

The sober self, sisterhood, and non-drinking practices: a feminist ethnography of women's recovery culture within online sobriety communities.

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ABSTRACT

The past decade has witnessed the emergence of 'online sobriety communities': peer-to-peer support groups, hosted on Social Networking Sites (SNS), that assist individuals to change their drinking behaviours. These are predominantly founded by women, marketed to women, and attract a predominantly female membership, but have hitherto been largely overlooked by academic research.

This PhD thesis is a pragmatist feminist ethnography that draws on my positionality as an intimate insider researcher to construct a conceptual, emergent, grounded theory that informs understanding of how the recovery culture within online sobriety communities assists women to navigate sobriety. Data informing this is collected through participant interviews, digital and material ethnographic observations, and public content posted on Instagram. Analysis was subsequently conducted using a constructivist grounded theoretical approach.

Findings from this PhD research project identify three key processes through which women 'do' sobriety within the recovery culture of online sobriety communities, being: the embodiment and construction of a 'sober self'; the formation of a 'sober sisterhood'; and, the development of 'non-drinking practices', wherein tensions regarding women's bodies, feminism(s), and recovery capital reside.

This feminist ethnography prioritises women's voices to inform understanding of women's sex- and gender-based experiences of sobriety, and in doing so positions the non-drinking woman as an 'insider' to shared practices of self-formation, feminism, and community. It provides a deep and detailed understanding of online sobriety communities through layers of description and analysis that could be useful for future studies, recovery modalities, government strategies, and women who (want to) use these communities to change their drinking behaviours.

DEDICATION

To Monkey: the unexpected arrival, my constant companion, and love of my life.

'We have all been burned, and still we go back to the fire, to wonder at its intensity, to try to understand its nature, or our own, in being drawn back.'

Lauren Elkin, *Art Monsters: Unruly Bodies in Feminist Art*.

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DECLARATION

I declare that:

- The work presented in this thesis is my own and embodies the results of my research during my period of registration.
- I have read and followed the University's Academic Integrity Policy and that the thesis does not breach copyright or other intellectual property rights of a third party. Where necessary I have gained permission to reproduce copyright materials.
- Any material which has been previously presented and accepted for the award of an academic qualification at this University or elsewhere is clearly identified in the thesis.
- Where work is the product of collaboration the extent of the collaboration has been indicated.

Signature  Date 4.13.23

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INTRODUCTION

I. Research context.

This Doctoral research of women's recovery culture within UK-based online sobriety communities is located within the disciplines of sociology, feminist studies, and alcohol studies. To date, cultural discourses and academic research across these disciplines has primarily focussed on women's *drinking* practices; how alcohol is consumed to facilitate friendship and femininity (Atkinson and Sumnall, 2016; Nicholls, 2019) and to obtain feelings of pleasure, relaxation, and reward (Emslie, Hunt and Lyons, 2015) whilst walking a precarious tightrope of morality and respectability (Lyons and Willott, 2008). This is in response to the substantial rise in women's drinking during the post-war era (Smith and Foxcroft, 2009). During this period, women's drinking became increasingly visible in public spaces which shone a spotlight on their consumption, and the marketing of alcohol became increasingly feminised to appeal to this new consumer group (Atkinson, Kirton and Sumnall, 2012; Atkinson et al., 2021). These features of alco-centric culture pose challenges for women in recovery (Hood, 2003; Nicholls, 2021), and little is known regarding how women 'do' sobriety in the contemporary context, either alone or with others, online or offline.

Emerging research is starting to identify the agency in (predominantly young) people's choices not to drink and the varying motives they have in doing so (Caluzzi, Pennay and MacLean, 2020; Frank et al., 2020; Pavlidis, Ojajarvi and Bennett, 2019). This thesis joins this movement by centring the voices and lived experiences of women to understand their experiences of sobriety. Some of this emerging research locates changing attitudes towards, and practice of, sobriety within the rise of neoliberal trends towards individualism (Caluzzi et al., 2020), including healthism (Caluzzi et al., 2021a) and consumption (Nicholls, 2021). Indeed, this aligns with the 'strategic' approach of the UK government with regards to alcohol consumption which has emphasised individual responsibility (Home Office, 2012). Yet such individualised framings overlook the collective nature of contemporary alcohol refusal.

The site of research itself – online sobriety communities – and the recovery culture therein, was identified firstly from personal experience of, and exposure to, these communities dating back to 2018 when I first become teetotal. They can be situated within the trend towards social models of recovery (Cloud and Granfield, 2001; Witkiewitz et al., 2020) that move away from the disease model (Denzin, 1993; Jellinek, 1960) and utilise Social Networking Sites (SNS)

as a tool to connect individuals who provide peer to peer support – similar to Alcohol Online Support Groups (AOSGS) (Dosani, Harding and Wilson, 2014; Sanger, Bath and Bates, 2019b). The vast majority of these communities position themselves as a pathway to sobriety for those who do not require medical assistance. ‘Sobriety’ in this context is assumed to suggest the recovery journey whereby women have realized alcohol is ‘causing problems in their life and they need to stop drinking’ (Valli, 2022:9) which in turn leads to ‘a life of possibility and hope, connection and meaning, purpose and joy’ (p. 4).

Interested to understand more about this emerging and proliferating recovery modality, I found that they have hitherto been largely overlooked by academia and public health initiatives. There was little evidence regarding how they worked and the experiences of those who used them. I wanted to address this and respond to calls from feminist researchers and practitioners by investigating online sobriety communities and the extent to which they responded to women’s sex- and gender-based needs (Agabio and Sinclair, 2019; Kaskutas, 1994; Staddon, 2015; Tuchman, 2010). In doing so, this thesis reorientates the discussion away from traditional recovery modalities, and traditional ways of conceptualising them, which may inform future public health and research initiatives in this field and assist in the development of more recovery models for women.

II. Choice of terminology.

The language and terminology utilised in this thesis has sought, as much as possible, to reflect what is used within and by the communities that are the focus of this research. This is to ensure that the thesis remains accessible to readers who may be of the researched communities, and that its theoretical abstractions remain grounded in the data.

‘Sober’, ‘non-drinker’, ‘teetotal’, and ‘alcohol-free’ are common terms used by individuals within online sobriety communities who are former drinkers – including the participants of this research. These terms have been utilised relatively interchangeably throughout the thesis. Where appropriate, the language used by research participants to describe their own experiences has been reflected.

It is understood from research articles and the peer review process that the academic community often prefer the use of ‘abstinent’ to describe those who do not drink alcohol, likely because this aligns with clinical use and public policy. However, ‘abstinence’ has not been utilised within this thesis because the term ‘abstinent’ is categorically not used by those who

use online sobriety communities – those with lived experience. Further, some participants even expressed their dislike for it due to its association with the Victorian temperance movements and its connotations of staidness. Such determination suggests that an update is required to the terminology used by academics, clinicians and public policy, which is also contended throughout this thesis, particularly in section 3.2., ‘Selective engagement with recovery narratives’, and the Conclusion. To misrepresent the language or preferences of those in the online sobriety community, in order to ‘speak to’ or appeal to academic peers, would be disrespectful and incongruent with my position as an insider feminist researcher. Therefore, I encourage readers from academic, clinical or policy backgrounds to ‘read across’ the terminology and understand that ‘sober’, ‘non-drinker’, ‘teetotal’, and ‘alcohol-free’ are used to refer to the same concept of complete alcohol refusal.

I have utilised the term ‘problematic’ drinking throughout this thesis to frame forms of alcohol consumption which may be contentious, either for the individual or society. In their literature review, Sobell and Sobell (1993) use the term ‘problem drinking’ to describe people who drink heavily or experience occasional problems from drinking but who do not experience strong physical dependence on alcohol. The former drinking practices of this study’s research participants align with this, as detailed within their individual drinking biographies documented in Appendix 1: ‘Introducing the participants (Part II)’. Using this term also serves to minimise stigma accorded to the individual and to side-step labels such as ‘addict’ or ‘alcoholic’ which were either rejected or not taken up by the majority of participants and those who were observed as part of this study. It was only Tina, who attended AA regularly, who used the label ‘addict’ to describe her own behaviours and those of others. Instead, across the data there were varying examples of former drinking behaviours which were portrayed as being ‘problematic’ by the participants. For example, Nicola describes drinking two bottles of wine at home each night but it was a raucous, destructive house party that convinced her to stop. For Gina, she thought that drinking made her too bolshy when out in the Night Time Economy and led to familiarity with men in these spaces that she was not, ultimately, comfortable with. Stephanie returned from a holiday and found that she could not last a day without consuming alcohol and so sought help from a non-residential treatment centre. The nature and specificities of their relationships with alcohol was nuanced, but more importantly, all of them had chosen to utilize online sobriety communities – to varying extents – to support their sobriety. This research did not investigate, and thus did not ask women about their former drinking behaviours. Instead, I enabled participants to ‘push off from here’ (McKowen, 2023) – from sobriety – so that the study could focus on their lived experiences of sobriety. However, in most instances within the thesis, and within their dialogues, it was helpful for them to provide comparative references to their former experiences. I have used the term ‘problematic’ to

compassionately and respectfully speak to these nuanced and subjective experiences. More is discussed about women's choice of labels in section 3.2., 'Selective engagement with recovery narratives', and the problems associated with a quantitative approach to measuring 'problematic' drinking in section 1.3.3., 'Recovery capital: a social model of recovery'.

III. Research questions.

In light of the context outlined above, this Doctoral research project set out to investigate how recovery culture within contemporary online sobriety communities assists women to navigate sobriety. Three research questions were constructed to guide this investigation:

1. How is a 'new' self-hood of sobriety embodied and constructed by women?;
2. What is the relationship between feminism and sobriety within this recovery culture?;
and,
3. How do online sobriety communities, and the women who use them, 'do' non-drinking practices?

The first research question, 'How is a 'new' self-hood of sobriety embodied and constructed by women?', seeks to understand women's recovery culture within online sobriety communities at the micro-level. This aims to challenge existing cultural discourses and academic research which has typically portrayed deviance or stigma as a central factor in the identity of the non-drinker (Becker, 1963 [1991]; Hill and Leeming, 2014; Scott et al., 2016). More recently, it has been suggested that online sobriety communities are part of a turn towards 'positive sobriety' (Atkinson et al., 2023; Morris, 2022b). This thesis draws on women's lived experiences to understand the depth and nuance of their individual subjectivity in sobriety.

Intrigued by women's higher participation within online sobriety communities (compared to men), and the feminised branding of online sobriety communities, the second research question was developed: 'What is the relationship between feminism and sobriety within this recovery culture?'. Building on historical examples of women's alcohol-refusal (Haenfler 2004; Portwood-Stacer, 2013; Shiman, 1992), this research question investigates women's contemporary recovery culture within a broader macro-level context regarding women's sex- and gender-based experiences in recovery and society, and the extent to which online sobriety communities, and the women who use them, situate their sobriety within feminist discourses.

