing alcohol can be seen as symbolic of sharing experiences and nurturing personal relationships, for example, when celebrating positive occasions, as well as when showing solidarity after a negative occasion such as a bereavement, and providing space to discuss

emotions. For young drinkers at least, even the downsides of shared alcohol consumption, such as needing to care for someone who is heavily intoxicated, can be seen as providing an opportunity for closer interpersonal bonding (de Visser et al., 2013). Alcohol can symbolise reciprocity, with a social obligation to consume alcohol embedded in certain social interactions: an offer of a drink can imply an obligation to accept the drink, or else risk causing offence (Cherrier & Gurrieri, 2013; Paton-Simpson, 1995, 2001). Alcohol can also be used to symbolise conformity to a group: not drinking alcohol in the same manner as the rest of the group could be seen as a lack of commitment to the group (Cherrier & Gurrieri, 2013; Nesvåg & Duckert, 2017). Collectively, this suggests that choosing to stop or reduce alcohol consumption is not a straightforward behaviour—one risks rejecting not just the drink, but the social group with which one drinks.

Nonetheless, rituals can be adapted to meet the changing needs of a social group over time (Schuck & Bucy, 1997). Rituals have the potential to function as a useful tool to support behaviour change where that change can fit into an existing ritual, or can be incorporated into a new ritual. This ritual then helps to normalise the new behaviour. By contrast, where the behaviour cannot be accommodated within existing rituals, the ritual can hinder its uptake (Fiese & Wamboldt, 2000; Schuck & Bucy, 1997). Examining the role of rituals can be helpful when trying to understand why someone may struggle to adopt a desired behaviour (Segal, 2004). This approach has been used fruitfully in the field of managing chronic conditions, where researchers and practitioners have recognised that behaviours that impact on health outcomes, such as adherence to treatment regimes, are often enacted in a broader context of family routines and rituals, and both influence and are influenced by this context (Crespo et al., 2013). For example, Fiese and Wamboldt (2000) argued that good asthma treatment adherence can be promoted by embedding adherence in the context of family routines and rituals. They proposed four ways of using routines and rituals to achieve this adherence: integrating treatment behaviours into

existing routines and rituals, redefining the meaning of behaviours within existing rituals, creating new routines and rituals, and re-aligning routines and rituals to resolve conflict between family members.

Such an approach may also be applicable to supporting people to reduce their alcohol consumption, given that the action of (not) drinking is similarly made within the context of interpersonal rituals. Research has indicated that non-drinkers may need to renegotiate the activities of their friendship groups so that these are supportive of abstaining from alcohol, or face removing themselves from such groups (Conroy & de Visser, 2014; Herring et al., 2014). As with chronic disease management, a focus on how individuals who stop or reduce their drinking are able (or not) to incorporate this into their interpersonal rituals, may provide further insight into how people can negotiate this change without jeopardising their social group membership.

In this paper, we report findings from a study exploring how Australian adults who have stopped or reduced their alcohol consumption experienced social situations where drinking alcohol was normative. We aimed to examine how these adults worked to incorporate their change in drinking into their interpersonal rituals. An improved awareness of how people are able to alter their interpersonal rituals to change the role of alcohol within them, may facilitate a more nuanced and pragmatic approach to health promotion around alcohol, better assisting people to reduce their alcohol consumption, without asking them to sacrifice their social wellbeing.

5.3 Method

5.3.1 Participants

We recruited participants via a range of approaches, including flyers posted around the researchers' community, a *Facebook*[™] event, a media release, and personal contacts.

People expressing an interest in the study were provided with a plain-language information sheet containing further information about the study, and those meeting inclusion criteria were invited to a face-to-face interview at a time and place convenient for them. Inclusion criteria for the study were that participants must be aged 25 years or older, have stopped or significantly reduced their alcohol consumption for at least three months in the past year, and live in South Australia. We applied this age limit as previous research about non-drinkers has predominantly focused on young adults (e.g. Conroy & de Visser, 2014; Herring et al., 2014), and we sought to extend this research to a broader adult sample. We acknowledge that across this broad age range, the social meanings of drinking may vary; however, as our interest was in exploring how people negotiated *changes* in the meaning of alcohol within their interpersonal rituals, rather than in the meanings per se, we argue this breadth was reasonable.

In total, we recruited sixteen participants who had recently stopped or significantly reduced their alcohol consumption. Twenty-two people who expressed an interest in the study were excluded from participation, with the most common reason for exclusion being that they made a change in their drinking more than a year ago (12 people). Other reasons included living outside of South Australia (7), aged less than 25 years (2), made a change of less than three months' duration (1), not made a change (1), and could not contact to arrange an interview (1; numbers exceed 22 as two people failed to meet multiple inclusion criteria). Despite initially indicating that they met study criteria, it emerged during the course of interviews that two participants had made a significant change to their drinking outside of the time frame specified in our inclusion criteria (in both cases, approximately four years prior to the interview). As these participants were still able to reflect in detail about their experiences (the reason we had imposed a time limit), we included their data in analyses. Recruitment continued to the point where we deemed that no new information was emerging from interviews, an indication that data saturation had been reached (Morse,

1995). This point was determined based on preliminary coding of the interviews by the first author, in discussion with co-authors.

5.3.2 Procedure

This study was approved by the authors' university ethics committee. The first author conducted, audio-recorded, and transcribed all interviews. At the beginning of each interview, the interviewer reiterated study aims and obtained participants' written consent. Interviews were semi-structured, with open-ended questions and additional probing questions covering topics such as participants' drinking patterns, their decision to make a change, their experience of becoming a non- or lighter drinker, and their approaches to managing social situations. At the end of the interview, participants completed a short demographic questionnaire. The interview schedule was structured to minimise leading questions and provide opportunities for the participant to direct the flow of conversation. Following each interview, the interviewer listened to the interview recording and reflected on her contribution to the interview. She then discussed with co-authors any potential need to modify the interview schedule to further foreground participants' experiences. This process led to the inclusion of a broad opening question where participants were invited to "Tell me about the change you made in your drinking," which allowed participants to orient toward what was personally meaningful about their experience, and thus have greater influence over the direction of the interview. The first author transcribed each interview verbatim, altering any potentially identifying information such as names and places.

5.3.3 Analysis

Transcripts were entered into the NVivo 10™ software package (QSR International Pty Ltd, 2012) for analysis. We took a thematic approach to analysis, following the guidelines suggested by Braun and Clarke (2006). The epistemological framework for this analysis was

essentialist/realist, aiming to understand and report the experiences, meaning, and reality of participants with regard to changing their drinking in social situations (Braun & Clarke, 2006). The first author read and re-read transcripts to familiarize herself with the data, and then systematically coded the data set related to how participants socialised with friends following their change in drinking. This coding was conducted inductively, with codes driven by the data rather than a pre-existing coding scheme. The first author next collated the coded data into potential themes. These themes were reviewed by all authors to ensure they reflected both the coded extracts and the entire data set, and refined through discussion to ensure that all agreed on the interpretation. We also reviewed the literature on rituals and behaviour change, and drew on this literature, particularly the four ways for intervening in rituals and routines outlined by Fiese and Wamboldt (2000), to help refine and name our themes. We considered similarities and differences between each theme, and used this to generate a 'map' of our analysis, showing how the themes are related; this is included with our results as Figure 5.1.

To allow the reader to assess our interpretation, we have provided excerpts to illustrate each theme. Excerpts were selected as the most concise and/or archetypical example (Brinkmann & Kvale, 2015). To aid readability, we have added punctuation and removed speech elements such as false starts and repetitions (Bailey, 2008). After each excerpt, we have indicated the participant's gender (M=male, F=female), age range and change in drinking, to provide additional context. As is common in the reporting of qualitative studies, we have presented our results and discussion concurrently (Liamputtong, 2013).

5.4 Results and discussion

5.4.1 Participant characteristics

Participants were 16 adults (10 female, 6 male) aged from 25 to 65 years (M = 39.8 years, median = 36 years). Details of participants' ethnicity, relationship status, parental status and employment status are shown in Table 5.1. Participants' reasons for stopping or reducing their drinking were individual and complex; however, some common themes included to support the pursuit of other activities (7 participants), to bring their drinking under control (6), because they disliked drinking/drunkenness (5), to manage a health condition (5), to feel healthier generally (4), and for a personal challenge (2). Some participants gave multiple reasons within these categories. We used a matrix coding query in NVivo to check for the prevalence of themes across demographic characteristics; no systematic differences were apparent.

Table 5.1

Participant demographic characteristics

	N	%
<i>Ethnicity</i>		
Australian or European/Australian	13	81%
Indian/Australian	1	6%
Colombian/Australian	1	6%
Ethiopian	1	6%
<i>Relationship status</i>		
In a relationship	8	50%
Single	8	50%
<i>Parental status</i>		
Children under 18 years	4	25%
No children under 18 years	12	75%
<i>Employment status</i>		
Employed and/or studying	13	81%
Not employed - retired	1	6%
Not employed - unable to work	2	13%

5.4.2 Thematic structure

We identified four overarching ways in which participants reported replacing alcohol and/or the rituals in which drinking alcohol was involved: using non-alcoholic drinks in place of alcohol, replacing drinking occasions with other social activities, changing the meaning of drinking rituals, and replacing drinking with activities that achieve different goals. As the model depicted in Figure 5.1 illustrates, these approaches varied in the extent to which they reflected a low or high change in the behaviour involved in these interpersonal rituals, and a low or high change in the meaning associated with these rituals.

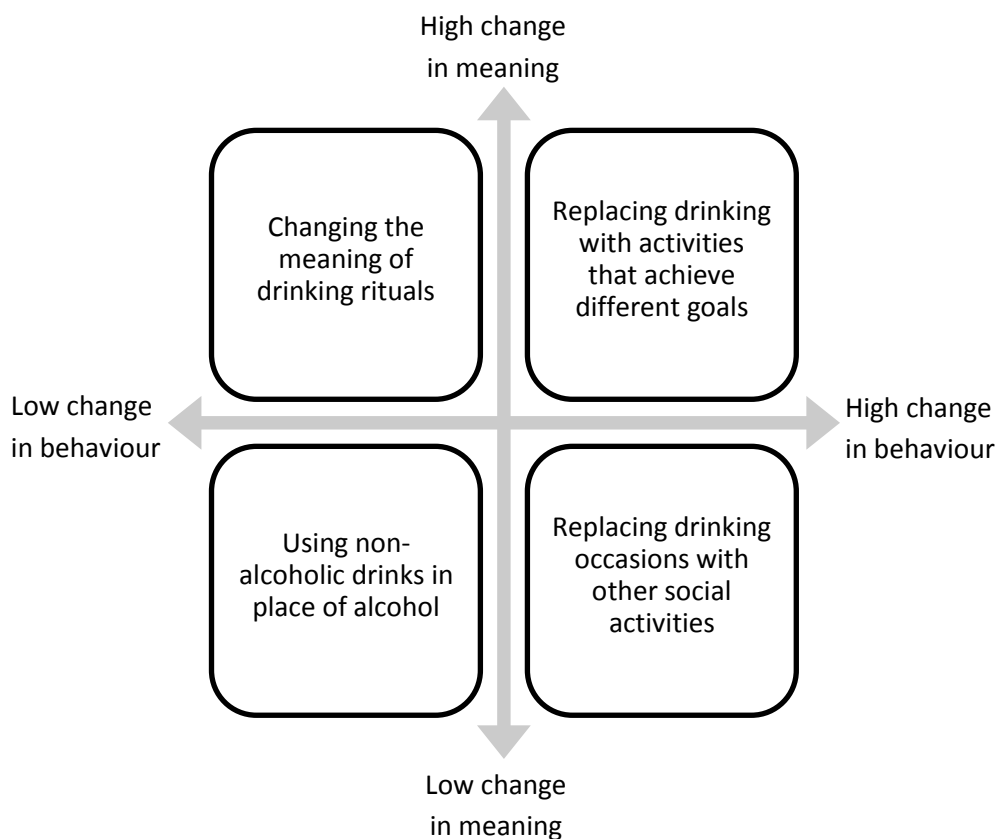


Figure 5.1. A tentative model of approaches to incorporating change in drinking into interpersonal rituals

5.4.3 Using non-alcoholic drinks in place of alcohol (low change in meaning/low change in behaviour)

Most participants continued to participate in interpersonal rituals involving alcohol on at least some occasions, by substituting a non-alcoholic drink for the alcoholic one being consumed by others. This small change had little impact on both the behaviours and meanings involved in the ritual, allowing it to proceed virtually unchanged. As Cassie described in the following excerpt, substituting a non-alcoholic drink that closely resembled the drink it was replacing effectively allowed her to continue to participate in Christmas rituals:

I got onto Maggie Beer, it's a fake pink champagne, it's like a sparkling grape juice or something like that, it's actually really tasty. And so for Christmas I took a bottle of that to events that I went to, so I felt like I was having something special, and the bubbles go up your nose and it feels really nice. So that was easy, so you can still toast, and it still looks like you're having pink champagne or something, but you're just having sparkling juice. (F, 30-34 years, stopped then recommenced at reduced level)

Because her chosen drink had a close physical resemblance and a similar sensation on consumption to champagne, as well as a prestigious brand ("Maggie Beer"), Cassie was able to feel that she was having a "special" drink just like her friends, and thus continuing to share the same experience with them. Consuming non-alcoholic drinks that resemble alcoholic ones can help non-drinkers to avoid scrutiny of their drinking choices, effectively passing as drinkers (Bartram, Elliott, & Crabb, 2017; Conroy & de Visser, 2014). However, even drinks which were clearly non-alcoholic could be effective substitutes, allowing participants to continue to share an experience with other drinkers. Dan, for example, saw

drinking something as non-negotiable when spending time with his girlfriend, even if the drink was visibly different to his girlfriend's alcoholic drink:

If [my girlfriend] was having a wine I'd have a soft drink, for sure. You've got to drink, got to do something. (M, 45-49 years, stopped)

This approach—substituting drinks—still fit within the behaviours expected of participants in their social rituals, so was readily accepted by others on many, but not all, occasions. Acceptance of non-alcoholic drinks depended on whether the alcoholic content of a beverage was seen by other ritual participants as a key part of the social ritual, or whether another aspect, such as the physical presence of a drink, was more central. For example, Laura was still able to take part in toasts with a non-alcoholic drink as long as she was still able to enact what was seen in her group as the key moment in the ritual, the “chink”:

Laura: I'll just toast with my water or whatever I've got.

Interviewer: So that works alright for you?

Laura: Yeah. It's all about the chink. ... Like Melbourne Cup, I had pineapple juice that day. So I have on occasions found some alternatives but yeah, just the chink. (F, 35-39 years, stopped)

The Melbourne Cup is an Australian horse race typically associated with social events involving the consumption of alcohol (Lloyd, Matthews, Livingston, & Jayasekara, 2011). In Laura's group, the actual content of the drink was not viewed as essential to the ritual, so Laura's choice of a non-alcoholic drink did not impact on whether she was seen as participating in the shared experience. However, this was not the case for all participants. Among Kyle's group of friends, it was traditional to buy drinks for each other as a sign of appreciation and friendship. As Kyle, who had reduced rather than stopped his drinking, described in this excerpt, his attempts to substitute soft drinks were not very successful:

I've tried strategies like having one alcoholic drink with one [friend] and then having a soft drink with another. That doesn't work because the person who is buying me the soft drink says "Dave bought you that drink. Why don't you want a beer with me?" (M, 55-59 years, reduced)

In contrast to Laura's friends, Kyle's friends viewed the content of the drink as more central to the experience of the ritual. Soft-drinks carried a lesser status than alcohol, potentially signalling a lesser sign of appreciation or friendship. This might reflect the typically cheaper price of soft-drinks—other researchers have found that when people shout, or purchase, drinks for each other, making an equivalent financial contribution conveys important meanings of equality and solidarity (Murphy et al., 2017).

Many participants noted that as the length of an occasion, and the amount of alcohol consumed, increased, non-alcoholic drinks became a less effective substitute. In these cases, a shared state of intoxication was often a central part of the ritual. Where participants were noticeably less intoxicated than their friends, they no longer felt as if they were sharing the same experience. Maya described this as being unable to speak the language of her intoxicated friends:

If other people are drunk with other drunk people they sort of have this language and understanding and tolerance of each other, and I just sort of have a lower tolerance of really really annoying drunk people ... I miss being drunk because then I can talk sh*t and la la la, like say whatever comes into my head. (F, 25-29 years, reduced)

For participants, substituting a non-alcoholic for an alcoholic drink was successful where the alcoholic content of the drink was not a key part of the ritual, and less successful where the alcohol content of the drink was a critical element of the shared experience.

Thus, participants also identified other ways to incorporate a change of drinking into their interpersonal rituals.