Building on from the substantial contributions to knowledge regarding women's drinking behaviours during the past two decades (Emslie, Lennox and Ireland, 2017; Measham, 2002; Nicholls, 2019), the last research question, 'How do online sobriety communities, and the women who use them, 'do' non-drinking practices?', investigates how women develop 'non-drinking practices' within the context of an alco-centric culture and histories of former 'problematic' drinking. This explores women's participation within the recovery culture at a meso-level – within and between online sobriety communities, and between the members.

These research questions were constructed with a mission to identify the affordances and limitations of online sobriety communities as a recovery modality, raise awareness of women's everyday experiences of, and needs within, recovery, and draw links between women's sobriety and broader socioeconomic and cultural discourses/practices regarding women's equality.

IV. Thesis structure.

Chapter One, 'A social and cultural exploration of women's alcohol (non-)consumption in the UK', places the subject of this research within the context of socioeconomic and political trends, the landscape of recovery modalities, and academic research regarding women's alcohol (non-)consumption and recovery. This narrative review argues that despite women's increased alcohol consumption and the feminisation of alcohol, alongside the recognition that women have particular needs in recovery, there is little understanding of online sobriety communities and women's participation within them. Consequently, there is a need to understand how women 'do' sobriety, and the role that online sobriety communities play in women's recovery journey.

Chapter Two, 'Methodology', constructs the methodological and theoretical framework of the PhD research project and thesis; it outlines and justifies the decision to conduct an ethnography (Hammersley and Atkinson, 2007; Pink et al., 2016; Reinharz, 1992) from a pragmatist feminist standpoint (Ahmed, 2017; Deegan, 1988; Fonow and Cook, 2005; MacLean, 1910), utilising a constructivist grounded theory approach (Charmaz, 2006 [2014]; Glaser and Strauss, (1967 [2006]) that is facilitated by my positionality as an 'intimate insider' researcher (Taylor, 2011; see also Merton, 1972). Part II of the Methodology chapter discusses the methods used for data collection and analysis, and introduces each segment of the data sample in turn, which consists of:

- Transcripts from 25 semi-structured, immersive interviews with research participants;
- Field notes taken during three periods of digital ethnographic observations within online sobriety community platforms examining 198 posts;
- Ethnographic observational field notes taken during 12 webinars hosted by online sobriety communities;
- Ethnographic observational field notes taken during 17 in-person, 'sober social', events hosted by online sobriety communities;
- Ethnographic observational field notes taken during four shifts worked at Club Soda's pop-up alcohol-free 'off-licence';
- Transcripts from five semi-structured, immersive interviews with staff at Club Soda's alcohol-free 'off-licence';
- 226 public posts shared by 14 sobriety influencers on Instagram; and,
- 147 public posts shared by seven online sobriety communities on Instagram.

Chapter Three, 'Women's embodiment and construction of a 'sober self'', is the first of three chapters that present findings from research, grounded in the data collected during fieldwork. It draws primarily from semi-structured, immersive participant interviews, digital ethnographic observations, and digital content from Instagram to understand women's individual subjectivity of recovery. It is considered how women interdependently engage with recovery narratives, and discourses of self-care, to embody and construct this 'new' self-hood; emphasising agency, self-determination and bodily autonomy. This chapter also considers how SNS is used as a tool to curate a digital representation of this 'sober self', and in doing so offers a critique of the trend towards its commodification.

Chapter Four, 'Forming 'sober sisterhood' among women who use online sobriety communities', utilises illustrative examples from across the data segments to investigate the relationship between feminism and online sobriety communities. This chapter explores the ideological positionalities of women who use online sobriety communities, and the ways in which sobriety is adopted as a practice of 'everyday feminism' (Abrams, 2019:205) and 'lifestyle politics' (Portwood-Stacer, 2013:5). It is argued that online sobriety communities provide a space for sisterhood among women, in which they feel safe and inspired to share their experiences of sobriety, but critiques the limitations of this sisterhood in representing, and meeting the needs of, the diverse and intersectional experiences of women in recovery.

Chapter Five, 'Developing 'non-drinking practices'', primarily draws on in-person ethnographic observations to explore how the 'sober social' affords women the opportunity to reimagine

drinking practices. Further, through the illustrative example of Club Soda's alcohol-free 'off-licence', it is considered how a typically alco-centric space is reworked to support women in recovery. Finally, this chapter examines how women navigate no- and low-alcohol drinks as potential harm reduction tools and relapse triggers when seeking to support their sobriety through 'non-drinking practices'. In doing so, this ethnography critiques the ways in which these 'non-drinking practices' reinforce and entrench the existing social, cultural, and physical capital associated with alcohol, and restrict the ability of some women to participate.

The 'Conclusion', Chapter Six, examines the methodological and theoretical contributions and considerations of this PhD research project, being: the value of insider research; the role of a mixed method digital and material ethnography; and, the development of a pragmatist feminist, constructive grounded theory. It then draws together the main research outcomes from across the three data chapters to synthesise the conceptual grounded theory that the methodological and theoretical framework underpins. Recommendations for future research in alcohol studies and for UK government strategy are subsequently offered, followed by a brief closing summary.

CHAPTER ONE
A SOCIAL AND CULTURAL EXPLORATION OF WOMEN'S ALCOHOL
(NON-)CONSUMPTION IN THE UK.

1.1. Introduction.

Drawing on international (but English language) academic studies and feminist theory, alongside cultural sources and examples from UK government policy, this chapter presents a feminist narrative review of women's alcohol (non-)consumption in the UK. The review provides social and cultural context to this PhD research project's investigation of women's recovery culture within online sobriety communities, and identifies gaps in understanding, regarding how women 'do' sobriety and the role that online sobriety communities play in women's recovery journey, that this thesis endeavours to address.

Prior to conducting this narrative review, as part of my lived experience as an insider to online sobriety communities and in order to construct a research proposal, I had completed background reading of some key texts, including: *Women and Alcohol: Social Perspectives*, edited by Patsy Staddon (2015), *Drink: The Intimate Relationship Between Women and Alcohol* by Ann Dowsett Johnston (2014), and *Quit Like A Woman: The Radical Choice to Not Drink in a Culture Obsessed with Alcohol* by Holly Whitaker (2020). These texts provided me with references from which I could conduct a snowballing approach to literature searching, but also some key terms and themes to pursue. As such, I utilised repositories such as Google Scholar, JStor, and sometimes specific journal catalogues to widen or narrow my search. To start, my search terms were broad, including combinations of 'women' + 'recovery'/'sobriety'/'alcohol'. In turn, I followed relevant references and citations for further reading. As I progressed with my grounded theory approach (discussed in detail in section 2.3.), these search terms narrowed to more specific key words as I was seeking to saturate codes and develop theories. For example, I used combinations of 'sisterhood' + 'online communities'/'digital communities' when seeking to develop my theories of online sobriety communities as valued spaces for women to build safety and relationships with other women (see section 4.4.2.). However, such searches were not conducted systematically with rules nor automatically with software. As researcher, I actively constructed the narrative review process so that it was responsive enough to the codes and theories that were compiled from data analysis, and flexible enough to meet the requirements of an ethnographic study; I was

able to incorporate cultural resources, such as websites, images, 'quit-lit' and government policies.

The chapter begins with a recent history and overview of contemporary trends regarding women's alcohol (non-)consumption, followed by a consideration of women's needs in, and embodied experiences of, recovery. I then situate women's sobriety within the evolution of feminisms from the temperance era to the present day, focussing primarily on women's participation within peer-led organisations and the drive for bodily autonomy. The review then proceeds with an exploration of how individuals navigate the subjectivity of recovery. Section 1.6. outlines the phenomenon of online sobriety communities and situates them within the landscape of contemporary recovery modalities.

1.2. A recent history and overview of recent trends in women's alcohol (non-)consumption.

Despite the substantial economic, health, and social burden of alcohol on the UK economy (Public Health England (PHE), 2016), the affordability and availability of alcohol significantly increased during the post-war years (Burton et al., 2017; Nicholls, 2009). Consumption reached a peak in 2004 at an average of 11.6 litres consumed per person across the annual period (NHS Digital, 2022). A significant driver of this trend was the substantial rise in women's drinking (Smith and Foxcroft, 2009), facilitated by greater economic, social, and legal equality between the sexes, achieved as a result of second-wave feminism of the 1960s-80s. During this period, women's drinking became increasingly visible in public spaces which focussed a spotlight on their consumption. It was persistently framed by the media, and embodied by some women, as 'ladette culture'¹ of the late 1990s-early 2000s era (Day, Gough and McFadden, 2004; Jackson and Tinkler, 2007), and later perceived as part of 'binge drinking'²

¹ The term 'ladette' is a feminisation of the term 'lad' and was ascribed to women in 1990s-2000s Britain to label them in accordance with their publicly boisterous, outspoken and unapologetic behaviour (historically associated with masculinity), including the ways in which they consumed alcohol – occupying traditionally male dominated spheres and spaces.

² 'Binge drinking' is a colloquial term ascribed to drinking heavily over a short space of time.

practices (otherwise known as Heavy Episodic Drinking³ (HED)) (Measham and Brain, 2005; Plant and Plant, 2006).

Between 2004-2021 however, alcohol consumption has steadily declined by 14% from 11.6 litres per adult per year, to 10 litres per adult per year, with a small increase between 2014-2021 of 6% (9.4L to 10L) (NHS Digital, 2022). In turn, teetotalism has been steadily growing between 2005-2017, particularly among those under the age of 45, rising between 5-6% in this age group (Office for National Statistics (ONS), 2017). More current research published by NHS Digital (2022), as part of the Health Survey for England 2021, shows that 21% of adults aged 16+ had not consumed alcohol at all in the last 12 months. On average, women were more likely to be teetotal (24%) compared to men (18%). The youngest men and women (aged 16-24) had above average rates of teetotalism at 34% and 42% respectively, with lower rates of teetotalism across older age groups, as shown in an excerpt from the Health Survey for England data below:

Rates of not drinking 'at all in the last 12 months' by age and sex
Health Survey for England 2021. Adults aged 16 and over.

Sex	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Men	34	17	18	17	14	11	20	18
Women	42	25	22	20	17	18	25	24
All adults	38	21	20	19	15	15	23	21

Source: Health Survey for England 2021, NHS Digital

This trend towards declining alcohol consumption and increased teetotalism is reflected among young people in high-income countries, particularly in Northern Europe (Pape, Rossow and Brunborg, 2018; Vashishtha et al., 2020; see also Oldham et al., 2018), which raises implications for public health strategies in low-income countries (Dumbili, 2023). Research from the University of Sheffield identified eight key themes that young people used to explain the decline in youth drinking:

The potential for alcohol-related harm; Contemporary youth cultures and places of socialisation; The affordability of alcohol; Displacement

³ HED is defined by the World Health Organization (WHO) as 'the proportion of adults (15+ years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days' (WHO, n.d.).

of alcohol by other substances; Access and the regulatory environment; Disputing the decline; Future Orientations; and Parenting and the home environment (Whitaker et al., 2023:1).

These broadly align with studies of Australian youth (Caluzzi et al., 2020 and 2021a), however Caluzzi et al., (2020) also found that SNS played a role in how young people presented themselves, and thus acted as a tool of self-governance regarding drinking behaviours. In addition, a desire for agency, authenticity, and control of the self, were identified in Conroy and de Visser's (2015) study of student non-drinkers.

Existing academic research has predominantly focussed on these changing drinking behaviours of *young* people who may never have consumed alcohol, yet there is limited understanding as to why older adults, over the age of 25, are choosing to drink less or stop drinking altogether. This thesis is part of a recent emergence of research (Atkinson et al., 2023; Lunnay et al., 2023; Nicholls, 2021) that seeks to address this gap in the literature by exclusively focusing on the experiences of adult females (women) who are former drinkers.

The following five sections explore some of the macro-level factors that may have contributed to changes in women's (non-)drinking behaviours, including: government policy/strategy, the change in drinking spaces, the feminisation of alcohol, COVID-19 lockdown restrictions, and the emergence of no- and low-alcohol products.

1.2.1. The role of government policy/strategy in changing drinking behaviours.

The most recent UK Alcohol Strategy in 2012, during the Conservative and Liberal Democrat coalition Government of 2010-2015, was one which targeted specific kinds of 'unacceptable drinking' - largely that of public, youth, 'binge drinking', and excessive drinking fuelled by cheap off-trade sales (Home Office, 2012). Within the Strategy, gendered or sex-based implications of alcohol (non-)consumption were referenced only 12 times in relation to women, five of which were in relation to pregnancy and Foetal Alcohol Spectrum Disorders (FASDs), three in relation to domestic violence, and four in relation to units of alcohol consumption. Men were referenced four times, solely in relation to units of consumption. Even when discussing that domestic violence is 'known to be a driver in some cases of domestic violence', the report failed to identify that it is predominantly men's drinking and violence which needs to be addressed if we are to 'end violence against women and girls' (p.25), and that it might have ramifications for women's needs in recovery. Despite the disparity between the alcohol

consumption of the sexes (NHS Digital, 2022), and the problematic framing of consumption ‘convergence’ between men and women (Blackman, Doherty and McPherson, 2015:46-51), the Strategy’s recommendations erased and overlooked the significant sex-based differences and instead spoke of alcohol consumption as a monolithic trend across the population – with a specific focus on young people. In doing so, it also overlooked the previously discussed decline in youth drinking and the rise in teetotalism that was already underway in 2012 when the Strategy was released.

The Strategy also recommended a revision to alcohol consumption guidelines that had previously been issued in 1995 (Home Office, 2012:24). In 2016 the Chief Medical Officers of UK & Northern Ireland equalised the unit guidance to 14 per week for both men and women with a recommendation that these are best consumed over a period of at least three days. Irrespective of the physiological differences between the sexes, this change in policy has equalised the medical guidance regarding low risk drinking due to research which shows that ‘overall health risks are broadly similar’ (HM Government Department of Health, 2016:3), and that there is no safe level of alcohol consumption:

there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all (p. 4).

However, Holmes et al. (2019) found that the change in UK drinking guidelines did not lead to a substantial or sustained reduction in drinking and attribute this to the lack of a large-scale, organised awareness campaigns. Thus, while this change in consumption guidelines was the largest affirmative change to alcohol policy in 20 years, it cannot be directly connected to the growth in women’s teetotalism and use of online sobriety communities.

It is also important to identify neoliberalism as a political, economic, and social force which has contributed to the current trends in alcohol (non)consumption and has also shaped academic discourse regarding these behaviours. Neoliberalism itself is a term referring to the late 20th century revival of 19th century ideas regarding ‘political, economic, and social arrangements in society that emphasise market relations, re-tasking the role of the state, and individual responsibility’ (Springer, Birch and MacLeavy, 2016:2). It is typically associated with policies of deregulation, globalisation, privatisation, reduced government spending and (post-2008) austerity. Further, ‘market principles [are used] to govern aspects of public life, including welfare institutions’ (Petersson McIntyre, 2021:1063), and even shapes the way individuals

perceive their own subjectivity (Brown, 2003); they are 'empowered' to make individual choices, particularly around consumption, but also around investment of time and the self as entrepreneurial subjects (Scharff, 2016; Walkerdine, 2003).

'Voluntary agreements' made between the government and the alcohol industry (instead of legislation or policy) regarding harm reduction initiatives, such as labelling guidelines or 'responsible drinking campaigns' (Home Office, 2012:17), is demonstrative of the role of neoliberalism. The below image is a recent example of a 'responsible drinking' initiative by the Scotch Whisky Association (2023) and conveys the mixed messages that are communicated through these initiatives. It looks like an advertisement, and it portrays alcohol to look tasty and sophisticated. There is very little information on this image that communicates the harms related to alcohol or provides obvious guidance on 'safe' levels of consumption. To add to confusion, the webpage that accompanies this campaign contains significant amounts of information regarding how to perfect the drink through cocktail recipes.



Figure 1 (Above): 'Made to be Measured' responsible drinking campaign image from the Scotch Whisky Association. Available at: <https://scotch-whisky.org.uk/insights/a-responsible-industry/made-to-be-measured/> [Accessed 2 October 2023].

While such messages of 'responsible drinking' act as a core element of the alcohol industry's Corporate Social Responsibility (CSR) activities, the meaning and impact is vague which further confuses consumers (Maani Hessari and Petticrew, 2017). There is also the challenge of enforcing such 'voluntary agreements' in instances of non-compliance (Burton et al., 2017). Such messages of 'responsible drinking' serve to uphold the binge drinking/moderation narrative perpetuated by the Government. Sobriety or abstinence is not the preferred option

by the capitalist structures that are upholding this discourse; the Government itself received £12bn annually through alcohol duty (HM Revenue and Customs and HM Treasury, 2020). The Government also benefits from maintaining the image of a 'binge drinker': a lower-classed, often gendered scapegoat on which to pin society's failings, justify inequalities, and to act as a tool of social control (Cederström and Spicer, 2015; Mackiewicz, 2015). As such, it is a double-edged sword of deviancy and stigma; if people present as either the 'binge drinker' or the 'abstainer' they are subjected to social stigma for not being able to maintain a highly desirable, yet utterly illusive, identity of a 'moderate drinker' (Bartram et al., 2017; Hayward and Hobbs, 2007).

One of the only commitments by central government was to introduce Minimum Unit Pricing in England, following in the footsteps of other home nations. At the time of writing, this has yet to materialise despite mounting evidence to suggest that it is effective (Holmes, 2023), especially when adopted in conjunction with phased duty increases (Alcohol Change UK, 2019; Burton et al., 2017). Many of the Strategy's recommendations were focussed on the powers of communities and individuals to change their behaviours, as opposed to direct action and intervention from the government. It is clear, then, that a governmental approach of industry self-regulation to matters of alcohol-related harms has increasingly pushed the onus and responsibility back on to the individual consumer to navigate these issues.

1.2.2. Exploring spaces of women's (non-)drinking practices.

The exponential growth of the night time economy (NTE) between 2003-2020 (Nicholls, 2009) was facilitated by changes to alcohol policy and licensing brought in by the Licensing Act 2003. This has been interpreted as a neoliberal approach by government to encourage drinkers to spend their money and leisure time in the throes of consumption whilst upholding societal expectations of self-control, self-regulation, and respectability (Hayward and Hobbs, 2007; Plant and Plant, 2006). Some have argued that such deregulation of alcohol consumption led to the emergence of 'binge drinking' (Measham and Brain, 2005) or 'calculated hedonism' (Griffin et al., 2008; McPherson, 2017), but resist the notion that gendered drinking practices have 'converged' (Blackman et al., 2015).

The NTE refers to 'economic activity that occurs between the hours of 6pm to 6am and involves the sale of alcohol for consumption on-trade' (Burton et al., 2017:1566). The NTE began as a vision of Continental European economies whereby greater evening leisure and shopping opportunities were afforded (Roberts et al., 2006), but materialised as high-streets

filled with corporately owned bars and clubs (Chatterton, 2002; Chatterton and Hollands, 2002) - a 'highly structured provision for hedonistic economic activity' (Hayward and Hobbs, 2007:451). The morning-after reality of the NTE is 'streets splattered with blood, vomit, urine, and the sodden remains of take-aways' (Hadfield et al., 2001:300).

The Girls' Night Out is one instance whereby (predominantly younger) women participate in the NTE to ameliorate social interactions, maintain friendships and 'do' femininities. In this context, drinking practices may create more intimacy with friends, and caring for a drunk friend may be experienced as a 'friendship cementing' form of female bonding by young women (Nicholls, 2019:3; see also MacLean, 2016; Niland, 2013). Furthermore, Nicholls (2020) found that women's social status within female-centric friendship groups was detrimentally impacted by a refusal to take part in these drinking practices of the NTE. As a result, women who chose to abstain from, or moderate, alcohol consumption were excluded from shared practices of femininities within a friendship group.

The dark, loud, and alco-centric venues of the NTE also facilitate the aggressive heterosexual pursuit of women by men which detrimentally impacts women's safety (Gunby et al., 2020; Sheard, 2011) but which they navigate with agentic, co-ordinated, and shared risk management strategies (Bancroft et al., 2014; Barnett, 2017) to protect themselves and their friends from sexual harassment or assault perpetrated by men. In turn, young women experience 'license to take risks, be more bold, assertive and in some cases, more aggressive in their social interaction and pursuit of romantic partners' whilst in the NTE (Peralta, 2008:381).

This neoliberal imperative to consume, perpetuated by the NTE, places women on a precarious tightrope of acceptability regarding appearance and behaviours when participating in alcohol consumption (Bancroft et al., 2014; Griffin et al., 2013; Mackiewicz, 2015). Measham (2002) has shown how some women address this by 'doing drugs' to balance the consumption of alcohol in order to remain in control of their bodies whilst in the NTE. Drugs are used to mitigate the messiness of alcohol intoxication, and to increase energy levels without the intake of more calories through food or alcohol, thus conforming with the 'gendered ideology of consumption in moderation as a feminised practice' (McErlain, 2015:35) and social expectations that women have a restrained appetite (Bordo, 2003). This literature shows how women police their own public drinking, and that of other women, based upon socially influenced notions of female respectability which are shaped by heteronormative male desires (Measham, 2002; Waitt and Clement, 2016).