5.4.4 Replacing drinking occasions with other social activities (low change in meaning/high change in behaviour)

Many participants described identifying alternative social activities to replace some of the social occasions in which they would previously have drunk. These replacement activities did not involve alcohol, but otherwise fulfilled the same meaning as their previous drinking rituals. Meanings varied across social groups, but common themes included having fun or getting together. For example, Cassie viewed drinking with her close friends as a ritual of getting together, providing opportunities for them to meet and converse. Therefore, she aimed to replace these drinking rituals with activities that allowed them to achieve this same goal:

When I was going out with close friends, you go out and you would have a drink, go “Let’s meet at a bar, let’s go have dinner and have a couple glasses of wine” and then you’d have more drinks afterwards, or just “Come over in the evening and let’s chat over a glass of wine”... So it was a lot trying to change the way that I interacted with my friends. So I wanted go for a walk with my friends and go chatting, because I like doing that. Or go for breakfast, I love breakfast. So I really tried to alter the way that we were interacting. (F, 30-34 years, stopped then recommenced at reduced level)

These replacement activities—walking, having breakfast—involved quite different behaviours to Cassie’s previous drinking rituals, but nevertheless carried the same meaning as these rituals. This similar meaning may help to explain why Cassie’s friends were willing to adopt these new activities: the activities have a good ‘fit’ with the group. The concept of

cultural fitness describes the tendency for behaviours or technologies to be adopted where they increase the fit of individuals with a particular cultural environment (Gobbin, 1998). This concept implies that something is more likely to be incorporated into a culture's rituals if it resembles or fulfils the same symbolic function or meaning to what it is replacing (Solér & Plazas, 2012). Drawing on this concept, Solér and Plazas (2012) argued that tacos have been incorporated into Swedish family meal rituals as they fulfil a similar function to the more traditional Swedish smorgasbord in that they bring people together to interact while still allowing individuals to customise their own food. Likewise, where people can propose a replacement for drinking that fulfils a similar meaning or function, this may be more easily adopted into a groups' rituals than where people simply choose to abstain.

Finding activities that provided these same meanings could involve effort. As Paloma described below, for her and her friends, drinking had taken on the symbolic meaning of having fun, to the point that 'drinking' was virtually synonymous with 'fun,' and thus the first, and usually only, possibility considered when planning social activities. Once Paloma was no longer able to drink, because she was secretly undergoing IVF treatment, she found it easier to identify alternative activities:

When you think about "Oh I'm going to have fun," the first thing is "go out for drinks," or "have a nice dinner with some drinks," or "let's go to have some drinks." But because that part is not there now, it's like I'm going to have fun, there's another range of possibilities that we can have fun, and not think directly "let's go for a drink." So I think discovering that has been interesting, just saying, "Well, instead of having a drink we can just go for a walk," or go for brunch or try to do things ourselves like prepare things at home. Too many different things that probably before, or people that all the time thinking of going out for drinks, don't see. (F, 30-34 years, stopped)

Paloma presented this as enlightening, allowing her to “see” alternative ways to “have fun” that others could not, increasing the flexibility in her interpersonal rituals. In positioning herself as more aware of the “different things” she and her friends could do for pleasure, she also protected herself from negative constructions of non-drinkers as boring or unsociable (Conroy & de Visser, 2013).

In contrast, finding activities that achieved the same meaning as drinking with friends was presented as too challenging for some participants. Geri, who had reduced but not stopped her drinking, reported that this was one factor that had discouraged her from making further changes:

My social interactions or things we do for fun often involve going out to bars or going to someone’s house and drinking wine with dinner. I think that probably is something that I would have to change to make more of a change [to my drinking]. I don’t know what those things would be though. Board games? I’m not sure. (F, 40-44 years, reduced)

While Geri was able to propose an alternative activity, board games, she was hesitant to accept it as a satisfactory option. One of the ways in which people use alcohol is to signify their ‘adulthood’—particularly for parents who have young children, as Geri does (Emslie, Hunt, & Lyons, 2015). Board games, in contrast, are typically associated with children, and thus might not have fulfilled the same meaning for Geri as drinking alcohol with her friends.

In addition, participants did not always view themselves as having sufficient status within a particular social group, to influence the form of its interactions. Dan, for example, had not tried suggesting new activities with his football mates, as he “was never a key player in that group.” Within groups, only people in higher status, or “key” roles tend to be

able to influence or initiate activities (Berger, Cohen, & Zelditch, 1972). Nadia's experience also illustrated this: Nadia found it difficult to find a way to accommodate her non-drinking within the social rituals of new friends she met while travelling, but was able to encourage her long-term friends to vary the form of their social interactions:

When I was travelling it was a bit harder because everyone drinks, and so they're like "Come on, have a drink with us, this will be fun, blah blah blah." So it does make you feel a bit secluded. They were new friends. With older friends, people that I've known for a while who know my history and what not, they're a bit more accepting of me not drinking. And they're happy to find other things to do. (F, 25-29 years, stopped)

With newer friends, Nadia may not have attained full member status in the group, and thus had less ability to influence the form of their interaction rituals than with a group of friends in which her membership was fully established. This suggests that replacing drinking rituals with other social activities is a strategy more easily pursued among groups where an individual was positioned as a central member and an initiator of activities. Where this is not the case, taking other approaches to incorporating non-drinking into social rituals, such as those described in the previous and following sections, may be easier.

5.4.5 Changing the meaning of drinking rituals (high(er) change in meaning/low change in behaviour)

Some participants reported that they continued to participate in drinking rituals, but had tried to change the meaning associated with these to better accommodate their reduced level of consumption. Edward, who had significantly reduced his drinking, worked to maintain this change by placing greater emphasis on the meaning he attached to his consumption of alcohol. Prior to reducing his drinking, Edward had viewed drinks as "thirst

quenching things that you'll throw off"; now, he wanted his consumption to be more mindful. In this quote, he described his thought process:

This is my night I'm allowed to have a drink! So I still cherish the nights. I look forward to them. I look forward to the flavour of whatever I'm going to drink, I plan it, I think about it... I've got to the stage where the actual contemplation of it is mindful, but I haven't yet got to the point where the consumption of it, I'm really getting to that sort of existential mindfulness of each sip and, I'm still too much in a hurry. (M, 60-64 years, reduced)

Edward introduced additional ritualised elements into his drinking: specified days of consumption, a thought process to work through prior to each drink. Building routines and rituals around a behaviour can remove the need for continual decision-making about engaging in that behaviour (Klafke, Elliott, Olver, & Wittert, 2014), and thus may have helped Edward to maintain his change in drinking. Edward's new approach to consumption, with its focus on appreciation of the drink itself, may also have helped to position him positively as a 'connoisseur,' an identity of a drinker who values the quality, rather than quantity, of alcohol consumed (Muhlack, Elliott, Carter, Braunack-Mayer, & Morfidis, 2016). Similarly, young moderate and non-drinkers have reported that a focus on taste over intoxication can help them to 'feel good,' thus experiencing moderation not as a restriction but as a mechanism for enhancing their enjoyment of an occasion (Graber et al., 2016).

Like Edward, Cassie, who had stopped drinking alcohol completely for a year, then returned to drinking at a reduced level, was still willing to take part in some social rituals involving drinking. However, she had tried to shift how alcohol functioned in these rituals, from a central element to more of a condiment, as Cassie described it—something to enhance the experience rather than to define it:

I do catch up with friends nowadays and we might have a glass of wine and not eat, but I usually try and encourage that we do something with food. [Partly] because it absorbs the alcohol and means you don't get too silly, but it's just, it's nice, I quite like that. I've probably made it into a bit of a ritual of food and wine together... Drinking because it emphasises the flavour of the food you're eating. I think wine is an accompaniment, it's like salt. (F, 30-34 years, stopped then recommenced at reduced level)

Both Edward and Cassie acknowledged that these reinterpretations of meaning are changes they have *tried* to make to their drinking rituals, rather than changes that have been completely embedded. In Edward's case, much of the change in meaning was about his anticipation of a drinking occasion, so was something he could do alone. Where the meaning attached to drinking occasions was strongly shared with others in a social group, a proposed change in interpretation also needed to be accepted by these group members. This was not always the case, as Cassie described:

I used to have a ritual where on the first day of summer each year my friend and I would go down to [beachside bar] and have a boozy afternoon, and I'm like "We can still go." And it's like, "What's the point?" And like, "There's still food, there's still the beach, there's still catching up," and so this is the friendship that has no longer really continued. (F, 30-34 years, stopped then recommenced at reduced level)

Cassie partially attributed the discontinuance of this friendship to her change in drinking: "the fact that, when we were hanging out and I wasn't drinking, it wasn't any fun for them." Participating in shared rituals plays an important role in signalling commitment to a (friendship) group and its values (Rossano, 2012). Thus, the loss of these shared rituals,

without new rituals to replace them, can signal the destabilisation or even dissolution of a group, as Cassie reported occurring in this case.

5.4.6 Replacing drinking with activities that achieve different goals (high change in meaning/high change in behaviour)

Some participants also described replacing drinking with activities that achieved quite different goals, reflecting a high degree of change in both meaning and behaviour. Unlike the replacements discussed in the previous sections, participants mostly pursued these new activities alone, rather than building them into new interpersonal rituals to replace the drinking rituals they had lost. These replacement activities were often those that participants reported valuing more highly than their drinking rituals: things like study, exercise, travel, or working on other ambitions. Edward, for example, replaced drinking every evening with working on a writing project:

I had some dreams that I wanted to achieve, and I've never felt I would be able to, because if you drink a glass of wine at night, you get really tired. So I feel like I've got my evenings back. I've got some dreams about writing, [and] I've been ghost-writing a book for somebody. I work at night on her project. (M, 60-64 years, reduced)

Edward's new evening ritual involved both a different behaviour—writing instead of drinking—and a different meaning—actively working on a project instead of winding down at the end of the day. Accordingly, it bears little resemblance to his previous ritual, but was nonetheless something Edward wanted to pursue, as it helped him work toward a valued goal. Similarly, Nadia spoke about replacing her drinking with activities that achieve new goals:

I've got my studies now full-time and I've got my work and I'm going to travel, so I've got all these goals and if I was drinking every night it's not going to match up, I'm not going to be able to do what I want to do. (F, 25-29 years, stopped)

Nadia no longer valued drinking with her friends as highly as she did her studies and travel, so was willing to reduce her participation in these social rituals. As discussed earlier, this lack of participation in rituals could lead to a weakening of ties between participants and their social groups. Participants were conscious of this possibility, but did not always present it as a problem, seeing it instead as a necessary consequence of pursuing a more highly valued goal. For example, James acknowledged that his "friendship's probably dropped a little bit just from lack of seeing them" since he significantly cut back on drinking after entering university as a mature-age student. However, when asked if this was a problem for him, he stated "No, because ... I had uni to change my life."

These valued goals may have more closely represented the identities that participants desired to express following their change in drinking, than the identities they drew from their social group memberships. Previous research has highlighted that how people drink alcohol (Muhlack et al., 2016), or choose not to drink (Fry, 2011; Nairn et al., 2006; Pennay et al., 2016), plays a role in expressing desired identities. For example, Pennay et al. (2016) analysed blog posts from participants of *Hello Sunday Morning™*, an online program that encourages people to commit to give up alcohol for a limited period of time and blog about their experiences. They identified that, for some people, stopping or reducing drinking can play a part in constructing a new, healthy, sense of self, which is reinforced by participating in activities not focused on drinking (Pennay et al., 2016). Where a group identity is no longer consistent with a desired construction of self, people may prefer to rescind their group membership in order to pursue activities more consistent with the identity they seek

to express. Such a choice may also be beneficial for health. Generally, continuity of social identity through life transitions is seen to result in health and well-being benefits (e.g. Haslam et al., 2008). However, a study of residents of a drug and alcohol treatment centre found that for these individuals, identity transition, rather than identity maintenance, was predictive of health and well-being an average of seven months after treatment, suggesting that there are cases where the benefits of a change in social identity may outweigh the benefits of maintaining it (Dingle, Stark, Cruwys, & Best, 2015).

Farouk acknowledged, however, that giving up on engaging in social rituals with friends was difficult to do, even if it was in pursuit of a valued goal (in his case, also study). For Farouk, stopping drinking was only possible because he had relocated geographically for his studies, away from his close friends:

For me it's worked out because I live in a different place [now], and I made new friends, and I'm doing different things. But if I was still with my friends and still living the same lifestyle, I wouldn't have any reason to [stop drinking]. I wouldn't do it. [Moving] was an opportunity to try this. (M, 25-29 years, stopped)

In moving to a new town, Farouk had already loosened his ties to his established social groups and their rituals. It was thus easier for him to establish new routines and rituals not focused on drinking. While interpersonal rituals can be valuable in reinforcing ties to a social group, they can hinder the pursuit of goals that require behaviours inconsistent with these rituals.

5.5 Conclusion

As illustrated in Figure 5.1, we identified four approaches taken by participants to incorporating their change in drinking into their social rituals, varying in the extent to which

these approaches reflected a relatively low or high change in the behaviours and/or meanings involved in the ritual. Incorporating changes in alcohol consumption into social rituals was possible for participants, particularly where these changes had limited impact on the meaning and/or behaviours attached to these rituals, tending toward the lower left quadrant of the model. Approaches which involved lower degrees of change to the ritual, such as using non-alcoholic drinks in place of alcohol, were often more readily accepted by participants' social companions than approaches which involved high degrees of change, such as replacing drinking with activities unrelated in either behaviour or meaning to the original ritual (the top-right quadrant). Most participants drew on a mix of approaches to adapting their rituals across different situations and social groups, and also reported being unable to adapt some of their interpersonal rituals to accommodate their change in drinking.

To date there has been limited research into the factors that explain why some groups are more easily able to transform existing rituals to accommodate behaviour change than others (Crespo et al., 2013). Factors that have been proposed to play a role in whether a group is able to adapt its rituals include the dynamic of the group (Crespo, Kielpikowski, Pryor, & Jose, 2011), or characteristics of the ritual, such as whether the element someone desires to change is key to the ritual's structure and meaning, or, alternatively, a less central aspect that is amenable to change (Crespo et al., 2013). This study provides support for the relevance of both of these factors. In terms of group dynamic, several participants reported that they were unable to influence the activities of groups where their role in the group carried limited status, either because they did not identify as a leader, or because they were new members of the group. In terms of the characteristics of the ritual, participants found it easier to substitute a non-alcoholic drink in rituals where the physical presence of a drink was more important than its alcoholic content, such as in a toast, than

in rituals where the alcoholic content was considered central, such as rituals focused on intoxication.

Although we have provided new insight into how people who change their drinking are able to incorporate this into their social rituals, we acknowledge some limitations. In this study, we heard from a small number of self-selected people who changed their drinking, but not from other members of these people's social groups. Our participants may have been motivated to present themselves as socially competent and able to influence their friends—although we note that participants did raise examples of situations in which their influence was limited. Further insight might be gained from an exploration of how the friends of people who stop or reduce their drinking experience and understand this change, and its impact on their social rituals. We also acknowledge that study participants were predominantly, although not exclusively, of European-Australian ethnicity, and their experiences are unlikely to be generalizable to people from different cultural backgrounds, for whom drinking may serve different functions.

Given the role alcohol plays in the rituals of many social occasions in Australia (as indeed elsewhere), it is important to ensure that in encouraging people to reduce their alcohol consumption, we are not asking them to sacrifice their social well-being, as this too has implications for health. The four approaches to accommodating changes in drinking within social rituals we identified in this study might provide useful guidance as to how people looking to stop or reduce their drinking can avoid this sacrifice. In particular, our model of these approaches (Figure 5.1) highlights the importance of considering both the role *and* meaning drinking plays in people's social interactions, and how else these might be achieved. Alternatively, where people identify that they no longer value those meanings, rescinding their membership of a social group to pursue other goals may be worthwhile. By incorporating changes in drinking into their social rituals, people may more easily be able to

maintain their social relationships, where they desire to do so, which should lead to better health outcomes overall.

Chapter 6 ‘We were totally supportive, of course’: How people talk about supporting a significant other to stop or reduce their drinking

Statement of Authorship

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By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
- ii. permission is granted for the candidate to include the publication in the thesis; and
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6.1 *Abstract*

Objectives: Our significant others have a strong influence on our health behaviour, and their support can be critical for those seeking to change that behaviour. This is particularly for behaviours which are embedded in social practices, such as alcohol consumption. However, little is known about when significant others are willing to provide such support. In this study, we aimed to understand how significant others of people who stop or reduce their drinking account for providing support for this change as reasonable.

Design: Qualitative interview study.

Methods: We conducted a thematic discourse analysis of interviews with 13 Australian adults who reported having a partner, friend, or family member who had stopped or significantly reduced their alcohol consumption within the past two years.

Results: We identified three types of accounts for providing support: (1) deontological accounts referring to duty or obligation to support others to pursue goals, (2) consequentialist accounts in which costs for providing support were minimised or balanced, and (3) accounts which attended to the importance of maintaining relationships through shared experiences. Deontological accounts positioned supporter and recipient asymmetrically, with possible negative implications for relationships, while both other accounts positioned each party more symmetrically, with the former reflecting individualist conceptions of self, and the latter more collectivist conceptions.

Conclusions: Identifying the principles people draw on to justify supporting or not supporting a significant other who changes their alcohol consumption, this study enhances our understanding about when significant others are likely to support health behaviour changes.

6.2 Introduction

The influence that significant others—our partners, friends, and family—can have on health behaviours is undeniable. Social contagion researchers, who study the distribution of phenomena across network ties, have documented the spread of obesity, as well as behaviours such as smoking, alcohol consumption, and sleep, among social networks (Christakis & Fowler, 2013), while social norms researchers have demonstrated how our behaviours are influenced by how we believe others think and act (Lapinski & Rimal, 2005). This is unsurprising given that many health behaviours are enacted in a social context and carry social meanings: eating dinner provides opportunity for families to reinforce their social bonds (Solér & Plazas, 2012); ‘shouting’ (buying) friends drinks can affirm values of equality, solidarity, and reciprocity (Murphy et al., 2017); and smoking offers a way for adolescents to perform ‘coolness’ (Plumridge, Fitzgerald, & Abel, 2002).