This pursuit of 'calculated hedonism' (McPherson, 2017) within the NTE has somewhat contributed to the demise of the local public house, otherwise known as the pub, which typically served regular clientele within the community in which it was located. Studies have shown how this cornerstone venue provided community, connection, belonging and attachment to some of those who frequent it (Markham, 2013; McPherson, 2017; Thurnell-Read, 2021, 2023). These benefits have led Markham (2020) to call for a reimagination of the pub in order to continue to provide these affordances. However, it would be incorrect to position these two drinking spaces as the bad versus good; the pub has not always provided such a welcoming atmosphere for women as consumers, often restricted to particular areas to avoid being associated with the sex trade and to protect the leisure space of men (Nicholls, 2009; Thurnell-Read, 2023). Once women were admitted to the pub on an 'equal' basis, their drinking practices were (and no doubt still are) overseen by the local community, which serves as a regulatory effect on behaviour (Waitt and Clement, 2016).

It is partly because of these long-standing connections between women's drinking and morality that the majority of women's drinking has taken place in the domestic setting – to guard against gendered stigmas (Nicholls, 2009; Waitt and Clement, 2016). Here, women use alcohol to create a sense of 'time-out' amidst multiple demands, and 'transformation' when one part of their day ends (such as work or childcare) and the next phase begins (Atkinson et al., 2021; Emslie et al., 2015). This is mirrored back to them by the labels of alcohol products (see Figure 2) that draw on themes of self-care and domesticity. However, research of the Girls Night Out (Nicholls, 2019) and young people's drinking (Atkinson and Sumnall, 2017; Bancroft et al., 2014) shows that the domestic space is also valued as a place to build friendships through 'doing' shared practices of femininity and female bonding whilst 'pre-loading'⁴.

⁴ 'Pre-loading' refers to the act of consuming alcohol, sometimes large quantities over a short period of time, with friends in domestic spaces prior to going out in the Night Time Economy. This has been shown to occur due to economic reasons; alcohol is cheaper to purchase off-trade compared to on-trade. Pre-loading plays a role in friendship-building practices (Barnett, 2017; Wells et al., 2009).



Figure 2 (Left): Wine products labelled 'Mommy's Time Out' and 'Mad Housewife' (Kindy and Keating, 2016).

Women's alteration of drinking modalities, from the NTE to the home, is often guided by where they are in the life course – whether they have children or are in settled relationships. Alcohol becomes a ticket to 'transformation and timeout' (Emslie et al., 2015:437), reflecting similar themes identified by Atkinson et al. (2021) within alcohol brand marketing. This is due to both practicality and notions of respectability (Holloway, Jane and Valentine, 2008; Rolfe, Orford and Dalton, 2009).

While these drinking spaces play an integral role in women's drinking practices, very little is known regarding how sober women navigate 'non-drinking practices' in these spaces or establish alternative leisure spaces. Purpose-built spaces that facilitated socialising without alcohol were a hallmark feature of the temperance movements with the creation of hotels, town halls and holidays for the use of individuals who did not drink (McAllister, 2014). Coffee houses, whilst not exclusively for those who were teetotal, were seen as venues which provided a sober community – although not always available to women in practice (Nicholls, 2009).

Hood's (2003:74) study of women's leisure in recovery suggests that it is important that women get comfortable with participating in these spaces for the other affordances it brings, such as purpose, pleasure, meaning, the ability to learn about themselves, take risks, and do identity work. Furthermore, Scott et al.'s (2016) study of a Collegiate Recovery Program at a 'rural college campus' in the USA provides a fresh perspective when highlighting the encouraging and inspiring experiences that young people have as a member of a community which provides a unique, supportive, and fun space without alcohol (see also Terrion, 2013). If connection to social communities plays a 'pivotal role' in the recovery process (Vigdal et al., 2022:974; see also Goshorn, Gutierrez and Dorais, 2023), more needs to be understood regarding how online sobriety communities assist women to occupy spaces that facilitate the development of 'non-drinking practices'.

1.2.3. Critiquing the feminisation of alcohol.

By the late 20th and early 21st centuries the marketing of alcohol products became increasingly feminised in order to expand sales by targeting a new customer demographic who increasingly had social and financial independence: women. To provide some examples of this, Kristina Sperkova's (2020) post for Movendi International shows how Absolut Vodka harnessed liberal feminist themes of consent, sex, super-models, and same-sex attraction to appeal to 'empowered' female consumers (Gill, 2017). Further, the below advertisement from Bacardi's Island Breeze advertising campaign shows how female celebrities of the era, such as Kim Cattrall from *Sex and the City* (1998-2004), were used to endorse alcohol products, using post-feminist slogans (Brown, 1982) such as 'Now you can have it all' and plays on women's diet culture (Bordo, 2003; Wolf, 1991) by stating '1/2 the calories. None of the guilt'. In turn, products such as wine, gin and prosecco have been feminised through pinkification, glitter, (see Beefeater's Pink Strawberry Gin below).

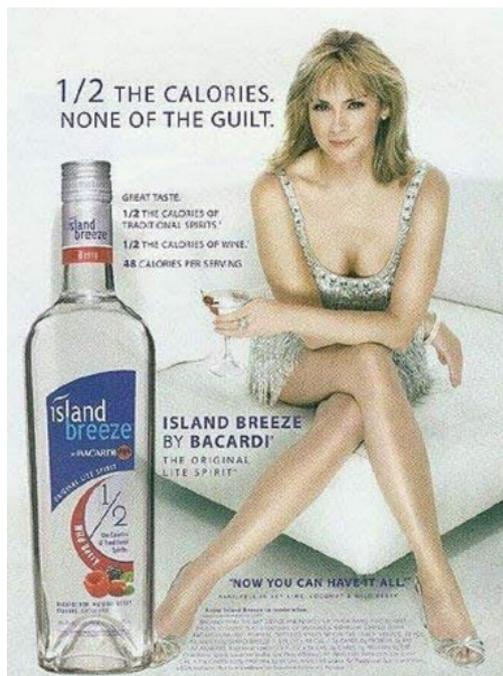


Figure 3 (Left, Above): Kim Cattrall for Bacardi Island Breeze Alcohol Print Advertisement, 2005.



Figure 4 (Right, Above): Beefeater London's Pink Strawberry Gin, Product image, 2023. Source: <https://www.beefeatergin.com/en-gb/our-gins/beefeater-pink-strawberry/> [Accessed 2 October 2023].

This has been reinforced by popular cultural references, such as *Sex and the City* (1998-2004; Bushnell, 1996) and *Bridget Jones's diary* (2001; Fielding, 1996), that positioned alcohol as part of women's liberation in the neoliberal, post-feminist era (Gill, 2017; Rottenberg, 2014), as can be seen in the below excerpts:

While Samantha had little belief in the idea of happily ever after, she had a very strong belief in the idea of a smart cocktail at the end of the workday. Samantha, a Cosmopolitan, and Donald Trump: you just don't get more New York than that. (excerpt from *Sex and the City* (1998-2004)⁵)

I have two choices: to give up and accept permanent state of spinsterhood and eventually eaten by Alsations, or not. And this time I choose not. I will not be defeated by a bad man and an American stick insect. Instead, I choose vodka...and Chaka Khan. (excerpt from *Bridget Jones's diary* (2001)⁶)

The findings in this thesis explore how women engage with, and reflect on, such marketing strategies and post-feminist discourses as former drinkers.

I remain cautious in framing women's alcohol consumption as a symbol of emancipation; alcohol consumption can act as both a liberatory and restrictive force with regards to gender roles and stereotypes⁷. The social acceptability of women's public drinking is generally predicated upon the extent to which it supports hyper- (and heteronormatively sexualised) femininities but avoids challenge to traditional gender roles (MacLean, Pennay and Room, 2018; Peralta 2008; Waitt and Clement, 2016). Griffin et al.'s (2013) research of young women's drinking cultures in the UK argues that women must navigate between the persistent Madonna/whore binaries of clean/dirty, sexy/slutty, tidy/messy and in/out of control whilst consuming alcohol:

⁵ *Sex and the City*. (1998-2004). *Cosmopolitan cocktail scene from Sex and the City TV Series (1998-2004)*. Available at: https://www.youtube.com/watch?v=mAye_zerJJM [Accessed 2 October 2023].

⁶ *Bridget Jones's diary*. (2001). *I choose Vodka – Bridget Jones' Diary*. [Video]. Available at: <https://www.youtube.com/watch?v=B-dvIrlG31k> [Accessed 2 October 2023].

⁷ Stereotypes are ideas that are adopted about specific types of individuals/groups of people, which may or may not accurately reflect reality. They are not always negative, and are not rigid, and can be held about one's own group too (see Perkins, 1979).

The juxtaposition of hyper-sexual femininity and the culture of intoxication produces a particularly difficult set of dilemmas for young women. They are exhorted to be sassy and independent – but not feminist; to be ‘up for it’ and to drink and get drunk alongside young men – but not to ‘drink like men’. They are also called on to look and act as agentically sexy within a pornified night-time economy, but to distance themselves from the troubling figure of the ‘drunken slut’ (p. 184).

Thus, while women’s consumption has been tied to a post-feminist discourse of ‘free choice’ and ‘freedom’ (Dow, 2022; Schuster, 2017) during the 1990s, this is a ‘double entanglement’ which is accompanied by ‘exclusion and denigration’ (Mackiewicz, 2015:70) if self-control is abandoned. The heavy-drinking ladette identity is often associated with working class women and contrasted with ‘clean, white, middle class, feminine respectability’ (Mackiewicz, 2015:74). It is also framed as a failed attempt at masculinity (Day et al., 2004; Jackson and Tinkler, 2007). Therefore, the extent to which women can challenge the boundaries of traditional femininities and avoid denigration, whilst consuming alcohol, depends upon their existing cultural and social capital, as highlighted by Griffin (2011:255) in the context of youth cultures:

given that there is not a ‘level playing field’ (Skeggs, 2005:974), some simply do not have access to the ‘right’ cultural resources and techniques to construct and display themselves in appropriate ways.

Age is also relevant here; older female drinkers in the NTE with caring responsibilities receive more judgement, from both men and women, and may experience feelings of shame, particularly for displays of visible drunkenness and sexuality (Measham, 2002; Lyons and Willott, 2008). Thus, women’s alcohol consumption continues to be bound up with classed and aged notions of feminine respectability (Lunnay et al., 2022; Skeggs, 1997).

Age also informs women’s experiences of alcohol refusal. Nicholls’s (2022a) recent ‘Sobriety Stories’ project examined older women’s (30-50s) shifting relationships with alcohol across the life course and into early sobriety. She found that women drew upon ideas of propriety and respectability regarding their age, and their transition into mid-life, in order to distance themselves from their former drinking self and offer a justification for sobriety (see also Lunnay et al., 2023). In doing so, they sought to construct sobriety as a ‘good’, positive choice that met the needs of their roles in mid-life, such as mothering or career development. This thesis builds on these findings to inform understanding regarding how women, of diverse age groups,

embody and construct sobriety, and the extent to which women are liberated from these gendered double standards in sobriety.