The social context in which we act has been neglected in health behaviour interventions, which have tended to be overly individualistic in focus, framing health as a matter of personal choice (Holman et al., 2017; de Visser et al., 2013). However, there is a growing interest in involving significant others in such interventions, so that they might support, rather than undermine, the enactment of healthy behaviours (Martire & Franks, 2014). For example, targeting Latina women with diabetes and their obese daughters, Sorkin et al. (2014) trialled a lifestyle intervention, encouraging mothers and daughters to collaborate in their efforts to lose weight; participants in this intervention lost significantly more weight, and reported a significant increase in social support, compared with controls who received educational materials only. Researchers have generally found a positive association between the receipt of social support and outcomes such as weight loss, smoking cessation, and chronic disease management (e.g. Martire et al., 2013; Powers, Koestner, & Gorin, 2008; vanDellen, Boyd, Ranby, MacKillop, & Lipkus, 2016).

Much less is known about what influences a significant other's willingness to provide such support (vanDellen et al., 2016). Although support can be beneficial, it can entail costs, for the provider, receiver, and their relationship. Providing support might require a person to give time and/or resources, involve emotional labour, or require them to change their own behaviour; vanDellen et al. (2016) found that current smokers were less willing than non-smokers to provide support for a hypothetical quit attempt by their partner. Receiving support can also be costly: where support is asymmetrical, it can leave people feeling indebted or less competent (Rook, August, & Sorkin, 2011), and may reduce self-esteem or lead to distress over concerns about burdening the supporter (Taylor et al., 2004). In a study of older adults with chronic illnesses, participants described support from their adult children as 'two-edged,' leading them to resist or avoid such support (Spitze & Gallant, 2004). Where support is perceived as controlling, it can lead to relationship dissatisfaction and stress (August, Rook, Franks, & Parris Stephens, 2013). Given these tensions, further understanding of how people account for providing support to a significant other as reasonable may provide insight for health behaviour interventions seeking to enhance such support.

Here, we focus on alcohol as a case study, seeking to understand how people account for providing support to a significant other who stops or reduces their alcohol consumption. Alcohol provides a useful case study, given the social nature of much alcohol consumption. Friends and partners strongly influence each other's drinking: couples' drinking levels converge over time (Cornelius, Desrosiers, & Kershaw, 2016; Mushquash et al., 2013), and social influence, rather than selection, largely explains similarities in friends' drinking (Kiuru, Burk, Laursen, Salmela-Aro, & Nurmi, 2010). Sharing alcohol can symbolise sharing experiences, and collective drinking works to nurture relationships, strengthen bonds, and demonstrate commitment to a group (Cherrier & Gurrieri, 2013; de Visser et al., 2013; Emslie et al., 2013; Mäkelä & Maunu, 2016; Nesvåg & Duckert, 2017). An offer of a

drink can stand as an offer of friendship and hospitality; rejecting it can be interpreted as a refusal of companionship, and cause offence (Mäkelä & Maunu, 2016; Paton-Simpson, 2001; Romo et al., 2014).

There are good health reasons to avoid alcohol—alcohol contributes to 5.1% of the global burden of disease and injury (World Health Organisation, 2014)—but, given the social meanings bound up in alcohol consumption, reducing or stopping alcohol consumption can be challenging (Bartram, Elliott, & Crabb, 2017; Cherrier & Gurrieri, 2013). Research with people who recently stopped or significantly reduced their drinking (Bartram, Elliott, & Crabb, 2017) and longer-term non-drinkers (Piacentini & Banister, 2009) has identified friends and family who show respect for their non-drinking as an important source of support, for example, by helping them to develop skills to manage social situations without alcohol, and adapting activities to accommodate non-drinking. However, support is not always forthcoming, with some non-drinkers noting the need to make choices, spending time with friends who accepted their non-drinking and cutting ties with those who did not (Conroy & de Visser, 2014). Thus, the provision of support for people looking to reduce their drinking seems to be critical, for maintaining their change in behaviour and their social relationships.

However, to our knowledge, no studies have included the perspective of these supporters. We sought to address this gap, exploring how the significant others of people who stop or reduce their alcohol consumption account for providing support for this change. We situated our research within a social constructionist paradigm (Crotty, 1998), drawing on key assumptions from discourse analysis and using positioning theory as a theoretical framework. Discourse analysts argue that discourse (talk or text) is both constitutive (i.e., objects talked about are not simply described but constructed by the words used to talk about them), and functional (i.e., talk is used to achieve things, such as

justifying certain actions) (Augoustinos, 2017). According to positioning theory, this talk makes certain positions available to its subjects, which offer rights and responsibilities that restrict how a person taking up that position may speak or act (van Langenhove & Harré, 1999). These positions are relational, in that where a person takes up a position in conversation, this implies a positioning of other subjects of that conversation (van Langenhove & Harré, 1999). We were interested in identifying how these accounts worked to justify providing support to significant others, and to position supporter and recipient relative to each other. An understanding of these accounts may help in the development of interventions which seek to involve significant others in health behaviour change.

6.3 Method

6.3.1 Participants

We sought to recruit people with a partner, close friend, or family member who had recently stopped or substantially reduced their alcohol consumption. We initially recruited participants via a media release and snowball sampling. We contacted people who had previously participated or expressed interest in a study about stopping or reducing alcohol consumption, asking if they would be willing to forward details about the current study to a partner, friend, or family member with whom they (previously) drank alcohol. People expressing interest in the study were provided with a plain-language information sheet, and those meeting inclusion criteria were invited to an interview at a time and place convenient for them. Inclusion criteria for the study were that participants were aged 18 years or older, lived in Australia, spoke English, and had a partner, close friend, or family member who stopped or substantially reduced their alcohol consumption for at least three months within the past two years.

We aimed to recruit for diversity with respect to gender and relationship to the person who stopped or reduced their drinking (partner, friend, or family). As our initial recruitment efforts yielded an insufficient number of male participants, we developed a flyer targeting male participants only. This flyer was posted around the researchers' community, and we asked men's health and alcohol-related organisations to circulate the flyer to their membership groups.

6.3.2 Procedure

This research was approved by the authors' university ethics committee. The first author conducted, audio-recorded, and transcribed all interviews. At the beginning of each interview, the interviewer reiterated study aims, emphasised that the interview was confidential, and obtained participants' written consent. One interview was conducted by telephone; others, face-to-face. Interviews were semi-structured, with open-ended questions covering topics such as their experience of their significant other making a change to their drinking, their observations of any changes to the use of alcohol in shared social occasions, or to their own drinking, following their significant others' change, and the role of significant others in providing support for people to stop or reduce their alcohol consumption. The interview schedule was structured to minimise leading questions and foreground participants' experiences, with minor revisions made following initial interviews to further improve this structure. Nonetheless, we acknowledge that the dynamic of interaction between the interviewer and participant will have had some influence and, consistent with a social constructionist paradigm, consider the interview as a co-construction between participant and interviewer, rather than a 'true' account of the participant's experience. At the end of the interview, participants completed a short demographic questionnaire. All names, places, and other potentially identifying information

were changed during transcription. Transcripts were entered into the NVivo™ 11 software package (QSR International Pty Ltd, 2015b) for analysis.

6.3.3 Analysis

Drawing on discourse analysis and positioning theory, the aim of our analysis was to identify ways in which participants accounted for providing support to a significant other who stops or reduces their drinking, and how such accounts positioned the participant and their significant other. Given our social constructionist perspective, we were less interested in *whether* participants reported providing support to their significant others, but rather *how* they accounted for the provision of support as a reasonable thing to do, both in relation to their significant other and more generally for people trying to reduce their alcohol consumption. Our approach to analysis was also informed by the guidelines for thematic analysis proposed by Braun and Clarke (2006).

The first author read and re-read the transcripts, then identified extracts of relevance to the research question, in which participants accounted for the provision, or non-provision, of support. These included extracts which explicitly addressed support, and those where participants talked about actions which could be understood as supportive, such as modifying a social practice in response to the significant other's change in drinking. The first author then systematically coded these extracts into categories of similar types of accounts. To collate these codes into broader themes, we considered how accounts within each code positioned both the participant and their significant other, grouping codes which offered similar positions. In reviewing the initial thematic structure, the fourth author noted a similarity between these themes and theories from moral philosophy. Therefore, we reviewed the literature around these theories to name and further refine the themes.

The final thematic structure and related extracts were reviewed and discussed by all authors to ensure we agreed upon our interpretation, and that our interpretation was

grounded in the data. Nonetheless, we acknowledge this is our interpretation, and that others are possible. To allow the reader to assess our interpretation, we have provided excerpts illustrating each theme, selecting the most concise and/or archetypical example (Brinkmann & Kvale, 2015). To aid readability, we have added punctuation and removed speech elements such as false starts and repetitions (Bailey, 2008). After each excerpt, we have indicated the participant's gender (M=male, F=female) and relationship to the person who changed their drinking. As is common in the reporting of qualitative studies, we have presented our results and discussion concurrently (Liamputtong, 2013).

6.4 Results and discussion

6.4.1 Participant characteristics

Participants were 13 adults (10 female, 3 male) aged from 20 to 68 years (median = 35 years). For six participants (2 male), the significant other who had changed their drinking was a romantic partner; for four (1 male), a family member; and three (all female), a friend. All participants described themselves as of European/Australian or European ethnicity. Given the low number of male participants, including no male friends, we have not drawn inferences in our analysis about differences by gender or relationship type.

6.4.2 Thematic structure

We identified three types of accounts of supporting someone who stops or reduces their drinking: deontological accounts relating to duty; consequentialist accounts relating to a balance of costs and benefits; and relational accounts which emphasised the importance of inclusion and shared experiences. Each of these types of accounts offered distinct positions to supporters and recipients of support, as discussed below.

6.4.3 *Deontological accounts*

This theme encompasses accounts in which participants justified supporting someone who stops or reduces their drinking with reference to a moral obligation: support was something significant others *should* provide. These accounts are deontological in character, in that they suggest that an action, such as providing support, must be performed as a matter of general duty or principle, regardless of the particular situation (Holland, 2007). The accounts invoked principles such as respect for autonomy, including a duty not to undermine others' decisions, and a duty to assist others whose autonomy has been constrained, for example, through illness or addiction. Consistent with a deontological focus on general duties, in these accounts, participants tended to talk in impersonal or universal terms. For example, when the interviewer asked Mel if she thought partners, friends, and family had a role to play if someone changes their alcohol consumption, Mel said "Absolutely" and went on to explain:

It's about supporting people if they make a decision to change their lifestyle. And I guess particularly trying to you know make them feel comfortable and maybe not put it back in their face, or, not that but, or tempt them. ... Particularly if they don't mind drinking in the first place but have chosen not to then it is a particularly hard decision for people to make and if you're surrounded by people who are drinking then that's a lot harder on that person. (F, friend)

In this quote, Mel's use of impersonal, universal language ("it's about," "people," "they," "you're") works to convey that this duty to provide support is a general principle, not just a personal philosophy or in response to the particular needs of her significant other. The duty is invoked when someone "make(s) a decision": out of respect for their autonomy, one has a duty not to interfere with that decision. Mel also describes what

enacting this duty involves: it's about "mak[ing] them feel comfortable" and not "tempt[ing] them." These tasks emphasise that significant others have influence over each other's drinking, and thus that a lack of support may actively undermine someone's choice by making it "a lot harder." This description resembles the notion of autonomy support, which involves creating an environment in which an individual's autonomous pursuit of their goals is enabled, rather than thwarted (Powers et al., 2008). The provision of autonomy support by significant others can facilitate behaviour change; for example, US college women who perceived their family and friends as autonomy supportive reported significantly greater weight loss (Powers et al., 2008).

Some participants acknowledged a general duty to support someone changing their drinking, but then worked to justify a lack of active support for their own significant other by positioning their significant other as particularly strong-willed and independent. An example comes from Claire, who continued to drink around her daughter who had stopped:

Sometimes the other person I think has that influence as well. But no, it's harder [to avoid alcohol when others are drinking], and this I admire [my daughter] for, because she said no when the rest of us were having a glass. I mean we were never drinking a lot but, a glass or two max probably, and she could say no and stick to that. And I think that was really good. (F, mother)

Claire, like Mel, draws on abstract language ("the other person") to acknowledge that significant others can "influence" or undermine another's resolve not to drink, but then switches to personal language ("I," "she") to position her daughter as "admir[able]" for upholding her decision not to drink even when Claire and the rest of her family were drinking. The description in turn positions Claire and her family as having behaved appropriately, despite not having acted on the general obligation to offer support to

someone whose behaviour you have influence over: the responsibility was lessened because they “never dr[ank] a lot,” and support was unnecessary in this specific case because Claire’s daughter was able to “say no.”

This positioning of Claire’s daughter raises a note of caution with regard to accounting for support in terms of duty—if Claire’s daughter was admirable for changing her drinking without support, does that mean that those people who do receive support are less than admirable? Such an undesirable positioning is evident in accounts in which participants framed support as contingent on a significant other having a “problem” in relation to alcohol, such as addiction or another health condition exacerbated by alcohol. Consider, for example, the following exchange with Frances:

Interviewer: Do you think that friends and family have a role to play when someone stops drinking?

Frances: Absolutely, yes. Definitely.

Interviewer: What makes you say that?

Frances: Just be aware of how they are, and don’t give them a hard time, and I know when I was listening to you talking on the radio, people give other people a hard time for giving up. I can’t understand that. I really can’t understand that, because if a person has an alcohol problem, the last thing they need is someone giving them a hard time. Different if it’s just a social drink, but you know if you’ve got a real alcohol problem, it’s a big problem.

(F, mother)

Frances had previously heard the interviewer speak on the radio about research with people who had stopped or significantly reduced their drinking, in which participants reported feeling pressured by others to drink (reference blinded for peer review). Note that

this research was not specifically with “problem” drinkers—most participants did not present themselves as having had an alcohol problem. Nor did the interviewer reference someone with an “alcohol problem” in her question. Yet Frances’ response presumes, at least initially, that if someone is stopping drinking, they must have an alcohol problem. Where this is so, support is then obligatory—Frances “really can’t understand” how someone could fail to offer this support, as someone with an alcohol problem “need(s)” others to be supportive, not obstructive. Frances then orients to the possibility that some people stopping drinking may be “social,” not problem, drinkers, but suggests this is “different”—presumably, in this case the same obligation does not apply. As in the previous excerpts illustrating this theme, the obligation is described in abstract language (“a person,” “they”), suggesting that it applies universally. Such an account thus effectively positions anyone who receives support from significant others when stopping drinking as having an alcohol problem—a highly stigmatised position (Room, 2005). This account thus reinforces the stigma attached to choosing not to drink in Australian or other Western countries (Bartram, Elliott, & Crabb, 2017; Posner, 1976; Romo et al., 2014).

Overall, accounts under this theme frame support in terms of universal obligations or duties invoked by the action of a significant other changing their drinking. Support is portrayed as one-directional, flowing from the supporter to the receiver, and thus positions supporter and receiver asymmetrically. The needs or characteristics of the receiver might modify the obligation to provide support, but no allowance is made for the supporter’s personal needs or desires, nor how providing support may impact them. As discussed earlier, such asymmetric support provided out of a sense of duty or obligation can have negative implications, leaving the recipient feeling indebted or less competent, as well as impacting the provider (Rook et al., 2011). Interestingly, this type of account most commonly occurred in response to a question about whether significant others have a role to play when someone changes their drinking. Elsewhere in interviews, particularly where

participants talked more specifically about their personal actions, accounts offering more symmetrical positioning were common, as evident in the following themes.

6.4.4 Consequentialist accounts

In contrast to the portrayal of support as a universal obligation triggered by the actions of the recipient, in this theme, the appropriateness of providing support was accounted for with reference to the impact on the supporter. These accounts are consequentialist, in that the appropriateness of providing support derives from the consequences of that support—the end justifies the means. However, appropriateness may vary depending on the particular circumstance under consideration (Holland, 2007). We identified two sub-types of accounts: accounts in which participants emphasised positive or minimised negative impacts on themselves, and accounts in which participants framed impacts as balanced between themselves and their significant other.

Emphasising gains and minimising losses

Some participants portrayed their provision of support (e.g., by modifying social occasions or cutting back their own drinking) as reasonable because it also brought benefits for them. For example, Anne, who stopped drinking to support her husband, describes how this also improved her own health:

I haven't done it because I've wanted to, I've done it because I've just seen the need [to support my husband], but I feel so much better for it. I mean health-wise, weight-wise, I've obviously not realising, I'd put on a lot of weight through drinking, but I was on Diet Coke [and bourbon], it shouldn't have been making me fat, but it's just your whole, your eating habits change, everything changes. But not that I was a full-on, I was, you know,

just on the weekends and stuff, but yeah just a healthier feeling about yourself. (F, wife)

Here, Anne frames her change in drinking as driven by support for her husband's change in drinking, rather than being something she "wanted to" do herself. Nonetheless, she frames it as a positive change, not (just) because it has helped him (as the excerpts in the first theme oriented toward), but because it has helped her to "feel so much better." By positioning herself as having gained health by stopping drinking, Anne risks also being positioned as someone who was unhealthy because they were a "full-on," or problem, drinker. However, Anne counters this by working to position herself as a responsible drinker, who drank "just on weekends" and used "Diet Coke" to reduce calories.