1.2.4. The impact of COVID-19 lockdowns in shaping (non-)drinking behaviours.

During this PhD research project, the UK experienced a wave of 'lockdowns' in order to mitigate the severity of the COVID-19 global pandemic (Institute for Government, 2021), a highly contagious respiratory disease (WHO, 2020). Lockdown measures officially began on 23rd March 2020, then gradually eased in the summer of 2020, only to be reinforced throughout the winter of 2020 into spring 2021. These unprecedented conditions resulted in changes to short-to-medium term drinking behaviours, including for some research participants within this study who experienced the pandemic as a 'turning point' (McIntosh and McKeganey, 2000) for their drinking. As such, it is important to understand the broader picture regarding alcohol (non-)consumption in the UK during the pandemic.

Between 23rd March 2020 and 19th July 2021 there were slight changes in what activities were permitted during the different lockdown periods, and across the UK, but it was generally the case that initially on-trade alcohol consumption was prohibited with the closure of pubs, bars and restaurants, and off-trade alcohol sales were still feasible via supermarkets and off-licences. This created 'continuities and changes to the practices and symbolism of alcohol consumption both within and beyond domestic spaces' during this time (Nicholls and Conroy, 2021:1).

How much alcohol was consumed, however, is a mixed picture, according to Garnett et al.'s (2021:4) large quantitative survey (30,000+) of UK adults' (16+) drinking behaviours. 48% reported drinking at the same levels compared to pre-lockdown, 26% reported drinking more, and 26% reported drinking less. These results were in keeping with other surveys (IAS, 2020a; Alcohol Change UK, 2020a). Unfortunately, there was also a substantial increase in high-risk drinking (Jackson et al., 2020) and drinking by those who were trying to cope (Irizar et al., 2021) during this period.

While women had been drinking less than men pre-COVID, and both sexes increased their alcohol intake during early lockdown, women increased consumption to a greater extent (Irizar et al., 2021). This was supported by Garnett et al. (2021) who found that those who are younger, female, of high socioeconomic means, have an anxiety disorder, and are stressed about finances or the risks of COVID-19, were at higher risk of drinking more alcohol. It is

unsurprising that there were differences in drinking behaviours between the sexes because women were disproportionately impacted by the measures taken to prevent the spread of COVID-19, including increased domestic labour and caregiving responsibilities (including home-schooling) (ONS, 2020), and women were more likely to be furloughed due to working in the service industry or having precarious contracts (ONS, 2021). Further, the strain on mental health was reflected in women to a greater extent (Office for Health Improvement and Disparities, 2020). All of these could be factors in women's increased drinking during this period (Garnet et al., 2021).

It was found by Jackson et al. (2020), however, that those who were high-risk drinkers were more likely than before lockdown to report trying to quit or reduce consumption. Despite these attempts, the use of evidence-based support by high-risk drinkers decreased and there was no compensatory increase in use of remote support (Ibid). Indeed, clinical professionals have reported that some clients have faced increased barriers to accessing services due to the provision of remote services only (IAS, 2020b), amongst other challenges (Columb, Hussain and O'Gara, 2020). Two conclusions can be drawn from this that inform this research project; one being that those who are of lower socioeconomic means are struggling to remain within treatment due to the requirement for technology which may have implications for online sobriety communities, and secondly, that if the highest risk drinkers are women within the aforementioned demographic, they are already less likely to utilise the traditional treatment paths that are being monitored for research purposes and thus further research is required of alternative modalities that may be more likely to assist women (Gilbert et al., 2019; Staddon, 2015).

According to Alcohol Change UK, 3,000,000 people did stop drinking completely during the first lockdown (Alcohol Change UK, 2020b). Nicholls and Conroy (2021:3) suggest that lockdown was perceived by some to be a 'teachable moment' which they harnessed for change, particularly for those with the resources to capitalise on the opportunity. Some of their research participants recounted experiences of self-development and self-formation similar to that highlighted in research regarding Dry January (Yeomans, 2019). However, there is currently limited evidence about the experience of those already in recovery, or attempting sobriety, during lockdown (IAS, 2020a).

It is important to acknowledge that there are limitations in drawing conclusions from these COVID-related studies and reading across them as if they are a cohesive body of work due to differences in sample sizes, timings of studies, and forms of lockdown across the UK. However, these findings provide helpful perspective when considering and situating the

participants' experiences and ethnographic fieldwork of this research project within the context of recent global and national events.

1.2.5. Substituting the cocktail for the mocktail: The emergence of no- and low-alcohol drinks.

No- and low-alcohol (or 'NoLo') drinks, are typically between 0-4% alcohol by volume (ABV) and targeted at adult consumers (Corfe, Hyde and Shepherd, 2020). In some instances, these products are non-alcoholic or lower-strength alternatives of established alcoholic drinks, such as beer or wines. In recent years, this product category has seen significant growth; take-home sales of premium and own label NoLo beverages, captured by Kantar, grew by 19.8% in the UK in 2022, creating a product category worth £262.1m in sales (Chittock, 2022:75). They are also rapidly infiltrating mainstream culture; in January 2023 the BBC (2023) offered NoLo suggestions to 'make this alcohol-free January the tastiest yet' and *Hello!* magazine offered their top 24 recommendations (Thomas, 2023). NoLo products have also played supporting roles in the rise of sober-curious film and TV (Rachigoda, 2022); Heineken 0.0 (an alcohol-free version of Heineken) was featured in the most iconic British film of 2021: *No Time to Die* (2021) – the latest instalment of the James Bond movie franchise (Gold, 2021). 2021 also saw the release of *Sex and the City's* sequel, *And Just Like That...* (2021-Present), which used alcohol-free wine in promotion material decades after it positioned women's drinking as a symbol of female empowerment and success (McLaren, 2021).

Despite this growing demand for, and awareness of, NoLo drinks, there remains limited academic research regarding this category and its impact on non-drinking behaviours. Two scoping reviews of existing literature establish the requirement for more research and render a complicated and mixed picture regarding current understanding of NoLo sales trends, drivers for consumption, and marketing strategies (Anderson et al., 2021; Miller, Pettigrew and Wright, 2021). This was echoed by a report published by the WHO (2023:vi) that explores the 'public health perspective on zero- and low-alcohol beverages' and emphasises the 'lack of evidence about the production, consumption and potential health impact of NoLos'.

Irrespective of this uncertainty, the UK government's Department of Health and Social Care (2023) issued a press release in September 2023 confirming that they are consulting on how to 'encourage more people to choose no and low-alcohol drinks to help those looking to live healthier lives while supporting businesses'. Indeed, concerns have been raised (Miller et al., 2021; WHO, 2023) about the lack of government guidelines and legislation regarding the

marketing and sale of NoLo drinks. Two separate studies that analyse marketing messages for NoLo drinks suggest that they are often positioned as accompaniments to occasions where alcohol would not usually be consumed, such as lunchtime and fitness activities (Nicholls, 2022; Vasiljevic et al., 2018). The marketing campaigns also draw connections between lower strength beverages and their health benefits. As such, questions have been raised as to whether NoLo drinks promote additional alcohol consumption through ‘alibi marketing’, and if they serve as ‘gateway drinks’ by introducing alcohol brands and alcohol-like drinks to under-age youth through (Vasiljevic et al., 2018; Wind, 2023). This is because some labels and branding are not clearly differentiated from full strength alcoholic drinks (Miller et al., 2021). These concerns are perhaps most legitimate regarding NoLo versions of established alcohol products and brands (such as Heineken 0.0 and McGuigan Zero) compared to the new, independent drinks brands that exclusively produce alcohol-free drinks (such as Big Drop and Thomson & Scott).

The concerns raised here demonstrate echoes of those expressed about alcopops or ‘ready-to-drink’ beverages that emerged in the early 2000s. Indeed, alcopops were appealing to young people due to their taste, cost, and alcohol strength, and the ‘alibi marketing’ leaned in to themes of female and youth consumption (Jones and Reis, 2012; Atkinson et al., 2011). It was argued that alcopops look like they do not contain alcohol but do contain alcohol and in the case of NoLo beverages, it is argued that they look like they contain alcohol but they do not – a role reversal and inversion of previous arguments made by academia and public health. Yet fundamentally the concern is the same: that the alcohol industry is continually seeking ways to normalise alcohol consumption among young people and women and underpin these products as tools in the practice of ‘moderation’.

Binary questions have been raised regarding whether ‘zero-alcohol beverages’ serve as a ‘harm-minimisation tool or gateway drink?’ (Miller et al., 2021:1); at the time of writing their commentary, Miller et al. determined that there was ‘a lack of evidence to support a substitution hypothesis’. In fact, it has been suggested that these products are more likely to be used for additional consumption, rather than to substitute alcohol consumption (Anderson et al., 2021; Corfe et al., 2020). However, small qualitative studies published since suggest that some former drinkers use NoLo drinks to help navigate social situations where drinking is commonplace (Nicholls, 2022a). Nicholls (2022a:6) has also shed light on the role that NoLo drinks play in managing a ‘flexible or hybrid model of moderate drinking’ (see also Nicholls, 2023a). Based upon household purchase data, however, Anderson et al. (2021) have warned that NoLo drinks are a ‘higher socioeconomic phenomenon’ which means that these drinks may be limited in their ability to mitigate alcohol-related harm inequalities (Bloomfield, 2020).

Concerns have also been raised that consumption of NoLo drinks, by those who are in recovery, could lead to a relapse to past drinking behaviours (Corfe et al., 2020). Furthermore, a systematic review of ten studies found that:

Craving and desire to drink have been found to increase after the consumption of NoLo drinks in patients with AUD [Alcohol Use Disorder]. The increase in craving correlates with the severity of alcohol dependence. In addition, in this population, alcohol-related cues might trigger physiological responses similar to those experienced when using alcohol. (Caballeria et al., 2022:1).

There remains, however, a substantial gap in understanding how NoLo drinks are used for alcohol substitution by those in recovery which this thesis seeks to address.

Club Soda, an online sobriety community, partnered with Fifty.io ('a technology company focused on large scale analysis of social media data') to explore social media engagement with NoLo drinks brands (Club Soda and Fifty.io, 2021). Their findings concur with another industry-sponsored report published by The Portman Group (2023) which found that NoLo drinks are more likely to be consumed by millennials⁸ and those who are male. This thesis works to provide greater understanding of women's experiences of using these products.

The relatively recent consumer movement towards alcoholic craft and artisanal drinks, particularly beer, has been explored by academics (Thurnell-Read 2019; Waehning et al. 2018). It has also been identified that craft drinking practices and spaces draw significantly on masculinity in the marketing, production, and consumption of these drinks (Thurnell-Read, 2022). Yet such research remains focussed on alcoholic drinks and has not yet expanded to NoLo alternatives. The emergence of independent NoLo brands/products offer similar opportunities for identity formation through NoLo product consumption, particularly for the non-drinker. A recent and small qualitative study by Nicholls (2023b:1) 'highlights the ways in which NoLo consumption is entangled with notions of the enterprising self in relation to health, choice/responsibility, productivity and the future'. This thesis builds on these findings to understand how NoLo drinks are used by women in recovery to construct the 'sober self' and develop 'non-drinking practices'.

⁸ Millennial is a term used to describe the generation born between 1981 and 1996. Further information regarding the millennial demographic group can be found at: <https://www.britannica.com/topic/millennial>.

1.3. Considering women's needs and embodied experiences of recovery.

1.3.1. Theorising sex and gender.

In response to calls for research that specifically addresses the sex and gender differences regarding women's alcohol use (Agabio and Sinclair, 2019) and their sex-specific treatment needs (Staddon, 2015), women's experiences were the sole focus of this PhD research project. As such, it is important to situate this thesis theoretically with regards to sex and gender and explain what is meant when these terms are used.

In the context of this thesis, use of the term 'women' refers to adult human females who were assigned female at birth based on sex characteristics. As per the National Health Service's (2021) digital service manual:

Sex is biological (male or female). It's based not only on the genes we inherit, but also on how our external and internal sex and reproductive organs work and respond to hormones. Sex is the label that's recorded when a baby's birth is registered.

This decision was made because women's XX chromosomal pairing determines women's physiology, including their physiological response to alcohol consumption (NICE, 2011). Meanwhile, women's experiences within society are likely to be shaped by their biology, as adult human females, including experiences of sexual assault, sexism, and motherhood. While this does not mean that there is a single, essential, experience of women, particularly when taking into account intersectionality (Collins and Bilge, 2016; Crenshaw, 1989), it does acknowledge that there are likely to be shared experiences among women that are informed by their biology and their structural oppression in a patriarchal society.

It is understood that in occupying this position, this thesis does not represent, and thus excludes, the experiences of men and those who identify as transgender. It is important to understand their recovery cultures and experiences of recovery, but this is outside of scope for the mission and resources of this research project.

This thesis interacts with gender theory to the extent that it acknowledges that gender identity can be socially shaped and fluid, and is not fixed or biological, but may align with traditional stereotypes (Perkins, 1979) associated with the particular sexes (Jackson and Scott, 2010; Richardson 2015). In other words, 'our gender is something that may be informed by our sex,

yet it is not something we *are* but rather something we *do*' (Nicholls, 2019:5, her emphasis). Butler (1990) argues that gender is 'performative' – it is a process that must be repeated over and over again in order to consistently reaffirm. However, for many, it may not seem like a conscious performance; it feels 'natural' or instinctive – similarly we may not see changes in our own performativity over time. This is because our bodies have been influenced by society to repeat gender through the roles we take, characteristics we adopt, and behaviours we embody, that are traditionally associated with masculinity or femininity (Rahman and Jackson, 2010). This system of femininities and masculinities is predicated upon heteronormativity, i.e., reproductive, heterosexual relationships. As such, we 'do' gender through everyday situations and practices (West and Zimmerman, 1979), alcohol (non-)consumption being one of these, which are rewarded or privileged within a hetero-centric society.

Gender becomes 'part of all human interactions. It is relational, cultural and social' (Ettore, 2007:20). It becomes regulatory; women and girls are socially expected to embody femininities through their behaviours, practices and 'choices', in order to align with their biological sex. For example, it can be used to police and punish women, such as women who drink excessively. It is expected that femininities (and thus the women) are 'passive, nurturing, caring, submissive, and accommodating' (Herridge, Shaw and Mannell, 2003:275). It is expected that they lack agency (Wilkins, 2004) but have self-control (Holland et al., 2004), and are self-disciplined to be small and unimposing (Bordo, 1993). Femininity is also intertwined with a woman's respectability (Skeggs, 1997) – particularly sexual morality – and how she uses her body. Rigid expectations of traditional, heteronormative femininities are one way in which power is exerted over women in order to subjugate them.

'Gender trouble' occurs when the performativity of gender does not align with society's expectation of our sexed body (Butler, 1990). It also becomes troublesome in the ways that it intersects with socioeconomic grouping, race, ethnicity, or sexuality. It is typically implied, or socially expected, that femininity means heteronormative, white, middle- or upper-class femininity. Thus, post-structural feminism critiques gender as a 'regulatory and disciplinary regime' (Ettore, 2007:20; see also Ahmed, 2017) while post-feminism and neoliberal feminism locates agency and empowerment within the performativity of traditional femininities (Portwood-Stacer, 2007), often couched within ideas that women can 'have it all' (Brown, 1982). This thesis unpicks these tensions that arise within women's experiences of sobriety as a form of gender trouble and/or conformity.

1.3.2. Identifying women's needs in recovery.

A substantial body of research shows that women are far less likely to seek help for problematic drinking from traditional, evidence-based treatment programs (Staddon, 2015), which are also the most frequently researched programs, including disease model or 12-step approaches such as Alcoholics Anonymous (Kaskutas, 1994; Rhodes and Johnson, 1994), and CBT models such as SMART Recovery (Hester et al., 2013). There are a number of barriers which may result in this lack of engagement. From a practical perspective, women may find it harder to attend treatment outside of the home, particularly residential programs, due to family and work commitments (Staddon, 2015). Further, women face more barriers to access and experience disproportionate shame (Barkty, 1990) when they do access treatment due to their perceived failure to live up to society's expectations of womanhood (Ettore, 1992; Gilbert et al., 2019). Problematic drinking by women contradicts traditional notions of respectable femininities (passive, quiet, nurturing) and women's gender roles (mother, wife, carer) (Nicholls, 2021 and 2022a; Waitt and Clement, 2016). Women are expected to demonstrate restraint, in terms of appetite for food, drink, sex, and behaviours (Bordo, 2003). Thus, a woman seeking help for addiction (i.e., uncontrolled consumption which leads to uncontrolled speech or actions) is more likely to be viewed as a 'deviant...moral failure' than her male peer (Rhodes and Johnson, 1994:146-7).

Thus, the under-representation of women within traditional treatment programmes suggests that there is a failure (in academia and clinical practice) to recognise women's sex-based and gendered experiences of alcohol and specific needs of recovery (Kearney, 1998). Even the National Institute for Health and Care Excellence (NICE) (2011) guidelines for diagnosis, assessment and management of harmful drinking merely recognises that there is a sex-based difference in terms of the metabolic rate of alcohol absorption but ignores social and cultural factors. Yet women are more likely to present with co-occurring mental health conditions and experience higher rates of physical conditions (including gynaecological) as a result of alcohol consumption (Rhodes and Johnson, 1994; Tuchman, 2010).

There is also currently limited research that maps women's gynaecological health to alcohol (non-)consumption. It is known that the menstrual cycle impacts women's cravings for alcohol (Warren et al., 2021), and that women are advised to abstain from drinking during pregnancy and breast-feeding (NHS, 2020), however less is known regarding the ways in which women's experiences of (peri)menopause inform their recovery. The findings shared within this thesis begin to explore this relationship between (peri)menopause and women's sobriety.

It has also been found that women prefer more comprehensive ideals of success that are not just based on abstinence (Jarvis, 1992; Rhodes and Johnson, 1994), and prefer a more positive, self-reliant approach that should be harnessed (Gilbert et al., 2019; Kaskutas, 1994). Women need to, and want to, feel safe and empowered to pursue the changes and resources available (Burman, 1994; Kaskutas, 1994). This is useful context when considering how women navigate recovery and construct a 'new' self-hood in sobriety.

Furthermore, women who selected women-only treatment services are more likely to have been abused in the past and have problem severity in a number of areas, such as family, medical and psychiatric (Niv and Hser, 2009). They are also more likely to be lesbian women or women with dependent children (Copeland et al., 1993). Yet while women-only treatment provision may lower the barriers to access to women, and thus encourage more to seek help, Copeland et al. (1993) found that the simple provision of women-only treatment does not predicate significant differences in treatment outcome. Women-only provision needs to be paired with treatment approaches which cater to the needs outlined above (Beckman, 1994; Wilke, 1994). This preference for, and provision of, women-only spaces in which women feel safe to recover is further explored in this thesis within the context of online sobriety communities.

1.3.3. Recovery capital: a social model of recovery.

Since the mid-20th century, the disease model of 'alcoholism' (Jellinek, 1960; see also Nicholls, 2009) has dominated the recovery landscape, revived from the 18th century by *The Big Book* of Alcoholics Anonymous and subsequently adopted as a treatment programme featuring the 12 steps (Rhodes and Johnson, 1994). The disease model can be helpful for some in reducing stigma; in framing alcohol misuse as an illness, it may enable former drinkers to reduce social and public blame attribution (Kelly, Greene and Abry, 2021; Pennington et al., 2023), and disassociate and distance themselves from their past behaviours (Burman, 1994). This reduced sense of agency and choice, implied within the disease model, may work to mitigate the gendered stigmas and shame that women experience as a result of their alcohol consumption. However, the disease-based 12-step model was constructed within a discourse which reinforces traditional gender stereotypes and does not take into account women's existing positions of reduced power, agency, and choice (Burman, 1994; Whitaker, 2020). Many women already feel plagued by self-doubt, lack of confidence, and low self-esteem due to social oppression – for women, it is largely not the case that alcohol consumption is due to an overinflated ego (Greenwood-Audant, 1989). Women are already socialised to improve

themselves to meet patriarchal expectations of femininity, and to care for the needs of others - often to their own detriment - as argued by Betty Frieden (1963 [2010]) in *The Feminist Mystique* and which unfortunately remains relevant today despite gains made by subsequent feminist movements for equality.

The concept of 'recovery' emerged in the late 20th century, suggested by William Anthony (1993:11) as a 'guiding vision' for mental health services:

Recovery in the mental health context refers to the process of changing one's attitudes, values, feelings, goals, and skills in order to live a satisfying life within the limitations caused by illness.

Recovery has since become a key concept within the field of drugs and alcohol, although there are some differences in how it is interpreted and used by clinicians and researchers (Witkiewitz et al., 2020). For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) (2023) in the USA defines recovery as:

a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Best et al (2016:120) further develop the idea of 'recovery' as a social process:

underpinned by transitions in social network composition, that includes the addition of new recovery-oriented groups which leads to the emergence of a new recovery-based social identity.

All of these interpretations suggest that 'recovery' is about more than alcohol refusal. Instead, it is suggested that recovery is an 'ongoing process of growth, self-change and of reclaiming the self' (Laudet, 2007:243), based on 'several major themes: a) relationships, b) recovery community, c) thriving, d) goal-focused, e) people, places, and things, f) recovery tools, g) professional support, h) rock bottom, and i) abstinence', with differences across these themes depending on whether an individual is in early or later recovery (Goshorn et al., 2023:900). Key to the 'quality' of recovery, according to Hood's (2003:66) participants, was 'finding purpose and meaning' in life. To emphasise, this conceptualisation of 'recovery' is not predicated on, or tied to, Alcohol Use Disorder (AUD) or other medicalised barometers of 'problematic' alcohol consumption.