Given this risk in positioning yourself as having benefited from reducing your alcohol consumption, it is perhaps unsurprising that not all participants identified personal gains from supporting their loved ones. However, many worked to minimise the extent of negative impacts. In the following quote Mel, whose friend stopped drinking while trying to become pregnant, and who avoided drinking when socialising with this friend, talks about her initial response to learning about this change:

I was like 'Cool!', excited for her I guess, that that's why she'd chosen to stop drinking, and I don't think, it wasn't a big shock to me, and I guess we'd been through stages in our life when we were younger and did have lots of drinking times, partying and stuff, going out, and naturally those times had petered out a bit. And so when we did catch up it wasn't like we were going out drinking a lot on a Saturday night anyway so it wasn't a massive change to how we interacted and socialised. (F, friend)

Mel acknowledges that there had been changes in "how we interacted and socialised," but minimises their significance by describing them as not "massive" or "big," particularly in

comparison to the reductions in “drinking times” from when the two were younger. In referring to this larger reduction as “natural,” Mel works to counter a potential positioning of her friend as having forced a change in how they socialised, an asymmetrical positioning which would be inconsistent with norms of friendship, which emphasise symmetry, mutuality, and reciprocity (Hall, 2010). In contrast, a “natural” change is not instigated by either party—both are positioned as equally affected by the passage of time. Other participants used similar strategies to minimise the impact of their significant other’s change; for example, attributing changes in their drinking to factors other than their significant other, such as “doing more running” (Liam, M, husband); or framing the occurrence of negative impacts as rare, the “only time” (Isla, F, wife).

Balancing impacts

Other participants acknowledged that they were impacted by their significant other’s change in drinking but accounted for this as acceptable, if the impact was balanced between themselves and their significant other. Participants used terms like “reciprocity,” “equilibrium,” “mutual respect,” and “fairness” to describe how they worked to support their significant other’s change in drinking, and how their significant other in turn supported them. Alternatively, they described a lack of such balance as leading to conflict. For example, Elise positioned herself through the interview as “accommodating” of her friend, by trying to come up with alternative ways for them to socialise and sometimes moderating her own drinking. When asked if there was anything that might stop someone from being accommodating, she said:

Maybe if they were really quite rude about it, or all superior and not trying to be accommodating to the fact that you’re going to want to drink as well. You want it to be a mutual respect of each other’s decision. I think if someone was really ‘Oh you shouldn’t drink because it’s going to kill you

and it's bad and you're a bad person,' it's like, 'Well I don't want to hang out with you, I'm going to go drink over here and not talk to you anymore.'

(F, friend)

Elise portrays accommodation as inappropriate where it is not “mutual.” This account positions a significant other who does not show reciprocity in accommodation as someone who lacks “respect,” acts “superior,” and judges the other person as “bad” for drinking. Thus, this non-reciprocating significant other is positioned as having violated key expectations of friendship (Hall, 2010), making it appropriate for the other person to elect not to “hang out with” them, rather than provide support. In contrast, reciprocating significant others both work to find a way to respect or balance both parties’ needs and desires.

Unlike accounts in the previous theme, both types of consequentialist accounts position the participant and their significant other more symmetrically, either by framing any impacts as neutral or positive for the participant, or emphasising that impacts are distributed evenly between the two parties. Here, the distinction between supporter and receiver is less relevant, as both parties provide and receive respect from each other. As we have noted, the concept of symmetry underpins key expectations of friendships (Hall, 2010). Symmetry is also considered important to family relationships; family therapies such as contextual therapy emphasise that justice, equity, and fairness in family relationships derives from a balance of give and take (Goff, 2001). Some authors have criticised such a depiction of relationships as overemphasising individuals and their rights (Goff, 2001)—and indeed, accounts in this theme effectively characterise support as a transaction which incurs costs and benefits for each individual.

6.4.5 Relational accounts

In contrast, in the accounts captured in our third theme, participant and significant other are positioned less as two individuals engaged in a transaction and more as parties in the same relationship. Supportive actions are those which maintain the relationship between the two, by ensuring that they continue to share experiences. These accounts were commonly characterised by the use of ‘we’ language. Consider the following two exchanges:

Interviewer: So what was your initial response to your husband when he said he had to cut back on drinking?

Genevieve: Oh fine, terrific. Let’s do it, that’s okay. (F, wife)

Interviewer: Okay, so now a bit more time has passed, is [your partner’s] drinking still down, lower, reduced?

Karl: Yeah, we don’t drink that much. (M, partner)

In both examples, the interviewer asked about the actions of an individual, the participant and the significant other respectively. Yet both participants responded using first-person plural forms (“Let’s,” “we”), rejecting the interviewer’s implied positioning of participant and significant other as two individuals who might behave independently, instead positioning the participant and significant other as unified, a team who acts jointly—at least in relation to reducing drinking. The use of such we-language is predictive of successful treatment outcomes from couple-based therapy for alcohol addiction, perhaps because it reflects a greater sense of togetherness and a communal orientation toward coping (Hallgren & McCrady, 2016; Rentscher, Soriano, Rohrbaugh, Shoham, & Mehl, 2017). Such an orientation might also be helpful for significant others working to

change non-addictive health behaviours. Consistent with this, Romo and Dailey (2014) explored how weight loss can influence communication and behaviour in romantic relationships in which only one member loses weight, finding that couples reporting positive consequences tended to position themselves as a team, whereas mixed consequences were more likely where responses reflected a vying for power or conflict.

In contrast to this communal orientation, participants also described times where they had failed to support their significant other, clearly describing this as wrong because it positioned the significant other as excluded from the social group. For example, Elise described a particular party where she (and others) failed to include her friend:

Our whole group was there and she was there and she obviously wasn't drinking and we all drank quite a bit and she just said she had a rotten time. We probably took it a bit far because it was free alcohol. We weren't sort of, in hindsight probably should have been a bit more, I guess respectful of the fact that she wasn't taking part in it. (F, friend)

In this excerpt, Elise's friend is distinctly positioned outside of the "whole group" because she was not drinking: Elise describes those drinking with the collective "we," but her friend as "she." By not drinking, the friend is positioned as not "taking part" in the collective activity, and consequently as having a "rotten time." Drinking at similar levels can be important for relationship quality: couples with discordant levels of drinking report higher levels of relationship dissatisfaction, which researchers have suggested may partly be because people who drink at similar levels take part in more shared activities (Birditt, Cranford, Manalel, & Antonucci, 2016; Homish & Leonard, 2007). Consistent with this, non-drinkers report that they avoid social occasions where they do not feel included (Bartram, Elliott, & Crabb, 2017; Herring et al., 2014). Here, Elise positions the drinkers as having some

responsibility to foster this inclusion; their failure to do so was not “respectful” of their friend and they “should” have behaved differently.

Participants also talked about fostering inclusion in ways other than drinking at similar levels. For example, Bonnie described ensuring that their house was stocked with non-alcoholic drinks:

I would make sure that we, if there was alcohol in the house, that we had loads of non-alcoholic drinks, and that rather than him getting forgotten, because it’s almost like if you’re having some champagne everyone gets the alcohol and nobody gets a drink for the other person, like it’s not important. So just making sure that he was included with that too, and that maybe he got to drink something that was really nice, rather than just something boring. So I used to think a little bit ahead, and so that he didn’t feel left out. (F, wife)

Bonnie frames ensuring this availability as an “important” thing to do as it means her husband will be “included” in a drinking occasion, rather than “forgotten” or “left out.” Her use of “we” to describe the ownership of the drinks works to characterise these drinks as belonging to the two of them, rather than being a special accommodation required for her husband. To be inclusive, the drinks also needed to be “really nice,” not “boring,” consistent with research indicating that replacements for alcohol are more readily accepted in a social group where they carry a similar meaning (Bartram, Elliott, Hanson-Easey, & Crabb, 2017). Champagne is traditionally drunk on special occasions, or to celebrate; thus, by ensuring her husband could have a similarly special drink, Bonnie was able to support his change in drinking *and* his continued inclusion in shared activities.

Overall, accounts in this theme position participant and significant other not just symmetrically, but as part of a partnership or social group. Support is framed as appropriate because it works to strengthen that social identity. Thus, these accounts reflect ethical assumptions consistent with a feminist ethics of care, which views “doing good” as acting in a way that works to value and maintain personal relationships (Rachels & Rachels, 2012). These accounts also reflect a more collectivist conception of self than in the previous two themes: a self that is fundamentally defined through relationships. This is in contrast to an individualist self, defined through the pursuit of individual goals, who has a responsibility to support others’ goal pursuits (Taylor et al., 2004). Western countries such as Australia are usually understood as individualist cultures, which has been reflected in health promotion campaigns around alcohol (Cherrier & Gurrieri, 2013). The use of collectivist, as well as individualistic, conceptions of self by participants in this study suggests there may be value in considering how health promotion might draw on these more social conceptions of self.

6.5 Conclusion

We have examined how people with a significant other who stops or significantly reduces their drinking account for providing support for this change. Support from significant others has been found to be important for those seeking to change their health behaviours, particularly where these behaviours are embedded in social practices, such as alcohol consumption (e.g. Bartram, Elliott, & Crabb, 2017). However, to date little has been known about when significant others are willing to provide such support (vanDellen et al., 2016). We identified three types of accounts for why a significant other might provide support: deontological, referring to duty or obligation to support others; consequentialist, in which costs for providing support were minimised or balanced; and relational, which attended to the importance of maintaining shared social identities and experiences. Duty-

based accounts positioned supporter and recipient asymmetrically, with possible negative implications for relationships, while the other types positioned each party more symmetrically, with the former reflecting individualist conceptions of self, and the latter more collectivist conceptions.

Attending to the principles people draw on to account for providing support for a health behaviour change may help in designing health behaviour interventions which effectively engage such support. Our findings suggest that, when seeking support from significant others, it might be better to avoid invoking notions of duty, given the asymmetrical positioning this entails, and instead emphasise shared experiences, social identities, and mutual benefits. Although health behaviour interventions have typically drawn on individualistic conceptions of self (Holman et al., 2017), the participants in this study also drew on collectivist conceptions, suggesting such a framing may resonate. Further work is needed to explore how best to apply these findings within a health behaviour intervention; for example, in recruiting social groups as collective participants, or upskilling individuals to seek support from within their own networks. In addition, participants' use of competing ethical principles to justify support suggests a need for ethical analyses regarding *when* it is appropriate for health behaviour interventions to seek to involve significant others.

The small number of male participants in this study, including no male friends, limited our ability to explore differences by gender and relationship in the types of accounts provided. Research suggests there may be gender differences in the use of ethical principles, with women drawing on ethics of care more than men (although the extent of these differences has been debated; Rachels & Rachels, 2012). Furthermore, different relationship types may carry different expectations regarding obligations or duties—for example, a parent/child relationship is typically asymmetrical, and a reversal of this

asymmetry can lead to tensions (Spitze & Gallant, 2004). Future research might fruitfully explore these possibilities with a more diverse sample of participants, as well as other health behaviour changes (e.g. smoking, diet).

Overall, our research provides a useful insight into the principles people draw upon to justify supporting a significant other who changes a socially-enacted behaviour like alcohol consumption. There is a recognised need within the field of health promotion to better address the social context in which health behaviours are enacted. Improving our understanding of when social companions are likely to support a change in health behaviours will strengthen our ability to meet this need.

Chapter 7 Heroic journeys through sobriety: How temporary alcohol abstinence campaigns portray participant experiences

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Overall percentage (%)	85%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
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By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
- ii. permission is granted for the candidate to include the publication in the thesis; and
- iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

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7.1 Abstract

Background: In Australia, recent years have seen a rise in the popularity of temporary abstinence campaigns, in which people pledge to abstain from alcohol for a month while raising funds for charity. In addition to their fundraising aims, such initiatives have been viewed as tools for broader behavioural and cultural change around alcohol, encouraging participants to reflect on their drinking and make longer-term changes to their behaviour. The extent to which these initiatives promote enduring change may depend on how they portray the experience of temporarily abstaining from alcohol, and how they position participants.

Method: We conducted a thematic discourse analysis of e-mails and website content from the 2016 editions of *Dry July™* and *Ocsober™*, two Australian temporary abstinence campaigns.

Results: Both campaigns featured an overarching portrayal of participation as a hero's journey through sobriety, with participants embarking on a quest to fundraise for their cause, and returning from their experience transformed. However, the campaigns differed in the way they positioned participants. *Dry July™* consistently positioned participants as heroes, promoting both fundraising and reflection on longer-term behaviour changes. In contrast, *Ocsober™* offered varied and inconsistent positions which were less likely to engage participants or prompt enduring changes in behaviour, for example positioning participants as alcohol abusers or on a detox.

Conclusion: Our findings emphasise the need to attend to how campaigns materials position participants in order to strengthen the effectiveness of such campaigns as health promotion tools.

7.2 Introduction

Health promotion campaigns are one of a suite of measures policy-makers can employ to address harms from alcohol, and generally enjoy broad public acceptance, unlike more restrictive, albeit effective, measures targeting price or availability of alcohol (Room, Babor, & Rehm, 2005). One type of health promotion campaign that may assist individuals to reduce their drinking is a temporary abstinence fundraiser, such as the Australian campaigns *febfast*[™], *Dry July*[™], or *Ocsober*[™]. Participants in such fundraisers pledge to abstain from alcohol for a limited period of time, typically one month, while raising funds for a nominated charity. These fundraisers have grown rapidly in popularity in recent years, and participation appears to have become an acceptable reason for declining a drink—at least temporarily (Bartram, Elliott, & Crabb, 2017; Cherrier & Gurrieri, 2013; Fry, 2011). This social acceptability makes these campaigns an interesting phenomenon to investigate, given that people in countries such as Australia more commonly find themselves stigmatised, not accepted, for violating social norms around alcohol consumption (Bartram et al., 2017; Romo, 2012).

There is some evidence that participation in temporary abstinence campaigns can lead to longer-term changes in alcohol consumption. To evaluate the impact of *febfast*[™] participation, Hillgrove and Thomson (2012) surveyed participants approximately four months after the 2011 event, finding that just over half of respondents (51%) self-reported reducing how often they drank following *febfast*[™] participation, and nearly half (49%) self-reported drinking less on each drinking occasion. Using a stronger pre-post survey design to evaluate *Dry January*, a similar British campaign, de Visser, Robinson, and Bond (2016) found that participants reported lower levels of drinking at six-month follow-up compared to their baseline consumption. These positive findings are particularly notable given the

underwhelming impact of most alcohol-focused health promotion programs on people's drinking behaviour (Babor et al., 2003).

Participation in these temporary abstinence campaigns may lead to longer-term changes in alcohol consumption because they encourage participants to reflect critically on their drinking practices and how these are influenced by the broader drinking culture, as well as develop strategies to resist dominant norms of alcohol consumption (Cherrier & Gurrieri, 2014; Fry, 2011). This is in contrast to typical health promotion campaigns, which aim to increase awareness of negative health risks and encourage 'responsible' drinking. These aims construct drinking as a rational, cognitive, independent decision, and ignore the social context that can make reducing alcohol consumption difficult (Cherrier & Gurrieri, 2013). Participants described *febfast™*, for example, as providing a 'space for change,' where they could (temporarily) reject alcohol without fear of being stigmatized, while developing their skills and confidence in making changes to their alcohol consumption beyond the month of abstinence (Cherrier & Gurrieri, 2014; Fry, 2011). Such increases in confidence through participation in *Dry January* have been found to relate to lower alcohol consumption six months later (de Visser et al., 2016).

However, there is uncertainty about whether the inclusion of a fundraising element within these campaigns may support or conflict with the campaign's likelihood of promoting longer-term behaviour change. Some have argued that the option of fundraising is helpful, as it increases participants' sense of commitment to stay abstinent for the month (Cherrier & Gurrieri, 2013; Robert, 2016) and because this altruistic element may explain why participation is viewed as socially acceptable (Bartram et al., 2017). However, Gilmore (in Hamilton & Gilmore, 2016) has expressed concerns that participants who view their participation primarily as a fundraising activity are likely to revert to their previous drinking patterns, without critically reflecting on the experience.

In this paper, we contend that the extent to which these campaigns promote critical reflection, and thus longer-term changes in alcohol consumption, might depend on how each campaign portrays the experience of abstaining from alcohol for a month, and how these portrayals position participants. We conceptualise health campaigns as providing discourses which people can draw on as resources in making sense of health in everyday life (Hodgetts & Chamberlain, 2002). According to positioning theory, discourses (talk or text, such as the messaging used in campaigns) make certain positions available to subjects, which offer rights and responsibilities that restrict how a person taking up that position may speak or act (van Langenhove & Harré, 1999). Positions are argued to be relational, in that where a person takes up a position in conversation, this also implies a positioning of the person addressed (van Langenhove & Harré, 1999). The campaign messaging used in temporary sobriety initiatives can be understood to offer positions to participants, which they can draw on to assign meaning to their experience of abstaining from alcohol (Robert, 2016).

Participants do not necessarily take up the positions offered in campaign materials uncritically. Positioning is a dynamic process, with initial positionings open to challenge and renegotiation by participants through second-order positioning (van Langenhove & Harré, 1999). For example, Hodgetts and Chamberlain (2002) demonstrated how men viewing a documentary on men's health did not accept health messages passively, but negotiated, resisted and interpreted these messages with reference to other discourses available to them through their lives. Nonetheless, it is valuable to attend to the first-order positions made available by campaign materials, as these can be understood as aiming for certain preferred readings, narrowing down the potential meanings available for readers to be able to position themselves (Törrönen, 2001). For example, Robert (2016) found that *febfast*[™] messaging about past participants gaining health benefits (such as weight loss) cued new participants to reflect on the bodily impact of the experience for themselves.

Drawing on positioning theory as a theoretical framework, we examine how the 2016 editions of two popular Australian one-month abstinence fundraising campaigns, *Dry July™* and *Ocsober™* portray the experience of abstaining from alcohol for a month, how these portrayals position participants and others, and the implications of the positions made available to participants for promoting longer-term reductions in alcohol consumption.

7.3 Method

7.3.1 The campaigns

Dry July™ is an Australian fundraising campaign, which invites individuals to give up alcohol consumption for the month of July, and raise funds for projects which reduce stress and increase comfort for people diagnosed with cancer, their families, and carers (Dry July Australia, 2016). In 2016, 16,787 people registered to participate, raising a total of more than AUD3.7 million (Dry July Australia, 2016).

Ocsober™ is a similar Australian fundraising campaign, which invites individuals to give up alcohol consumption for the month of October to raise funds for *Life Education™*, a non-profit organisation that provides drug and health education to Australian children (Ocsober, 2016). In 2016, participants were asked to abstain from alcohol from 4 to 31 October, a period of 28 days (Ocsober, 2016). Approximately 3500 people participated in 2016 (T. Deakin, personal communication, 19 April 2017), raising more than AUD460,000 (Ocsober, 2016).

7.3.2 Procedure

This research did not require institutional ethics approval as it used publicly available materials. The materials were sourced from the websites of the two campaigns, www.dryjuly.com and www.ocsober.com.au, as well as generic e-mails sent to registered

participants of the 2016 campaigns. In determining whether these e-mails were public communications, we followed Eysenbach and Till (2001) in considering it reasonable to treat content sent to large mailing lists as public, especially as authorship of these e-mails was attributed to the organisations (e.g. “The Ocoober team”), rather than individuals, and e-mail recipients were sometimes encouraged to forward the e-mails to others.

The first author used NCapture for Internet Explorer software (QSR International Pty Ltd, 2015a) to save copies of each webpage within these websites, excluding individual participant fundraiser pages and *Dry July™* Ambassador pages which only included a biography of the ambassador. This yielded a total of 28 pages for *Dry July™* and 34 pages for *Ocoober™*. To obtain copies of the e-mails, the first author registered as a participant for both campaigns, and saved all generic e-mails received across the campaigns until their official closure (1 September 2016 for *Dry July™* and 1 December 2016 for *Ocoober™*; e-mails regarding the receipt of individual donations were excluded as these were deemed personal). In total, the first author received 31 e-mails from *Dry July™* and 21 e-mails from *Ocoober™*. All webpages and e-mails were imported into the NVivo 11 software package (QSR International Pty Ltd, 2015b) for analysis.

The aim of our analysis was to identify ways in which sampled *Dry July™* and *Ocoober™* materials portray the experience of temporarily abstaining from alcohol as part of the campaign, and how these portrayals work to position participants (the recipients of the materials) and others. We initially took a thematic approach to analysis, following the guidelines suggested by Braun and Clarke (2006). Although our analysis was guided by our theoretical framework of positioning theory, we approached it inductively, with no predefined coding scheme. The first author initially read and re-read the data, then systematically coded it into categories related to the experience of (temporarily) abstaining from alcohol. These codes were grouped to form broader themes and sub-themes. When

reviewing these themes, we were struck by their resemblance to key elements of the hero's journey: a classic narrative structure in which a hero receives a call to adventure to go on a journey through a special world. On this journey, the hero encounters temptations and trials, but is ultimately rewarded with a boon or treasure. The hero returns to the ordinary world, transformed by the experience, and uses the treasure they have received to benefit the world (Campbell, 1949/2008; Vogler, 1998/2007). Throughout the journey the hero typically encounters characters such as the mentor, who helps to prepare them for the journey; allies, who can provide support to the hero in the special world; and enemies, who threaten to undermine the hero's success (Vogler, 1998/2007). We thus drew on these elements to help refine and name our themes.

Data extracts relating to each theme were then further analysed according to the principles of discourse analysis. In discourse analysis, discourse is considered to be both constitutive, in that objects talked about are not simply described but constructed by the words used to talk about them, and functional, in that talk is used to achieve social actions such as persuading, requesting, or accusing (Potter & Wetherell, 1987). The way that something is articulated thus contributes to its meaning and effect. We examined how the language used in extracts worked to make certain positions available to participants and others named within these texts. We present our results concurrently with our discussion of the potential implications of the positions made available in each extract, as is common in the reporting of qualitative studies (Liamputtong, 2013).

7.4 Results and discussion

We identified an overarching theme encapsulating how participation in *Dry July™* and *Ocsober™* was portrayed: a hero's journey. The hero's journey narrative was first articulated by Campbell (1949/2008), a comparative mythologist, who identified it as the 'meta-myth' providing the underlining structure of hero myths across cultures. The concept

was further elaborated by Vogler (1998/2007), who drew on the work of Campbell as well as others, such as Propp's (1968) analysis of Russian fairy tales, to argue that the structure and archetypes of the hero's journey applied not just to myth but to all stories, including modern movies and popular fiction. Elements of the hero's journey narrative have also been identified in media and lay accounts of illness, particularly with respect to cancer (Marlowe, Hodgson, & Lamson, 2010; Seale, 2001, 2002) and alcohol addiction (Wisner Bowden, 1998). Use of such a narrative in these contexts has been argued to help people to construct their experiences as meaningful and controllable (Seale, 2002), even where the illness results in death (Seale, 1995).

In *Dry July™* and *Ocsober™*, the campaign materials position participants in the role of heroes, who enter a special world of abstinence from alcohol, where they must overcome temptations to drink, and draw on the support of allies, or friends, to raise funds. Upon their return to the ordinary world from a month of abstinence, these funds form the treasure used to benefit the world. Ideally, they also return personally transformed by the experience. In the following sections we demonstrate how *Dry July™* and *Ocsober™* materials work to establish expectations about what participation in a temporary sobriety initiative involves, using this overarching journey narrative. We present extracts corresponding to major stages in the hero's journey: the call to adventure; preparing for the journey; encountering trials, temptations, and allies; and returning to the ordinary world. Although both initiatives follow a similar narrative structure, we will show how they nonetheless offer distinct positions for participants to take up, which carry different implications for how participants may understand participation in a temporary sobriety initiative.

7.4.1 Call to adventure

Extracts 1 and 2 below are examples of recruitment materials inviting individuals to participate in *Dry July™* and *Ocoober™* respectively.

Extract 1

Ready for a challenge? Go booze-free this July and fundraise to support people affected by cancer. Be a Dry Hero, sign up or donate today.

Dry July™ recruitment poster

Extract 2

Ocoober is encouraging all Australians to take a break from the booze this October to break the cycle of alcohol abuse and help Aussie kids live a safer, healthier life.

Ocoober™ website home page

These passages serve as ‘calls to adventure,’ the first stage in the hero’s journey where the hero is presented with a problem to solve and/or an adventure to undertake (Vogler, 1998/2007). Both extracts outline what the adventure will involve (“Go booze-free,” “take a break from the booze”) and what the need for this adventure is (“support people affected by cancer,” “break the cycle”). However, each extract positions participants differently.

In extract 1, participants are positioned as heroes engaging in an altruistic act. Those who sign up are literally described as “Dry Hero[es],” and the heroic nature of what they will do is emphasised by the word “challenge,” which works to construct abstaining from alcohol as something difficult. The question “Ready...?” offers the possibility that not everybody will be willing or able to participate, reinforcing that those who do are special in some way, perhaps more courageous, and thus heroic. Participants are positioned as

altruistic and selfless: the object of their quest is not to seek reward for themselves, but to “support people affected by cancer.”

In contrast, in extract 2, participants are positioned as people who abuse alcohol, and who are thus morally obliged to take part. The call is directed at “all Australians,” rather than just a select group of special people, and pairing “tak[ing] a break from the booze” with “breaking the cycle of alcohol abuse” positions all Australians as alcohol abusers. Alcohol abuse is often constructed as a moral failing (Room, 2005), and thus participants are positioned as morally weak and aberrant, rather than the courageous heroes of the first extract. Even people who want to make a change to their alcohol consumption can be reluctant to position themselves in this way; participants in *Hello Sunday Morning*[™] (a program in which people attempt to change their relationship with alcohol by abstaining from alcohol for three months and blogging about their experiences) tend to talk about their change in alcohol consumption as a means to achieve socially-acceptable lifestyle goals, rather than an end in itself (Carah, Meurk, & Hall, 2015).

In extract 2, participation is also not a selfless act, but a moral obligation, as it is necessary to protect the wellbeing of children (“help Aussie kids”). This obligation is emphasised by the use of a national identifier to position both participants and children as part of the same community: Australians. As such, non-participation would mean shirking responsibilities associated with membership in this community.

7.4.2 Preparing for the journey

Before embarking on their adventure into an unknown world, heroes often receive advice or assistance from a mentor to help them prepare for the journey ahead (Vogler, 1998/2007). Extracts 3-5 come from e-mails sent by *Dry July*[™] and *Ocsober*[™] prior to the start of the month of abstinence, which fulfil this function. The first e-mail has been split into two extracts to aid the reader in following our analysis.

Extract 3

Can you believe there are only 30 days until Dry July begins?

You might be scared, nervous or, dare we say it, excited!?

Either way, for so many Australians, the prospect of 31 days without alcohol can seem as gruelling as any marathon. That's why we've got some insider tips on how to prepare for your Dry July... Trust us, we've done this before!

[tips presented as extract 4]

We'll be with you every step of the way, [name], keeping you motivated and providing tips to make it through the month successfully!

Dry July™ e-mail 'The countdown is on!' 1 June 2016

Extract 3 works to portray abstaining from alcohol as something that might seem challenging, but positions participants as able to meet this challenge, as long as they prepare. Both the challenge and the need for preparation are evoked by the reference to a “gruelling marathon,” an event regarded as both arduous and something for which participants must train extensively. Portraying participation as challenging risks reinforcing dominant social norms that construe alcohol consumption as an expected part of socialising (Bartram, Elliott, & Crabb, 2017; Paton-Simpson, 2001), and may prime participants to attend to what they find difficult about the experience, rather than what they find non-problematic. However, there is potential to resist this interpretation, with the e-mail stating that this is the way that “so many,” but not necessarily all, “Australians” would feel. Similarly, the preceding sentence provides the option for participants to feel apprehensive about *Dry July™*, but also to feel “excited,” with the qualifying phrase “dare we say it” indicating that excitement might be a less acceptable but more genuine interpretation of a

participants' physiological sensations. Regardless, participants are positioned as needing to prepare, and to do so promptly; this sense of urgency is built through use of the word "only" to describe the number of days until *Dry July™* begins, framing this as a small, limited amount of time.

Phrases such as "we've got some insider tips on how to prepare" and "we'll be with you every step of the way" work to position *Dry July™*, the sender of the e-mail, as a mentor, and the participant as a mentee or recipient of support. The sender justifies their claim to the position of mentor by referring to their experience ("we've done this before"). This claim also works to construct participation as something that can be learned from, thus foreshadowing that the participant, too, may gain new knowledge through their participation. Participants are urged to take up the position of mentee by "trust[ing]" *Dry July™*. Doing so is facilitated through the complementary position of *Dry July™* as friendly, achieved by addressing the participant by name, and expressing concern about both how the participant feels ("scared," "nervous," "excited"), and whether the participant is successful at "mak[ing] it through the month."

In positioning the participant as a recipient of support, there is some risk that this could also position participants as weak or unskilled, inconsistent with the 'hero' positioning evident in other *Dry July™* extracts. However, the "insider tips" provided (shown in extract 4) arguably work to locate the source of the challenge as external to the participant, and thus their need of support as a product of these external forces, not their own skills or character.

Extract 4

BUDDY UP

Things are always easier in pairs - grab a friend and be each other's support throughout the month.

NON-ALCOHOLIC ALTERNATIVE

Get your non-alcoholic drink of choice ready! It can be your 'go-to' during July and you won't have to hesitate when ordering on a night out!

LET PEOPLE KNOW WHAT YOU'RE DOING

Tell family and friends you've signed up so they know not to offer you a drink during Dry July. This also gives you a chance to explain the cause and ask for donations.

PLAN AROUND REGULAR 'DRINK TIMES'

If you usually drink on the weekend, plan some activities you can do instead that don't involve alcohol. If you enjoy a drink at home, try to find a new hobby or something to distract you and break the habit.

Dry July™ e-mail 'The countdown is on!' 1 June 2016

These tips primarily orient toward drinking that takes place in a social context (with “family and friends,” “on a night out”), suggesting that it is this social aspect of drinking which will be the most challenging. “Family and friends” are positioned as potential tempters who might “offer you a drink,” with the participant needing to forestall such offers by telling them about *Dry July™* now. This implies that an offer of a drink is not something easily turned down. Research with non-drinkers has suggested that refusing a drink offer is something which must be managed carefully, as this rejection has the

potential to cause offence, being read as a rejection of the person making the offer, or a judgement on others for drinking (Bartram, Elliott, & Crabb, 2017; Romo, 2012). This tip orients toward this challenge, and provides advice on how to manage it, either by avoiding drink offers, or by “explain[ing] the cause,” thus indicating that the rejection does not signify any personal judgement. In addition, friends are positioned as a potential source of support, with participants urged to “grab a friend and be each other’s support.” This phrase works to position the participant as both requiring and able to provide support. This mutuality renders the position of someone who receives support more positively, as it positions the recipient as equal with the giver.

Extract 5

Are you ready for Ocober?

Hi [name],

There's just 5 days until you lose the booze, ban the beers, walk away from the wine and abandon alcohol of all kinds...

And with the long weekend coming up, you might need a detox next week – bring on the Ocober challenge! You'll feel clear-headed, energetic, fit and healthy in no time!

So to help you prepare and get ready for your challenge, here's a few tips to help you stay sober for Aussie kids! Enjoy the long weekend, The Ocober team

[content related to fundraising omitted]

Do you need a night off?

If you have a special occasion planned in October that calls for a drink, check out the Ocober Leave Pass! Don't abandon your health kick for the sake of one night...

Get a 1 or 2 day Leave Pass for a small donation and take a night off without giving up on your goals! You might even be able to convince a friend to sponsor you a Leave Pass. :)

Ocober™ e-mail '5 days to go...' 29 September 2016

Similarly to extract 3, extract 5 refers to participation as a “challenge” for which participants must “prepare” or “get ready,” and positions the sender of the e-mail as someone who might assist with this. The use of emoticons, simple rhymes, and alliteration (“lose the booze,” “ban the beers”) create a jocular tone, as one might use with a friend, and the e-mail is signed off with an urge for participants to “enjoy” themselves, suggesting the sender wants them to have a positive experience, as a friend would. This positions the *Ocober™* “team” as a friend, and thus permits them to offer “a few tips” to participants. This is subtly different from the positioning of *Dry July™* as a friendly mentor, as it lacks any claims to authority or superior wisdom; thus, the “team” may offer tips, but the participant may choose not to act on these. For example, the e-mail invites participants to “check out,” or consider, the option of a Leave Pass, in contrast to the more action-oriented commands to “grab,” “tell,” and “get” in Extract 4.

Participants are positioned as people seeking better health, and thus, by implication, as currently unhealthy. Participation is described as a “health kick,” with participants told they can expect to “feel clear-headed, energetic, fit and healthy” once they stop drinking, because *Ocober™* is equivalent to a “detox.” Moreover, the e-mail suggests that participants “might need” this detox due to the “long weekend” prior to the start of *Ocober™* (a long weekend is a weekend preceded or followed by a public holiday,

which occurred in many states of Australia from 1 to 3 October 2016). This portrays long weekends as times for drinking to excess, and positioning participants as people who might drink in this way. Such a positioning is potentially negative, but is somewhat countered through the directive to “Enjoy the long weekend,” which tacitly sanctions, even encourages, excessive drinking over this period—as does the decision to start *Ocsober™* on the 4th, rather than the 1st, of the month. While presenting *Ocsober™* as an opportunity to “detox” or compensate for this, it also, however, constructs drinking to excess as normative and a contributing condition for enjoyment.

This construction is further reinforced by the suggestion to manage special occasions during *Ocsober™* by purchasing a “Leave Pass.” As in Extract 4, this “tip” locates the source of the challenge with external forces; in this case, “special occasion[s]” (like long weekends) that “call for a drink.” In contrast with Extract 4, however, the participant is positioned as unable to overcome this challenge without drinking: the choices are to “abandon” participation altogether, an untenable position to take up in this context, or to purchase a “Leave Pass,” permitting participants to drink for a limited time without jeopardising their position as someone on a “health kick.” The reference to a “small” donation works to make taking up this option a trivial matter which has no bearing on participants’ “goals.” Throughout, this extract repeatedly constructs a period of binge drinking combined with a period of abstinence as healthy. Such a construction is of concern to health authorities as it is inconsistent with drinking guidelines, and by equating participation in a month of sobriety with a “detox,” may be viewed as a license to (continue to) drink heavily through the rest of the year (Hamilton & Gilmore, 2016).

7.4.3 *Temptations & allies*

While traversing the special world, heroes are typically faced with temptation, but can draw on the support of allies to keep them focused on their quest (Campbell, 1949/2008;

Vogler, 1998/2007). Both *Dry July™* and *Ocsober™* encouraged participants to solicit donations from their friends, providing a series of template fundraising e-mails in which friends are invited to take up the position of supportive allies against temptation. The following extracts are examples of such e-mails: “I” refers to the participant, and “you” to the potential recipient.