The term 'recovery' has been used in this thesis to refer to individuals (being 'in recovery') and when discussing treatment pathways ('recovery modalities'). While the term was not used by

all participants or communities, data from fieldwork reflected some of the key features of how recovery is commonly understood by people with lived experience and public health/clinical practice outlined above. Thus, the decision to employ the term 'recovery' within this thesis was grounded within the data which evidences examples of substantial ongoing work by individuals and communities to maintain sobriety and foster personal growth. It also serves to reflect the *process* that women embark upon in sobriety.

However, it is clear from these definitions and interpretations of 'recovery' that the term is also grounded in neoliberal values of individualism, personal responsibility, and personal development – internalising the 'problem' of addiction and recovery (Neale, Nettleton and Pickering, 2014). This neoliberal connection between the individual and market forces was reinforced with the model and theory of 'recovery capital', constructed by William Cloud and Robert Granfield (2001, 2008; see also Granfield and Cloud, 1999) when studying 'individuals who had overcome their addictions without accessing formal treatment modalities or mutual-help communities' (2008:1972). By 'individuals' they mean men – only men were recruited for the studies which informed this theory.

To summarise, the theory posits:

Much of a person's ability to extract himself/herself from substance misuse is related to the environmental context in which that person is situated, the personal characteristics s/he possesses, and a range of perceptible and imperceptible resources available to that individual. (Cloud and Granfield, 2008:1971).

(Please note how they extrapolate findings of men's recovery from substance use onto both men and women).

Cloud and Granfield (2008:1973-5) summarised these contexts, characteristics, and resources as 'recovery capital', developed from existing sociological theories of capital:

1. **Social capital**, meaning relationships including family, friends and social networks (Bourdieu and Wacquant, 1992);
2. **Physical capital**, meaning tangible financial assets such as income, savings, and investments (Shultz, 1961; Coleman, 1990);
3. **Human capital**, meaning education, skills, mental and physical health, and genetics (Becker, 1964); and,

4. **Cultural capital**, meaning socially conforming values, beliefs, and attitudes (Bourdieu, 1986).

It was argued that the more social, physical, human, and cultural capital an individual had, the higher their 'recovery capital' would be, and therefore increased chances of recovery from substance use. However, their grounded theory of 'recovery capital for addiction and recovery' was originally generated from a study of mostly white, male, adults in natural recovery. As a result, the initial conceptualization of recovery capital was primarily focused on those with existing resources and privilege' (Hennessy, 2017:357). By 2008, Cloud and Granfield (2008: 1975, 1978) had acknowledged that there were limitations to the categories of capital, and how other factors (such as age and gender) could result in 'negative recovery capital'. Yet, they still presume that 'social norms' of the white male are 'positive and ignore implications from negative social norms' (Hennessy, 2017:357), or how these social norms are negatively experienced by demographics who do not hold as much power.

Bogg and Bogg (2015) argue that as a result of structural inequalities experienced by women, Cloud and Granfield's model of recovery capital works to entrench those inequalities. By drawing on examples of women's needs, they argue that for alcohol treatment services to be effective in assisting women to establish and maintain recovery, then the model must take into account their lived realities which are likely different to the 68 'informants' who participated in Cloud and Granfield's study:

When a woman's drinking becomes dependent, the aetiology becomes hugely complex, with biological, social and psychological factors all compounding the potentially catastrophic effect that problematic alcohol use can have on her health, wellbeing, relationships, physical safety, sexual behaviour and inhibitions, social roles and status, occupational aspirations, self-image and identity (Falkin and Strauss, 2003; Lyons and Willott, 2008); La Flair et al., 2012). The literature cites a whole range of issues that are unique to women, ranging from greater physical damage due to physiological differences, through to emotional and relational impacts, with strong associations with domestic violence, sexual disinhibition, childhood abuse and sexual assault (La Flair et al., 2012; Tracy et al., 2012; Salter and Breckenbridge, 2014). Such issues are impossible to address without adopting a gender-specific perspective. (Bogg and Bogg, 2015:232).

Hennessy (2017) identified only one study that had exclusively applied recovery capital to the experiences of women (Gueta and Addad, 2015:18), in the context of drug dependency, which found that:

developing recovery capital, including self-awareness, stress-coping strategies, and various social resources (Granfield and Cloud, 1999), can be part of an effective strategy for overcoming long-term recovery challenges while financial difficulties, intrusive memories, motherhood and inability to find leisure activities may hinder it.

As such, Gueta and Addad (2015) suggest here how women's recovery was helped and hindered by their (in)abilities to build the different pillars of recovery capital. Neale et al.'s (2014:10) study of the gender sameness and difference in recovery from heroin dependence, also informs the extent to which women and men differ in their abilities to build recovery capital across the different domains. They suggest that while women did *not* have *less* recovery capital overall compared to men, there were differences *across* the domains of recovery capital between men and women - they 'did not weight all aspects of recovery capital equally'. For example:

[Female] participants had limited social, physical and human capital but greater cultural resources. Although women reported more physical and sexual abuse than the men, they had better family and social relationships and more access to informal support, including material assistance and housing. Women also seemed to be better at managing money and more concerned with their physical appearance...Gender was an important structure in shaping our participants' experiences, but there was no evidence of an 'essential' female recovery experience and women did not necessarily have less recovery resources than men. (Neale et al., 2014:3)

Furthermore, they raised concerns regarding the role of cultural capital for women, and the oppressive nature of social norms, which have been discussed previously within this section. This suggests that the recovery capital model may still be relevant for women in recovery but needs adjusting in accordance with their sex- or gender-based strengths and challenges. However, Neale et al. (2014:10) also critiqued the recovery capital model's applicability for both men and women: "physical capital" appeared to be a misnomer' and instead they advocated for a 'separate fifth component of recovery capital' being 'health capital' and argued

that 'physical capital' should be renamed as 'financial capital' in order to separate it from the capital associated with the body.

To increase the applicability of recovery capital to women's sex and gender-based needs, identified through clinical practice, Daisy and Terry Bogg (2015:240) developed a 'social model of recovery for women' which focused primarily on redefining financial capital. It deviated from the original model by reconceptualising 'physical capital' to reflect basic requirements for women's survival, rather than 'nice to haves' such as savings and investments. Physical capital was redefined as: safety, accommodation, financial independence, and welfare services.

It is clear that there have not been enough studies, either comparing men and women's experiences of recovery within the recovery capital model, or focussing on solely women's experiences, to understand the limitations and advantages of using the recovery capital model to assist women in recovery (Hennessy, 2017). It is evident that more can be done to understand the applicability and usefulness of recovery capital in providing support to women who want to change their drinking behaviours.

This thesis draws on the evolving model of recovery capital to support the conceptual grounded theory of women's recovery culture within online sobriety communities – to help explain its processes of the 'sober self', 'sober sisterhood', and 'non-drinking practices'. This thesis builds on the theory of recovery capital by exploring how it operates in the context of a women's recovery culture, and also within a contemporary recovery modality.

1.4. Situating sobriety within feminisms.

Our sexed and gendered bodies inform how we interact with and experience the world; embodiment is intrinsically linked to *experience*. On women's bodies, power relations play out; they are sites of contest, rebellion, empowerment, subjugation, restriction, and control. Building on Elizabeth Ettore's (2007) feminist embodiment approach to substance use, this section seeks to place this study of women's experiences of sobriety within a feminist history - feminism being the belief that women should have political, economic, personal, and social equality with men. A chronology of the evolution of the feminist movement is provided below

to offer context. This is woven with examples of women's agency⁹, sisterhood¹⁰, peer support, activism, collective action¹¹ and sociality that are useful when considering online sobriety communities within this legacy.

The use of the feminist wave metaphor within this PhD thesis echoes Dean and Aune's (2014) interpretation that it serves as a descriptive device to help explain evolutions in feminist thought and feminist practices, but the waves are not necessarily confined to specific generations of women, and instead can co-exist within contemporary ideologies and practices. Further, it is important to be cautious of seeking to create a smooth 'continuum narrative' that 'bridges' phases and bursts of feminist activity to allow for a coherent, linear re-telling which is disingenuous to the messiness and complexity of feminism (Abrams, 2019: 205).

1.4.1. Temperance: a longer history of women's popular support for, and practice of, alcohol refusal, and a pre-cursor to first wave feminism (1820s – early 20th century)

Recent trends in women's alcohol non-consumption, and their engagement with online sobriety communities can be situated within a longer history of women's popular support for, and practice of, alcohol refusal and feminism – dating back to the pre-first wave feminist temperance movements.

'Temperance movements' refers to a number of groups and societies that shared a mission to save themselves and others from the perils of alcohol consumption, although sometimes they had differing aims. Their initial aim was primarily one of moderation but with abstinence from spirits. Their goal was to eradicate public displays of drunkenness within local communities, with a particular concern regarding women's drunkenness due to other moral concerns of that era, including child welfare and racial degeneration.

⁹ In this context, 'agency' refers to the ability and capacity of women to take action and decisions.

¹⁰ 'Sisterhood' refers to a strong feeling of friendship and support among women who are involved in action to improve women's rights and lives.

¹¹ 'Collective action' refers to the working together of a number of people to achieve a common objective.

During the 1820s a concerted, co-ordinated (predominantly middle-class) effort against alcohol consumption began, led by Miss Allen and Miss Graham in Maryhill who formed the first temperance society in the British Isles in 1829 (Shiman, 1992). Many independent women's temperance societies followed, such as the Women's Total Abstinence Union, the British Women's Temperance Association, and the Women's Temperance Movement. These were formed between the 1830s and 1850s, particularly in towns where there was a large female representation within industry.

The female members of these associations did not situate their calls for temperance within overtly feminist action or discourses, unlike some of their American counterparts (Thom, 1997), and so their challenge to dominant gender roles and stereotypes was limited. However, the temperance movements played a substantial role in facilitating women's mass entry into the public sphere which was later utilised in suffrage campaigning during first wave feminism (Berridge, 2005).

It is estimated that the UK temperance movements of the 19th century reached six million members by 1900, across a number of groups and societies (McAllister, 2014; Shiman, 1988), although sometimes they had differing aims. As stated above, the initial aim of the temperance movements was primarily one of moderation but with abstinence from spirits in order to eradicate public displays of drunkenness within local communities, with a particular concern regarding women's drunkenness (Beckingham, 2021). This was because temperance, in the late 19th century, was linked to other moral concerns of that era, including child welfare and racial degeneration (Thom, 1997). Thus, women's drinking habits, and, in turn their sexualities, became the focus of reform by a number of groups including the medical profession, charities, and the government (Ibid; Ververde, 1998).

Women themselves also contributed to the regulation of other women's bodies and consumption; 'temperance women promoted ideals of respectability by targeting other women, in public space and in print' (Beckingham, 2021:3). Temperance was a way of othering and differentiating between oneself and those of lesser respectability; the campaigns of shaming served to both 'target and protect other women' (Beckingham, 2021:3; McErlain, 2015). These connections between temperance, respectability, and policing of the female body remain relevant to the findings of this research project.