Extract 6

I'm almost at the halfway point for my Dry July! There have been some tempting times on my 'dry' weekends, but knowing I'm raising funds for cancer patients has helped me stay strong and dry!

I'm holding up my end of the challenge, so I'd like to ask you to be a mate and donate! For just the cost of a wine or beer (or a case if you're feeling generous!), you can help ease the journey of people affected by cancer.

Dry July™ template fundraising e-mail 'Be a mate and donate' 13 July 2016

Extract 6 works to position the recipient of the e-mail as a “mate” of the participant, and the participant as requiring support. The request to “be a mate” draws on the Australian concept of ‘mateship,’ which emphasises equality, loyalty, and mutual support (Dyrenfurth, 2007). Thus, to take up the position of someone’s “mate” is to accept an obligation to assist that person when required. Here, need for this assistance is invoked through the image of a person holding a heavy object that requires two people to lift it: the participant is “holding up” their end, and needs someone to lift the other end by donating. This image, and the concept of mateship, thus work to position the participant as requiring assistance without also positioning the participant as weak or impotent; this is a request among equals, with each person carrying a share.

The opening sentences of the extract also work to position the participant as engaged in, but needing support to manage something challenging. The participant is “almost” at a milestone, suggesting he or she might need something more to get them there, and has faced “tempting times” on the journey. Positioning the participant as engaging in some effort or suffering for a cause can be effective for fundraising; Olivola and Shafir (2013) have demonstrated that people will donate more to those engaged in tough events involving a degree of suffering, than to more enjoyable events such as a picnic or morning tea, which they argue is because the anticipation of pain and effort lead people to ascribe greater meaning to their contribution.

The reference to “weekends” as particularly difficult echoes extract 4, where the challenge of abstaining was located in a social context, rather than with any failing of the participant. This works to position the participant as ordinary—they find the idea of drinking on a weekend tempting, just as anyone else would. This positioning is important for emphasising equality, which is central to mateship; in Australian culture, those who over-achieve, and those who proclaim their success too loudly, can be seen as braggarts or ‘tall poppies’ waiting to be cut down to size (Stollznow, 2003). Although the participant has managed to “stay strong and dry” so far, this strength is predicated on their “raising funds,” and thus the support of others. This positioning thus further obliges the recipient to provide support by making a donation: without those funds, or without the recipient “holding up” their end by donating, the participant’s strength might fail.

In placing such a weighty obligation on the recipient, there is a risk the recipient might be reluctant to take up the position of “mate.” There are several features within the extract that work to mitigate this risk. For example, the phrasing that the participant would “like to ask” implies that the participant is aware that this request imposes some obligation, and understands that the recipient might not like to answer in the affirmative. The cost of

complying is also minimised by reference to “just the cost of a [drink]” as being sufficient. This reference evokes the concept of ‘shouting a drink to a mate’ (buying a drink for a friend), thus suggesting that this would be no more than the recipient might reasonably spend on a friend normally. Finally, the recipient is also offered the opportunity to take up an alternative position of someone who is altruistic, with the phrase “or a case if you’re feeling generous” indicating that making a larger donation would be viewed as going further than fulfilling the obligations of friendship. The use of beer, wine, and cases as price referents also positions both sender and recipient as people who are comfortable with drinking, thus avoiding any implications of judgement about drinking.

Extract 7

Hi friend,

I have signed up to Ocober and I've been sober for 168 hours, 121 minutes and 32 seconds... but who's counting?

I know you're going to hassle me all month, but I'm going to prove to you that Happy Hour can be just as happy with a glass of sweet, sweet H2O.

So, please shout me a donation on my fundraising page and help me make these quiet nights worthwhile!

Instead of spending your money at the bar you'll be helping Aussie kids learn about the dangers of drug and alcohol abuse. :)

Ocober™ template fundraising e-mail ‘One week sober... but who’s counting’ 11

October 2016

At first glance, extract 7 appears quite similar to extract 6, featuring a request to a friend for a donation, a suggestion that not drinking might be challenging, and an appeal to

the worthiness of the cause. However, there a number of contradictions in how the participant and recipient are positioned: the recipient as an antagonist, the participant as someone struggling with abstinence, and the recipient as morally irresponsible for spending money on alcohol.

In contrast to extract 6, where the participant faced “some tempting times,” according to the opening line of extract 7, the participant has been counting every second. The phrasing is reminiscent of *Alcoholics Anonymous* (“I’m an alcoholic and I’ve been sober for x days/weeks/months”). The phrase can be read as a self-deprecating joke, which by definition is at the expense of the teller, with the teller accepting the position offered by the joke. Although the e-mail claims the participant is “just as happy” with water, this is contradicted in the following line where nights are described as “quiet” without alcohol, and not “worthwhile” unless the recipient makes a donation. Thus, the participant is positioned as someone who is finding not drinking to be a miserable experience, and thus, at least potentially, addicted to alcohol. As noted in relation to extract 2, this is a stigmatised position which can convey moral weakness (Room, 2005).

The e-mail is nominally addressed to a “friend,” yet other elements work to position the recipient as an antagonist, a position from which one is unlikely to offer assistance. The phrase “I’m going to prove to you” works to position both parties as engaged in a disagreement or competition, and the recipient is described as someone who “hassle[s]” rather than supports the participant in their challenge. Given this, it seems unlikely that the participant’s request for the recipient to “shout [them] a donation” would be complied with, as a “shout” is usually interpreted as an affirmation of equality, solidarity, and reciprocity (Murphy et al., 2017), and thus not something granted to an antagonist.

The final sentence of extract 7 positions the recipient as having two choices: spend their money “helping Aussie kids learn about the dangers of drug and alcohol abuse” (the moral or responsible action), or spend it “at the bar” (by contrast, the irresponsible and less moral choice). Regardless, they are positioned as having behaved immorally or inappropriately in that they have been spending money on alcohol up to this point. Compared with extract 6, in which recipients were offered to take up a position of friendship or altruism by donating, this positioning seems an unenticing prospect for the potential donor. Research on fundraising within social groups suggests that people are motivated to donate by a ‘relational altruism,’ where altruism is motivated by care for the fundraiser, more so than care for the cause (Scharf & Smith, 2016). As such, the position offered to recipients in extract 6 (i.e., a supportive, altruistic friend) seems more likely to encourage donations than the position offered to recipients in extract 7 (i.e., a morally irresponsible antagonist).

7.4.4 *The return*

At the end of the hero’s journey narrative, the hero must return to the ordinary world, but is typically transformed, with new insight into themselves and the world, sometimes bearing an elixir which will benefit the world (Campbell, 1949/2008; Vogler, 1998/2007). These elements are alluded to in extracts 8 and 9, which are drawn from e-mails sent to participants after the end of the month of sobriety.

Extract 8

You've raised \$[amount], contributing to a total of \$3.4+ million raised for cancer services across Australia. You should feel pretty chuffed with yourself! If we could kiss you, we would!

[...]

We also hope you've felt the personal benefits of a month off alcohol. Hopefully you're feeling healthier and have cemented some good habits that you'll carry with you through August and beyond.

Dry July™ e-mail 'Happy August!' 1 August 2016

Extract 9

[Name], thank you so much for participating in the 2016 Ocsobier challenge.

We're very pleased to announce that we've raised an amazing \$464,550 to help Aussie kids!

[...]

We hope the challenge helped you feel the benefits of taking a break from alcohol to become a happier and healthier you!

Ocsobier™ e-mail 'A special announcement' 1 December 2016

The first paragraph of both extracts work to position the participant as someone who has done a good thing for others by participating in *Dry July™* or *Ocsobier™*. Both extracts frame the participant's contribution as a part of the total amount raised through the challenge (note that the first author did not receive any donations for *Ocsobier™*, so extract 9 could not include reference to a specific personal contribution). The emphasis on this

larger amount facilitates the positioning of the participant as someone who has made a difference, even if their direct contribution was modest. This positioning is further emphasised in extract 9 by use of the pronoun “we,” implying a team or collective effort, and by the word “amazing,” conveying that this is an impressive amount. In particular, “amazing” works to imply that participants have gone beyond what anyone would have been morally obliged to do to “help Aussie kids,” and thus that they have acted in an altruistic manner. Similarly, in extract 8, participants are told they “should” feel pleased (“chuffed”) with themselves, implying that they have exceeded expectations. Participants are thus positioned as personally worthy of gratitude for their actions, being thanked by name in extract 9, and offered a “kiss” in extract 8. Overall, these paragraphs work to position the participant as someone who has acted in an altruistic manner, befitting a hero.

The second paragraph of each extract orients toward “personal benefits” for the participant, positioning them as at least potentially changed for the better by their experience. It is significant that these paragraphs come second: the initial focus on the benefit for others allows participants to accept a position in which they have benefited personally, without this being viewed as selfish. Indeed, the use of the verb “hope” places some obligation on participants to take up a position as someone who has personally benefited from the experience (Elliott & Olver, 2007). This position is constructed as the moral position: the changes are described as “good” in extract 8, and the references to “healthier” in both extracts draw on the dominant cultural discourse of ‘healthism,’ in which health is equated with virtue, and the pursuit of health is considered a moral responsibility of individuals (Crawford, 2006; Roy, 2008).

Despite some similarities, however, the extracts offer slightly different constructions of the changes ascribed to participants. In extract 8, participants are positioned as having transformed both how they feel (“healthier”) and how they behave

("habits"). The change in habits is constructed as something permanent ("cemented") and ongoing ("carr[ied]" into the future). In extract 9, participants are again positioned as having transformed how they feel ("happier and healthier"), but there are no references to ongoing changes in behaviour. Instead, the benefits are ascribed to "taking a break" from alcohol. To take a break carries a connotation of temporariness, like a holiday—a period of time in which one might refresh oneself, before returning to one's everyday life, and evokes the construction of *Ocsober™* as a detox, highlighted in extract 4. This construction leaves room for participants to interpret their experience as having established a state of health through temporary abstinence alone, and thus may serve, as noted earlier, as a license to continue previous drinking patterns.

7.5 Conclusion

In this paper we have analysed how materials from the 2016 editions of *Dry July™* and *Ocsober™* position participants and others, and discussed the implications of these for participants and the fundraising initiatives. Temporary sobriety initiatives have become increasingly popular in recent years both as fundraisers and as tools for promoting behavioural and cultural change around alcohol. These dual aims have been argued by some to be in conflict (Hamilton & Gilmore, 2016), and by others to be both compatible and crucial to the initiatives' success (Cherrier & Gurrieri, 2013; Robert, 2016). Our analysis suggests that whether these aims can be compatible may depend on the positions made available within the campaigns.

Both *Dry July™* and *Ocsober™* materials were structured around an overarching narrative of a 'hero's journey,' a narrative from which both aims can be achieved. This narrative implies that participants embark on their journey in support of a cause, the fundraiser, but also that they will gain insight and be transformed by their experience (Campbell, 1949/2008; Vogler, 1998/2007), and thus promotes longer-term changes in

behaviour. The use of a narrative structure likely to be familiar to participants helps to establish clear expectations about what participation involves, even if participants do not read all campaign materials. Narratives have been found to be a useful tool for promoting health behaviour change, which Hinyard and Kreuter (2007) argued is because stories are the basic mode of human interaction: we use stories to exchange information and to learn how to make sense of our lives. Compelling narratives prompt engagement in a storyline, which can lead to reduced counter-arguing and increased openness to persuasive health messages contained in the narrative (Hinyard & Kreuter, 2007).

However, the extent to which a narrative is compelling is influenced by factors including its quality (e.g. its coherence and clarity; Streit Olness, Ulatowska, Carpenter, Williams-Hubbard, & Dykes, 2005) and the relatability of its characters (Hinyard & Kreuter, 2007)—factors on which *Dry July™* and *Ocsober™* arguably differed, with *Dry July™* offering much more consistent and appealing positions to participants and donors. *Dry July™* campaign materials consistently positioned participants as ‘heroes’ and their donors as ‘allies.’ The position of ‘hero’ makes no judgement on participants’ drinking behaviour, instead suggesting that they are engaging in a selfless, altruistic act, which is appealing both to sign up (extract 1) and donate to (extract 6), and the position of ‘ally’ similarly conveys positive characteristics such as mateship and altruism (extract 6). In contrast, the positions offered to *Ocsober™* participants are varied and inconsistent: morally obligated to take part as an alcohol abuser (extract 2), pursuing health through a detox (extracts 5 & 9), and engaged in an argument or contest with others (extract 7). Some of these are not congruent with the aims of the initiative. For example, positioning participants as alcohol abusers, and thus part of the problem, can help to convey that there is a need for the fundraiser. However, it also conveys negative judgement, and may prompt people to reject the message as not personally relevant, given more than 90% of Australian drinkers consider themselves ‘responsible drinkers’ (Foundation for Alcohol Research and Education,

2015). Positioning participants as in pursuit of health is more appealing for participation and may help to target different audiences, but may be problematic for fundraising, as it positions participants as self-interested, rather than altruistic—a challenge also noted by Robert (2013) in relation to fundraising campaigns which promote individualistic motives for engaging in philanthropic endeavours. In addition, in *Ocoober™*, donors are positioned as morally irresponsible antagonists (extract 7), which is similarly unlikely to prompt engagement. Finally, positioning participants as attaining health through a detox, rather than attaining healthy habits, does not prompt participants to consider longer-term changes to their behaviour.

These findings may have relevance to other peer-to-peer fundraising events, particularly those with a similar dual focus on both fundraising and behavioural or cultural change. For example, *Movember™* is a popular global event in which men grow moustaches for the month of November, with the dual aims of raising money and initiating conversations about men's health (Jacobson & Mascaro, 2016). Analyses of Twitter use during *Movember™* campaigns has highlighted that these dual aims are perhaps not being met; although the event successfully raises considerable money, only a very small proportion of tweets include health content (Bravo & Hoffman-Goetz, 2016a), and there is little sign of true conversation (Jacobson & Mascaro, 2016). Bravo and Hoffman-Goetz (2016b) linked this lack of health content to its absence in the materials provided by *Movember™* for their participants, as many participant tweets were simply repetitions of this material. This underscores the importance of considering how campaign materials work to reinforce both aims of such campaigns. Our findings demonstrate that it is possible to reconcile these aims if careful attention is paid to positioning.

Overall, our findings emphasise the need to attend to how temporary abstinence campaigns position participants, and what implications these positions hold for promoting

behaviour change. Such consideration may be useful for designers of these initiatives, as well as other similar events. Positioning theory has been found to provide a useful framework for designing public relations communications campaigns (James, 2012), and might similarly prove fruitful for these health promotion/fundraising initiatives. It may also assist policy makers in deciding whether to support such initiatives, in conjunction with more direct evidence of behavioural outcomes from participation (e.g. the evaluation of *Dry January*[®] by de Visser et al. (2016)). The difference in positions offered by the two initiatives considered here also suggests a need for some caution in assuming that the findings of such evaluations are transferable between initiatives. To date, research has suggested that participation in temporary abstinence initiatives can prompt greater reflexivity about drinking and support people to make changes to their alcohol consumption (Cherrier & Gurrieri, 2014; de Visser et al., 2016; Fry, 2011; Hillgrove & Thomson, 2012). By ensuring campaign materials position participants in ways which align with these outcomes, the effectiveness of these campaigns as health promotion tools may be strengthened.

Chapter 8 General discussion and conclusion

8.1 Chapter overview

In this chapter I present a general discussion of the research presented in this thesis. First, I provide an overview of the key findings from each analytic chapter, highlighting connections between the chapters and clarifying the contributions these findings make to the literature. Next, I address some of the limitations of this work. Finally, I discuss the implications of these findings for theory and practice, as well as directions for future research.

8.2 Overview of findings and contributions

The overarching question this thesis sought to address was how Australians who stop or reduce their alcohol consumption negotiate the social consequences of this behaviour change. I explored this question through three studies and four analytic chapters, the key findings of which I outline below.

In Chapter 4, I presented a thematic analysis of interviews with Australians aged 25 years or older regarding their social experiences when stopping or significantly reducing their alcohol consumption (Study 1). The analysis suggested that, through their non-consumption, participants risked violating strong social norms and expectations regarding the consumption of alcohol at many social occasions. Participants could find themselves stigmatised for diverging from these norms, negatively impacting on their social interactions and leaving them feeling uncomfortable, hurt, or disconnected from the meanings or emotions they used to get from such social occasions. Thus, participants attempted to manage social occasions by avoiding challenging these drinking norms, either by working to fit in with drinking situations, or else to change their social interactions so that they avoided triggering normative expectations around drinking.

Participants were able to fit in with drinking situations by minimising the extent to which they challenged group norms which regarded drinking as a normal part of many social occasions. This challenge to norms was minimised by participants either masking their lack of alcohol consumption, or providing a socially acceptable excuse for their non-consumption, such as a need to drive, a prior commitment, a health condition, or participation in a temporary abstinence fundraiser. Previous research with non-drinkers has identified that some reasons for not drinking seem to be more socially acceptable than others within certain cultures and contexts (e.g. Conroy & de Visser, 2014; Romo, 2012; Romo et al., 2014). This study makes a unique contribution to this literature by identifying that reasons deemed to be acceptable, at least in the context of participants in this study, appear to be those that present the refusal as due to a constraint on one's freedom to comply with drinking norms, rather than a judgement about the value of those norms. Thus, these explanations work to maintain, rather than threaten, group norms, and so reinforce, rather than threaten, a person's membership within that group.

Although these approaches to 'fit in' were effective in the short-term, in the longer-term, and particularly with close friends, participants preferred to try to change the way they socialised. Masking non-drinking or making excuses provided only a temporary reprieve, needing to be carried out anew on each social occasion, and thus testing participants' self-control. In addition, while these approaches comply with drinking norms, friendship groups often also typically hold norms regarding honesty and openness, which such actions risk violating. As an alternative, participants sought to replace drinking occasions with other social occasions with which alcohol had little normative association, such as going for a walk, or sharing breakfast. Thus, rather than fitting in with drinking norms, participants were able to avoid triggering such norms in the first place. However, this approach required the willingness of participants' significant others to accommodate changes in socialising. Participants therefore identified significant others who were

supportive of these changes as an important resource in maintaining their reduction or cessation of alcohol consumption.

The major contribution Chapter 4 makes to the literature on non-drinkers is to demonstrate that adults of a wide range of ages need to actively manage social occasions to avoid stigma if they stop or reduce their drinking: this is not just the experience of young adults or long-term non-drinkers, as the research reviewed in Chapter 2 showed. The chapter also makes a useful distinction between temporary, situationally-specific approaches to manage social occasions, and more ongoing approaches involving changes to social interactions. Only the former types of approaches can be carried out by individuals alone, as the latter require more negotiation with one's social group. However it is these ongoing approaches that are likely to be most important for maintaining behaviour change. Therefore, in the next chapter, I looked more closely at how participants negotiated these changes.

Chapter 5, based on the same Study 1 interview data as Chapter 4, focused on how people who stop or reduce their alcohol consumption incorporate this behaviour change into their interpersonal rituals. For this analysis, interpersonal rituals were considered to be repeated interactions between members of a social group (e.g. between family, friends, or romantic partners), where the behaviours that form part of the interaction take on symbolic meaning (Schuck & Bucy, 1997). The focus on interpersonal rituals builds from Chapter 4's focus on the violation of norms around alcohol consumption: participation in rituals works to reinforce a group's norms and values, signalling commitment to a group (Pearson et al., 2010). Non-participation can thus lead to a weakening of ties to a group. However, rituals can also be flexible, and may be adapted to support behaviour change (Segal, 2004). Thus, in Chapter 5 I was interested in exploring whether and how people who stopped or reduced their drinking were able to harness this flexibility to incorporate their

changed consumption patterns into their social rituals, so that they could avoid jeopardising their social group memberships.

From participants' accounts, I identified four approaches to adapting drinking rituals to accommodate changes in drinking, varying in the extent to which they reflected a low or high change in the behaviours engaged in and/or the meaning attached to these ritual behaviours. The first approach, reflecting a low change in both behaviour and meaning, was to use non-alcoholic drinks in place of alcohol (e.g. using a glass of juice to participate in a toast). This approach was often readily accepted by social companions as it involved little change to the ritual, but was less effective where the alcoholic nature of the drink formed a central part of the ritual. Note this approach is different to the concept of masking non-drinking discussed in Chapter 4—here, participants' social companions were typically aware of the non-alcoholic content of the drink, but accepted that it nonetheless held similar symbolic meaning.

The second approach involved replacing drinking occasions with other social activities, the prototypical example of a change in social interactions identified in Chapter 4. This approach was effective where the alternative activities still fulfilled a similar meaning to drinking rituals. Conversely, the third approach involved changing the meaning of drinking rituals. This approach reflected only a limited change in behaviour (participants using this approach still consumed alcoholic drinks, albeit to a lesser extent); instead, participants attempted to shift the meaning alcohol held within their social rituals so that it was more supportive of reduced consumption. With both approaches, participants did not always hold sufficient status within a particular social group to influence the activities or meanings held by that group.

The fourth approach, replacing drinking with activities that achieve different goals, reflected a high change in behaviour and meaning, and was typically pursued alone; in

effect, this approach involved abandoning the interpersonal ritual. Participants employing this approach acknowledged it could weaken their ties to a social group, but nonetheless saw it as valuable, as it supported them to pursue a more highly valued goal (e.g. earning a university degree).

Overall, the analysis I presented in Chapter 5 showed that incorporating changes in alcohol consumption into social rituals was possible for participants, particularly where these changes had little impact on the meaning and/or behaviours attached to that ritual, or where participants perceived they had sufficient status within the group to influence its activities. Previous research has explored the symbolic meanings alcohol holds in people's social rituals (e.g. Cherrier & Gurrieri, 2013; Emslie et al., 2013; Nesvåg & Duckert, 2017). However, to my knowledge, this was the first study to illustrate that people can change these rituals, at least under some conditions. This finding in itself is important, as it means that stopping or reducing alcohol consumption does not necessarily mean sacrificing one's social for one's physical well-being. In particular, this chapter highlights the importance of considering the meaning alcohol holds in one's social group, and how else that meaning might be achieved. However, this chapter (and the one preceding) was entirely from the perspective of the social group member who was seeking to change their behaviour. In Chapter 6, I turned to the perspective of other social group members.

Chapter 6 presented an analysis of the data collected for Study 2, which comprised interviews with Australian adults who had a partner, friend, or family member (significant other) who had recently stopped or significantly reduced their drinking. The analysis focused on how these people accounted for providing support to a significant other who changed their drinking. Three types of accounts were identified: deontological accounts, referring to duty or obligation; consequentialist accounts, in which costs of providing support were minimised or balanced; and relational accounts, which attended to the

importance of maintaining relationships and shared experiences. Drawing on positioning theory (van Langenhove & Harré, 1999) as a lens, I showed how each type of account positions the supporter and recipient of support in distinct ways.

Deontological accounts justified support as a moral obligation, suggesting that people had a duty to respect (and not undermine) others' choices, and to assist those whose autonomy has been constrained (e.g. through addiction). These accounts portrayed support as one-directional, flowing from the supporter to the recipient, and concerned only with addressing the latter's needs. Thus, these accounts portrayed the supporter and recipient asymmetrically, which could have negative implications for relationships. These accounts risked positioning recipients as being in need of help, in some cases presuming that anyone receiving support from significant others to stop drinking must have an alcohol problem, which is a highly stigmatised position. Such a presumption may serve to reinforce the stigma attached to stopping drinking identified in Chapter 4 (as well as other research with non-drinkers reviewed in Chapter 2).

In contrast, consequentialist accounts justified support with reference to the impact on the supporter, as well as the receiver, with the appropriateness of support depending on the consequences of that support. Under these type of accounts, participants justified support by emphasising positive or minimising negative impacts for themselves, or by balancing impacts between themselves and their significant other through reciprocity and mutual accommodation. These accounts thus positioned participant and significant other more symmetrically. The concept of mutual accommodation and minimisation of impacts resonates with the findings from Chapter 5 that people were more easily able to incorporate their changes in alcohol consumption within their social rituals where changes had little impact on the ritual, or still attended to the important meanings the ritual held for members of the social group.

Finally, in relational accounts, supportive actions were understood as those which work to maintain relationships and ensure the continuation of shared experiences. These accounts positioned the participant and significant other not just symmetrically, but as part of a partnership or social group. These accounts emphasise that the importance of maintaining shared social identities and experiences meant it could be necessary to make changes to social occasions to ensure that someone who was not drinking still felt included. This is consistent with the findings in Chapter 4 that longer-term approaches to managing social occasions required adapting social interactions to accommodate non-drinking, so that participants were able to continue to maintain their social relationships.

Overall, Chapter 6 makes a major contribution to the literature regarding non-drinking as the first study (to my knowledge) to present the perspectives of significant others regarding non-drinking. Previous research (e.g. Conroy & de Visser, 2014; Piacentini & Banister, 2009; as well as Chapter 4 of this thesis) has identified friends and family who show respect for non-drinking as an important source of support in managing social occasions. In Chapter 6, I extended this research by providing some insight into how significant others justify providing (or not providing) such support, which may help to identify the conditions under which such support is available. In Chapter 7, I turned to a second source of support identified in Chapter 4, namely temporary alcohol abstinence campaigns.

Chapter 7 presented an analysis of materials from two Australian temporary abstinence campaigns, *Dry July™* and *Ocsober™*. The analysis focused on how these materials portrayed the experience of abstaining from alcohol, including whether and how this portrayal reconciled the fundraising and health promotions aims of the campaigns. This reconciliation was important as it seemed likely that it is the fundraising element of these campaigns that makes them a socially acceptable reason for abstaining from alcohol, as

identified in Chapter 4; yet if these campaigns are to be useful tools for supporting people to reduce their alcohol consumption, they also need to portray ongoing reductions in consumption in a positive light. The analysis showed that the campaigns could reconcile these aims by positioning participants as heroes on a journey: following the classic hero's journey narrative (Campbell, 1949/2008; Vogler, 1998/2007), participants took on the role of the hero, entering the special world of abstinence in order to raise funds for their charity. On this journey, they had to overcome temptations to drink, drawing on the support of their allies, or friends, to assist them with this by making donations. At the end of the month, they returned to the ordinary world with their donations to aid the charity, thus 'saving the world,' but also ideally returned personally transformed by the experience, thus supporting both fundraising and longer-term transformation.

In addition to this overall finding, the analysis also reinforced some of the conclusions from previous chapters. For example, recruitment materials emphasised the worthiness of the cause for which participants would fundraise, consistent with my argument in Chapter 4 that it is the altruistic nature of these campaigns that helps to render them socially acceptable reasons to abstain from alcohol. However, *Ocsober™* recruitment materials also linked participation with alcohol abuse, potentially reinforcing the assumption also seen in some deontological accounts in Chapter 6 that those who stop drinking must have a problem with alcohol, contributing to the stigma associated with non-drinking. Advice offered to participants to prepare for their month of abstinence oriented toward the social challenges of non-drinking; the offer of a 'leave pass' to *Ocsober™* participants acknowledges the strong normative expectations that people will drink at certain events, as identified in Chapter 4, while the 'tips' proposed by *Dry July™* resembled the strategies identified in Chapters 4 and 5: find a replacement drink, given an acceptable excuse, and plan alternative activities. Template e-mails provided to help participants call on support from friends drew on similar principles to those identified in Chapter 6: the *Dry July™* e-mail

drew on relational and consequentialist principles, positioning the recipient as a “mate” and minimising the impact providing support would have on the recipient; while the more problematic *Ocsober*™ e-mail drew on deontological principles, arguing that it is more morally responsible to spend your money “helping Aussie kids” than “at the bar.”

Despite acknowledging the social challenges of abstaining from alcohol and referring to longer term transformations, neither campaign referred to a transformation of shared social interactions or rituals. Instead, they focussed on individualistic transformations. Yet, it is transformation of these shared activities, rather than personal habits, which was identified as critical to managing the social challenges of stopping or reducing alcohol consumption in the previous chapters. As these campaigns stand, they appear to be a useful support for people in managing the short-term social challenges associated with stopping or reducing alcohol consumption. As well as encouraging longer term changes, future iterations of the campaigns might also advise people on how to negotiate these changes with their social groups.

I entitled this thesis ‘Negotiating the social consequences of stopping or reducing drinking’ because I wanted to emphasise that these consequences can be—and must be—negotiated with one’s social companions. People who stop or reduce their drinking are not doomed to be socially ostracized, despite strong norms around social drinking in countries like Australia. Individualistic strategies such as passing as a drinker, making excuses, or signing up to a temporary abstinence campaign can help an individual to manage social situations as a non- or lighter drinker in the short-term. However, my findings suggest that longer term maintenance of this drinking status will require it to be incorporated within social rituals, requiring some negotiation within relationships and social groups. In particular, this research suggests there is a need to recognise the positive meanings alcohol may hold for a social group, and find ways to still achieve those meanings while reducing

alcohol consumption. Attending to these meanings should thus reduce the impact on other members of the social group, and help to ensure they continue to share a social identity.

Ultimately, these findings are not surprising: alcohol consumption is typically a social behaviour, and thus changing this behaviour requires paying attention to its social context. Health behaviour interventions, however, have not historically been very effective at doing this (Holman et al., 2017). It is my hope that this thesis may provide some direction as to how we might do better, as I discuss in the section on implications below. First though, I will discuss some limitations of this thesis.

8.3 Limitations

I have acknowledged limitations regarding individual studies in the corresponding chapters. In this section, I want to discuss two overarching limitations of the thesis. The first of these is the lack of observational data informing this research; the second emerges from the pragmatist orientation I have taken to the project.

The insights gained in this thesis come primarily from participants' verbal, post-hoc reflections on their experiences, as well as documentary analysis, rather than observations of how people have negotiated social occasions in practice following their change in alcohol consumption. This is a limitation as such methods capture only what people notice, reflect upon, and choose to articulate in a research interview, and may have missed ways people negotiated social occasions of which they were not consciously aware, or able and willing to verbalise. A large portion of behaviour is thought to be driven by automatic, rather than conscious, processes (Borland, 2017). It is only behaviours which involve conscious processes that people can consciously reflect upon and thus recount in an interview situation (note this is a limitation of all methods relying on self-report, not just interview or qualitative methods). However, the initial stages of behaviour change are theorised to

more heavily involve conscious processes (Borland, 2017); as I was interviewing people who had recent experiences with making a change, they thus may have been more reflective about these experiences than longer-term non-drinkers, for whom such behaviour has become more automatic. Thus, despite limitations, interviews do have some validity as a method for obtaining insight into people's experiences of behaviour change.

Ideally, I would have liked to observe people in natural drinking situations, but I struggled to envisage a practical and ethical way to do this. I could not see a way in which I could get informed consent from those involved without impacting on how the occasions would have unfolded naturally, as well as capturing sufficient exchanges of interest, given not every social occasion would capture the full range of experiences described by participants in interviews. Interviews were thus a more efficient, albeit limited, way to access these experiences. I attempted to somewhat address these limitations through triangulation, drawing on three different data sources to gain insight into the social experiences of people who stop or significantly reduce their drinking (interviews with participants and their significant others, as well as campaign materials). According to Liamputtong (2013), triangulation can help to establish the credibility and dependability of qualitative research, where credibility reflects the 'fit' between what participants say and the researcher's representation of their viewpoint (akin to internal validity), and dependability reflects whether the researcher's interpretation 'fits' the data from which it was derived (akin to reliability). The concordance between the findings across the three data sources, as described in the previous section, thus provides reassurance about the credibility and dependability of these findings.

It is possible that future researchers may find imaginative approaches to obtain observational data, and this would be a useful future line of enquiry. There may be some value in employing ecological momentary assessment techniques, an approach where

people take a device (or their mobile phone) along to social occasions and respond to prompts from the device regarding their behaviour and experiences at the moment of the prompt (e.g. Piasecki et al., 2014). Borland (2017) argues that that people's experience of feelings, needs, and urges serves as their automatic system's signals to their conscious systems; thus, it is possible to gain some access to these by asking people to reflect on their experiences in the moment. However, such a method arguably might have some impact on the social occasion itself, or at the very least the participant's experience of it, given they are being prompted reflect on what otherwise would have been automatic behaviours. Another approach might be to examine naturally-occurring media depictions or fictional representations of how non-drinkers negotiate social occasions. Although these depictions still do not capture naturally-occurring *behaviours*, media representations have been argued to both reproduce and create meanings which can influence people's attitudes and mediate their lived experiences, so may nonetheless provide useful insight (Lyons, 2000).

The second potential limitation I want to acknowledge stems from the pragmatist paradigm under which this thesis is situated. Research conducted under this paradigm is oriented toward *solving* practical problems (Feilzer, 2010). My use of this paradigm may thus have prompted me to emphasise ways in which people succeeded in negotiating the social challenges of stopping or reducing their alcohol consumption, more so than exploring what contributed to this challenge. To address this concern, I have attempted throughout my analyses to attend to accounts of where people struggled to manage social occasions, as well as accounts of where people succeeded. This attention has enabled me to further illustrate the mechanisms I argue may assist people in negotiating social occasions; for example, in Chapter 5, it was by considering when people were not able to influence the activities of their social groups that helped to identify the potentially important role of status within a group. Nonetheless, I acknowledge that someone conducting similar research under a different paradigm may have emphasised different aspects of

participants' accounts in their analyses. Ultimately, under a pragmatist paradigm, the value of research is determined by whether it produces useful knowledge (Cornish & Gillespie, 2009; Rorty, 1999). In the next section, I discuss how the findings of this thesis may usefully inform theory and practice regarding changing health behaviours such as alcohol consumption.

8.4 Implications and directions for future research and practice

8.4.1 Addressing social context in behaviour change theories and interventions

As noted previously in this thesis, health behaviour interventions have historically paid only limited attention to the social context in which behaviours are enacted, with references to social context in health behaviour interventions decreasing over time; this likely reflects that many of these interventions have been based on individualistic psychological or behavioural economic theories regarding behaviour change (Holman et al., 2017). These theories often either ignore the influence of social context in favour of individual cognitions, or conceptualise its influence in impoverished ways. For example, the components of the health belief model (Rosenstock, Strecher, & Becker, 1988) make no explicit reference to social context, although it can be implicitly understood as a potential barrier or facilitator of action. In the theory of planned behaviour (Ajzen, 1991), the social context is acknowledged as influencing behaviour via normative beliefs, typically conceptualised as beliefs about what 'most people' do (descriptive norm) or think one should do (subjective/injunctive norms). Under both these theories, the social context is thus conceptualised as an external force that acts on an individual, constraining their actions (for example, through social (dis)approval, peer pressure, and conformity (Reynolds, Subašić, & Tindall, 2015)). This conceptualisation is not dissimilar to more contextual or structural theories which focus on the 'wider determinants' of health and behaviour; these

approaches also tend to conceptualise social structures as “straightforwardly limiting, restricting, or simply determining the health choices or behaviours of individuals” (Blue, Shove, Carmona, & Kelly, 2016, p. 37).

In contrast, in this thesis, I have demonstrated how people are both influenced by *and* able to influence their social environment when changing a behaviour such as alcohol consumption. This suggests we need a theory of behaviour change which better captures the dynamic, reciprocal interaction between an individual and their environment. Theories which purport to describe this interaction do exist. For example, social cognitive theory, as it was originally described by Bandura (Bandura, 1986), emphasised the dynamic and reciprocal influence between individual cognitions, behaviour, and environment (both social and physical). However, in practice, the theory has been increasingly operationalised in ways which downplay the social elements, and construe the environment as an external force, providing opportunities and reinforcements to an individual (Holman et al., 2017; Simons-Morton, McLeroy, & Wendel, 2012). Alternatively, social practice theory has attempted to address limitations of both individualistic and structural explanations of behaviours by shifting the focus from individual behaviours to social practices, comprising meanings, materials, and competences, which are reproduced and transformed over time by the people who enact them (Blue et al., 2016). This theory nominally explains both how the wider environment constrains practices (people must have access to the meanings, materials, and competences necessary to enact them), and allows for individual agency; in practice, explanations of the uptake or disintegration of practices tend to emphasise changes in the wider environment (for example, a person might move to a new area with different practices (Maller, 2015)), and researchers have encountered challenges in operationalising practice theory in empirical research, finding it provides limited room for individual choice and fails to explicitly conceptualise social interaction (Halkier & Jensen, 2011).

Perhaps, to capture the more reciprocal interaction between an individual and their social environment, what is needed is a shift in focus from the social environment defined broadly, to the social environment as it is enacted in specific social groups, where the influence an individual may have is more easily observed and understood. In making this suggestion, I echo an argument also increasingly being made by other researchers and practitioners. For example, in the field of alcohol-related health promotion, the Victorian Health Promotion Foundation has argued that rather than trying to change the 'drinking culture' at a national level, it may be more productive to focus on modifying the specific and nuanced ways these cultures are enacted within particular sub-groups and settings (VicHealth, Centre for Alcohol Policy Research, & Alcohol and Drug Foundation, 2016). Reynolds et al. (2015) have called for taking a social identity, or in-group, approach to understanding interactions between behaviour and social context. A social identity approach conceptualises norms as part of an individually-held social identity, rather than as external forces acting on an individual. Using this approach, rather than understanding individuals as simply constrained in their behaviours by social norms, individuals may also change their behaviours either by transforming their social identities to ones which carry different norms, or by modifying the norms and rituals of their social group. Reynolds et al. (2015) have called for more research into the contribution such a social identities approach can make to understanding shifts in norms and behaviours at the level of the in-group, as well as for researchers to work with practitioners to seek to implement such an approach within behaviour change interventions. This thesis makes a contribution to the former call: Chapter 5 shows how behaviour change can be understood through the lens of interpersonal, or in-group, rituals, with participants either seeking to modify these rituals or underpinning meanings to incorporate their behaviour change within these rituals, or else emphasising alternative, more highly valued identities. Similarly, the relational accounts described in Chapter 6 show how people are willing to modify social practices to reinforce

shared social identities. I echo the latter call, arguing that a valuable future direction for research and practice is to consider whether and how social identity theories might usefully inform behaviour change interventions.

8.4.2 Maintenance of behaviour change

Behaviour change interventions are regularly shown to be effective in initiating changes in behaviour; however, the evidence supporting their effectiveness in achieving sustained changes in behaviour is considerably weaker, with high rates of relapse seen in interventions targeting outcomes such as weight loss, smoking cessation, and alcohol consumption reduction (Kwasnicka, Dombrowski, White, & Sniehotta, 2016). Popular behaviour change theories such as the theory of planned behaviour and social cognitive theory posit that the repeated successful performance of a behaviour should make future performance of that behaviour more likely, and thus struggle to explain such relapses (Rothman, 2000). The trans-theoretical model of behaviour change similarly offers little explanation of relapse, despite specifying a distinct maintenance phase, as the same array of cognitive and behavioural approaches are argued to apply (Rothman, 2000). Thus, to explain such relapses, researchers have argued that the processes that govern the initial performance and longer-term maintenance of a behaviour may differ, necessitating further theorising and research regarding behaviour change maintenance (Greaves, Poltawski, Garside, & Briscoe, 2017; Murray et al., 2017; Rothman, 2000).

To date, no consensus has emerged on a theory of behaviour change maintenance, with different theories offering somewhat contradictory arguments regarding the importance of different processes, particularly the extent to which maintenance is facilitated through ongoing self-regulation (or conscious direction of behaviour to overcome barriers), or through developing habits or automaticity around a behaviour (Kwasnicka et al., 2016). Based on a systematic review of theories of behaviour change

maintenance, Kwasnicka et al. (2016) argued that both factors play a role: in the early stages of maintaining a behaviour change, increased self-regulatory effort is required as initial motivation decreases in the face of less-than-optimal conditions. However, the ongoing use of cognitive self-regulatory resources can lead to ego-depletion, leading to a decreased ability to regulate behaviour. Thus, the development of habits or automaticity helps to support the ongoing maintenance of a behaviour without such regulation. Such automaticity is hindered by an unsupportive physical or social environment, and can be facilitated by modifying the environment to support or cue the desired behaviour.

The findings of this thesis reinforce the distinction between behaviour change initiation and maintenance, and are broadly consistent with Kwasnicka et al.'s (2016) synthesised theory. In particular, Chapter 4 makes the distinction between shorter-term approaches to managing social occasions, which rely on ongoing self-regulation to sustain changes in alcohol consumption in an unsupportive environment, and longer-term approaches involving modification of the social environment to support changes. However, this thesis was not designed to investigate the processes underlying behaviour change maintenance, as it focused primarily on the role of the social context; thus, the findings do not provide a test of the theory, but reinforce the value of further research on this topic. Nonetheless, the findings do suggest it is valuable for health behaviour interventions to consider not just how to motivate an initial change in behaviour, but how to sustain changes in behaviour by facilitating both self-regulation and the re-shaping of the environment to support the automatic performance of behaviours.

8.4.3 Future directions for alcohol-focused behaviour change interventions

In addition to these broader implications for behaviour change theory and practice, my findings suggest several ideas that could be tested in future research into alcohol-focused

behaviour change interventions. These ideas might be possible to implement within existing behaviour change intervention formats, such as temporary alcohol abstinence campaigns or brief interventions (e.g. Nilsen, 2010), or might be incorporated into new interventions with an explicit focus on the social settings for alcohol consumption.

First, in the short-term, interventions may be able to support people to trial a change in their alcohol consumption, without having to negotiate the social consequences of this change, by helping them to plan how they can fit in to social occasions, either by passing as drinkers or else by providing socially-acceptable excuses (Chapter 4). This support might be provided explicitly, or else implicitly by encouraging participation in a short-term alcohol abstinence campaign, as such campaigns in themselves serve as an acceptable excuse. In this latter case, it will be important to ensure that the campaign portrays participation in a manner consistent with longer-term changes in behaviour. Positioning theory may provide a tool which can assist in developing campaign materials which achieve this aim (Chapter 7).

Second, to help maintain changes in alcohol consumption, and ensure that these are not at the expense of people's social well-being, interventions should support people to incorporate their change within their social rituals. This might be facilitated by encouraging people to consider the role and the meaning alcohol carries within their social rituals, and how else these might be achieved (Chapter 5). Given the well-documented positive social meanings attached to alcohol consumption (e.g. Emslie et al., 2013; Murphy et al., 2017; Szmigin et al., 2008), it has been argued that health policy and promotion relating to alcohol consumption must acknowledge these meanings, or risk being deemed irrelevant (Cohn, 2016). However, Abraham, Southby, Quandte, Krahé, and Sluijs (2007) point out that simply acknowledging the benefits of drinking without challenging these is likely to undermine motivation to change drinking. This suggests that, for behaviour change

interventions to be effective, there is a need to go beyond acknowledging the positive meanings attached to alcohol consumption, to also identify alternative ways to achieve these same meanings.

Third, to further contribute to a supportive environment for maintaining changes in alcohol consumption, interventions should seek to enlist the support of significant others for this change. Enlisting this support may be facilitated by attending to the principles people draw on to account for providing such support in Chapter 6. In particular, it may be helpful to avoid invoking notions of duty, and instead emphasise shared experiences, social identities, and mutual benefits. Social support could be targeted directly, by designing interventions aimed at social groups rather than individuals (as is being increasingly trialled in weight loss interventions, e.g. Hunt et al., 2014; Sorkin et al., 2014). Alternatively, social support could be targeted indirectly, by training individuals in skills for seeking social support (Cohen, 2004).

Overall, in testing the effectiveness of incorporating these suggestions into interventions, and in evaluating interventions more broadly, it will be important to consider the interventions' impacts on participants' social and psychological, as well as physical, well-being. As this thesis has demonstrated, reductions in alcohol consumption may benefit physical health, but carry social implications, which may also impact on well-being. Using alcohol consumption alone as an outcome measure is therefore insufficient; to capture the full impacts of an intervention, considering a broader conceptualisation of well-being will also be necessary.

Finally, a caveat: I have focused this discussion on implications for behaviour change interventions for reducing alcohol consumption, as this is the topic I set out to address in this thesis. However, behaviour change approaches are just one of a suite of public health approaches to reducing alcohol consumption (Room et al., 2005), and my focus should not

be read as an argument that this is the only, or best, approach to take. Indeed, the approach is unlikely to be effective for all people and social groups. For example, as discussed in Chapter 5, where alcohol, and particularly intoxication, plays a key or central role in a group's rituals, it may be difficult to incorporate non-drinking within this ritual. Thus, there is also a need for broader structural changes to the role of alcohol in our society, which may be facilitated through regulatory approaches targeting, for example, price and availability. Regulatory and behaviour change approaches can be complementary and mutually reinforcing tools for reducing alcohol consumption. For example, participation in a behaviour change intervention such as a temporary sobriety initiative may prompt people to reflect on the pervasiveness of alcohol promotions in our society, and thus increase support for regulation (Cherrier & Gurrieri, 2014), while increased regulation, such as earlier closing times for public bars, might necessitate a change in a group's social rituals regarding alcohol consumption.

8.5 Concluding remarks

Early in my candidature, my mother introduced me to a friend of hers at a social function, saying "Tell Helen¹ about your research topic, she doesn't drink, she'd be really interested." I mentioned something about looking at how people manage the social side of stopping drinking, and Helen replied, "Oh yeah, it's a huge challenge, pretty much had to get an entirely new group of friends." I was struck by what, to me at least, seemed the total injustice of this: that in doing something that we're all told would be good for our health, she had had to abandon her social relationships. I was also concerned about the impact the loss of these social relationships might in turn have on someone's health (not necessarily for Helen, who from my brief encounter at least seemed to have found that entirely new group of friends, but for those who might have more difficulty replacing their lost social

¹ Not her real name

networks). This conversation crystallized in me what had already been a growing sense that as health researchers and promoters, we have an obligation not just to inform people about the health risks of alcohol, but also to enable people to take action to reduce these risks without jettisoning other aspects of their well-being.

Through this thesis I have tried to gain some insight into how we might address this obligation, by learning from the experiences of people who successfully, and less successfully, manage to maintain both their change in alcohol consumption and their existing social relationships. My findings indicated that in the short-term, people could achieve these joint aims by working to fit within normative expectations about alcohol consumption, downplaying their non-drinking or presenting it as something socially acceptable, for example, linked to a fundraiser like *Dry July*[™]. However, in the longer term, people who continued to abstain or drink at low levels needed the support of their significant others to adapt the way they socialised to accommodate this change. This support appeared to be more forthcoming where the adaptations or replacements still carried the same social meanings as those previously conveyed by alcohol, and enabled people to continue to share experiences together. By identifying how people negotiate the social consequences of stopping or reducing drinking, my hope is that this thesis makes some contribution to understanding how we can support people to turn down a drink—without having to turn down their social life.

Appendix A – Interview guide for Study 1

Drinking patterns

While arranging this interview, you indicated that you've recently stopped/cut back your alcohol consumption. Could you tell me a bit about how you used to drink alcohol?

Probing questions: Who did you drink with? When did you drink (including regular and special occasions)? Where did you drink?

How has that changed now?

Probing questions: Do you still spend time in the places where you used to drink/drink more? With the people? Have some social situations been easier to manage than others?

Making the change

How did you come to the point where you decided to change your alcohol consumption?

How did you go about changing your drinking patterns?

Probing questions: So how did that work out for you? Was there a clear turning point? Did you do anything to mark the change?

Experiences of becoming a non/lighter drinking

What has the experience of lowering/stopping your alcohol consumption been like for you?

What benefits did you anticipate from making the change? Did you get these benefits?

What challenges did you anticipate? Did you experience these or others?

Was there anything that happened that you didn't expect? Can you tell me more about that?

What reactions have you had from people that you [used to] drink with? What about people who didn't know much about your previous drinking patterns?

Probing questions: Have you been asked why? Have you felt pressured to drink? Have others become defensive about their own drinking? Have others been supportive of you?

What has been the hardest thing about doing this?

Approaches to managing social situations

What approaches do you take to managing social situations which might involve drinking alcohol?

Probing questions: How have you handled drink offers? How have you handled drinking traditions/rituals like toasts or rounds? Some people have mentioned that they conceal or downplay the fact they're not drinking; what do you think about that?

Has the way you've managed your not-drinking in social situations changed over time?

Probing questions: What led you to change them? How did you develop your approaches?

How do your approaches vary depending on the setting? Whether you're with people you know or others?

Support for reducing your alcohol consumption

Could you tell me a little about any support or resources you used that helped you to reduce your alcohol consumption?

Probing questions: Where did this support come from? What did it involve? How did it help?

What sort of support do you think would be helpful for people wanting to reduce their alcohol consumption in the future?

What advice would you give them?

Is there anything else you'd like to say that we haven't covered?

Appendix B – Ethics approval for Study 1



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CRICOS Provider Number 00123M

Applicant: Dr J Elliott
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Project Title: Negotiating the social consequences of stopping or reducing alcohol consumption

**The University of Adelaide Human Research Ethics Committee
Low Risk Human Research Ethics Review Group (Faculty of Health Sciences)**

ETHICS APPROVAL No: H-2015-179 **App. No.:** 0000020783

APPROVED for the period: 05 Aug 2015 to 31 Aug 2018

Subject to minor modification to the participant information sheet and recruitment flyer. It is noted that this project will be conducted by Ashlea Bartram, PhD candidate.

Sabine Schreiber
Secretary, Human Research Ethics Committee
Office of Research Ethics, Compliance and Integrity

Appendix C – Interview guide for Study 2

Patterns of socialising with person who stopped or reduced drinking

While arranging this interview, you indicated that you have a close friend, partner or family member who recently stopped or reduced their alcohol consumption. Could you tell me a bit about how you know this person?

Probing questions: How do you tend to spend time together? What sort of activities do you tend to participate in?

Change in significant others' drinking

What change has this person made to their drinking?

How did you find out that this person had made a change to their drinking?

What were your initial feelings? Thoughts?

What was your initial response?

Now that more time has passed, how do you feel about it?

Changes to social occasions

Has this person's change in alcohol consumption had any impact on:

- How you spend time together?

Probing questions: Do you still spend time in the same places, on the same activities, with the same people? Do these activities feel the same?

- The role of alcohol in how you spend time together?

Probing questions: On what sort of occasions would you drink/not drink? Has this changed? Are there times where you will have an alcoholic drink and this person will not? How does that work for you?

- Your own alcohol consumption?

Probing questions: When with the person? When with other people?

Is there anything you feel has changed for you since this person made a change to their drinking?

Probing questions: Is there anything you feel you have lost? Is there anything you feel you have gained?

Was there anything that happened that you didn't expect? Can you tell me more about that?

Supporting others to reduce their alcohol consumption

If someone else close to you told you they wanted to change their drinking, how do you think you would feel?

How would you respond to them?

Do you think partners, friends or family have a role to play when someone changes their alcohol consumption? What makes you say that? (if yes) What does that role involve? Is there anything that might stop someone from playing that role?

Thinking beyond immediate social circles, what else (if anything) do you think plays a role in supporting or discouraging someone in changing their drinking?

What do you think about public health messages that encourage people to cut back or stop drinking alcohol?

Probing questions: Do you think these are necessary? Effective? What else could be done?

Is there anything else you'd like to say that we haven't covered?

Appendix D – Ethics approval for Study 2



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CRICOS Provider Number 00123M

Applicant: Dr J Elliott

School: School of Public Health

Project Title: The social experience of those whose significant others stop or reduce their alcohol consumption

The University of Adelaide Human Research Ethics Committee
Low Risk Human Research Ethics Review Group (Faculty of Health Sciences)

ETHICS APPROVAL No: H-2016-035 App. No.: 0000021479

APPROVED for the period: 15 Mar 2016 to 31 Mar 2019

It is noted that this study will involve Ms A Bartram, PhD candidate.

Sabine Schreiber
Secretary, Human Research Ethics Committee
Office of Research Ethics, Compliance and Integrity

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