In response to the 1830 Beer Act, which was seen as a liberalisation in policy that enabled the consolidation of power by the breweries, the majority of British temperance societies mirrored the American Temperance Union in advocating the 'pledge' of total abstinence, or teetotalism.

This radical movement was largely driven by a working-class membership who were inspired by the social and political transformative potential of teetotalism (McAllister, 2014; Nicholls, 2009) – themes of self-improvement which continue to be associated with sobriety today. The temperance movement progressed to become more than merely a pledge of abstinence but a civic way of life that re-shaped how and where the members socialised, and who with; it was an all-encompassing movement which provided (often purpose-built) places to meet, and events (including holidays) to attend, alongside the political campaigning and lobbying (McAllister, 2014). Abstinence became more than a refusal to consume – it became a lifestyle (Weber, 1978). The research findings presented in this thesis build on this to inform how women ‘do’ sobriety within a contemporary context.

The utopian campaign linked total abstinence to political, economic, and social liberation, and called upon the government for the practical means to achieve it through prohibition – achieved in the USA but not the UK. Consequently, this sparked fierce debates regarding individual freedoms (Nicholls, 2009) which ultimately paved the way for public discourses of self-responsibility that we see reflected in present day government strategy (Home Office, 2012) and alcohol awareness initiatives (McCambridge et al., 2013). As such, the temperance movements of the 19th and early 20th centuries have had long-lasting effects on the landscape of alcohol consumption and sobriety within the UK; their influences can be seen across social discourses, policy and people – particularly women – into the 21st century (Berridge, 2005; McAllister, 2019); themes of class, self-improvement, lifestyle and feminism are particularly relevant to this project’s exploration of online sobriety communities and the experiences of women within them.

1.4.2. First wave feminism (1848 - early 20th Century)

First wave feminism refers to a period of feminist activity that occurred during the 19th and early 20th century in Western countries, and primarily on legal issues such as women’s suffrage. First wave feminist activism sometimes entailed militant methods that resulted in imprisonment, force-feeding and death. However, once the vote was won, and women received suffrage, there was a perception that women were equal but had different needs that needed to be addressed and supported by the state. Such needs were articulated through ‘a variety of organisations, including temperance movements, housewives’ associations, and religious groups. The campaigns of such organisations were not only for particular policies, such as maternity hospitals and a family allowance, but also, more widely, for a greater recognition of the value of mothering.’ (Pederson, 2020: 510-511). There was limited

challenge to the traditional gender roles and expectations of women and participation in these organizations was often limited to women of education and means.

However, there has also been a feminist re-reading of women's participation in voluntary organizations, which locates a women's movement that was focussed on democratic citizenship (Beaumont, 2013; Innes, 2004). Abrams (2019:203) has argued that the mobilisation of women within these voluntary community organisations was:

a grass-roots response to the post-war reconfiguring of women's life cycles. By conceptualising the self-help organisations in this way we can see how they allowed women to negotiate a route towards personal growth to meet their needs which, in most cases, consisted of conjoining family and motherhood with self-development outside the home.

Contemporary feminist research of the gender-critical feminist movement on Mumsnet has found that there has been a resurgence of identification and alignment with first wave feminism by those who seek to protect women's legal rights under the Equalities Act 2010 and reject the proposed Gender Recognition Act. Posts on Mumsnet compare experiences and mantras (Pederson, 2020:516), maintaining the idea that women are equal but have different needs that are inherent to their sex.

1.4.3. Second wave (early 1960s – early 1980s)

Second wave feminism refers to a period of feminist activity that lasted for approximately two decades from the early 1960s in western countries. It focussed on issues of sexuality, family, reproductive rights, equality in the workplace and related legal inequalities, and critiqued patriarchal structures and institutions.

Betty Frieden's (1963 [2010]) polemic, *The Feminine Mystique*, spoke to the challenges women faced when returning to the domestic in the post-war period. It created awareness of how women's experiences had been created and shaped by structural inequalities and restrictive gender roles. This sparked a resurgence of feminist thinking and activism throughout the west in the late 1960s which sought to liberate women through equal rights, opportunities, representation, and by challenging traditional gender roles (Gray & Boddy, 2010; Holmes, 2000). During this second wave, Carol Hanisch (1970 [2006]) coined the phrase 'the personal is political' to convey that women's personal experiences are key to

understanding structural inequalities and are therefore relevant to politics and should be a site of resistance. 'The personal is political' also considers that the private, marginalised experiences of women are often shared by other women and should be collectivised to affect change (through collective action – the act of working together to achieve a common objective).

The female body also emerged as a site of feminist awakening and political agitation (Greer, 1970 [2012]), which resulted in leaps forward in western women's bodily autonomy regarding contraception and abortion, but also for maternity care (Abrams, 2019; Dudley-Shotwell, 2020). The self-help groups of the Women's Liberation Movement provided space in which women were taught about reproductive health and how best to care for the female body among other women who shared their experiences. Women learned from one another about their bodies at a time when men were the gatekeepers to healthcare, whilst also fighting for change to women's legal rights regarding contraception and abortion – they even arranged and performed illegal acts (such as abortions) to make sure that women got the help that they required (Dudley-Shotwell, 2020).

DIY women's organisations and self-help initiatives, particularly those focussed on motherhood and childcare, such as the National Childcare Trust (NCT) which provides parents with prenatal support, and the Pre-School Playgroups Association which provided childcare and education to children of pre-school age, were integral to providing support to other women, and 'offered millions of women the opportunity for self-development, self-confidence and independence' (Abrams, 2019:202). These examples of sisterhood were part of the second-wave feminist movement when the personal was deemed political (Hanisch, 1970 [2006]), and women's lived experiences were politicised to prompt calls for women's equal rights, but could be seen as a development of the voluntary organizations of the feminist first wave. They were forms of grass roots activism to address the personal experiences and predicaments of women due to gaps in structural provision.

1.4.4. Third wave feminism (early 1990s – 2009)

Third wave feminism refers to a period of feminist movement that began in the early 1990s, arguably with an article by Rebecca Walker in response to Anita Hill's testimony to an all-white and all-male Senate Judiciary Committee regarding sexual harassment. Third wave feminism sought to increase the diversity, intersectionality and individualism within feminist action and discourse. It moved away from discourses of similarities between women to that of difference.

This period also saw the emergence of feminist subcultures which sought to challenge gender stereotypes.

The gains of women's liberation were not experienced by all women, and it has been critiqued for its exclusionary practices and ideologies which predominantly served white women of the middle-class (Dill, 1983; hooks, 1982; Lorde, 1984 [2007]). Consequently, third-wave feminism, which emerged in the 1990s, was more focussed on representing the diversity of women's experiences through the lens of intersectionality (Crenshaw, 1989), queer theory (Rubin, 1984), and post-structuralism (Butler, 1990). Such a move towards identity-based feminist politics resulted in a greater focus on the experience of the individual rather than an essential female experience.

As a result of the second wave's focus on the female body and women's health, feminist social scientists developed the body as a theoretical notion in the late twentieth century (Turner, 1996; Davis, 1997). It became a lens through which sex and gender could be analysed from a sociological perspective. The body is now understood to be 'a central point for struggles over power: a foundation of social identities which are inscribed upon our social, relational and corporeal lives' (Ettore, 2007:18; see also Bordo, 1993). It is within the post-structuralist-informed third wave that feminist critiques of women's substance use emerged, some of which will be discussed further in section 1.3.2. 'Identifying women's needs in recovery', and which use the body as a theoretical paradigm (Ettore, 1992, 2007; Measham, 2002).

Third-wave feminism was also used as a marker to imply that second wave feminism, and the collective action it inspired, had ended (Gillis and Munford, 2004). Many prominent feminists of the second wave feminist era took up positions of power within politics, government, and academia. They continued their feminist work as part of 'everyday' life and occupations. Third-wave feminist ideology arguably reinterpreted the idea of 'the personal is political' to be the idea that women could engage with feminism through individual, daily acts: 'everyday feminism' (Abrams, 2019:205). By everyday feminism, I refer to the belief that normalised, day-to-day activities of a woman can contribute towards the political, economic, personal, and social equality with men. However, as Schuster (2017:650) contends, 'one major problem in assessing the political value of everyday feminism is the broad range of practices that fall into this category'. Hanisch (2006:3) recognises that sometimes 'individual struggle does get us some things, and when the WLM is at low tide or invisible, it may be the best we can do'... it also 'takes individual action to put into practice what the Movement is fighting for'. However, she maintains that 'individual struggle is *a/ways* limited' (Ibid).

Women's sobriety has been embodied and practiced as a form of 'lifestyle politics' within both straight edge and anarchist subcultures. By 'lifestyle politics' I refer to Portwood-Stacer's (2013:5) conceptualisation: 'the whole cultural formation around individuals' use of everyday choices as a legitimate site of political expression'. Further, how individuals 'integrate movement values into a holistic way of life' (Haenfler, Johnson and Jones, 2012:7) – or a 'lifestyle' (Weber, 1978). Below I draw on literature of straight edge and anarchism subcultures to explore women's embodiment of 'lifestyle politics' through sobriety.

Straight edge subculture rose to prominence after the release of 'Straight Edge', a track from punk band Minor Threat's (1981) debut 7-inch EP, written by Ian MacKaye¹². One of the central tenets of straight edge is the commitment to a drug and alcohol-free existence, in addition to abstinence from casual sex. At the time, this was a localised response to, and rejection of, the violent and troublesome hardcore punk scene which seemed to reinforce mainstream culture and hegemonic masculinities. Straight edge subsequently became an international phenomenon and was interpreted as a broader form of values-based social resistance amongst (predominantly) youth who chose an alternative path of 'self-realisation and social transformation' (Haenfler, 2004:409). Prominent published manifestos by straight edge individuals XsaraqaelX (2010) and Nick Riotfag (2010:176) outline how 'reasons for choosing this lifestyle are specifically connected to...political beliefs as a revolutionary, a feminist, and an anarchist' – they make the connection between intoxication and oppression. While the subculture is overwhelmingly white, male, and middle-class, its tenets attempt to undermine sexism and oppression, and for this reason many females have found straight edge an empowering scene to be part of. The proliferation of *online* straight edge communities (Williams and Copes, 2005), since the turn of the 21st century, has increased the ability of straight edge females to distribute anarchafeminist content and engage in a public discourse regarding feminism and straight edge. Online distributions and communities, such as Emancypunx and xsisterhoodx, enabled women to reclaim space in a way that their male peers did within live music venues (Kuhn, 2010). Thus, there are formative examples whereby women have creatively utilised digital spaces to disrupt the male-dominated narrative regarding an abstinent lifestyle and brought greater focus to the connections between sobriety and feminism.

¹² For the lyrics see <https://www.lyrics.com/lyric/21101740/Minor+Threat/Straight+Edge> [Accessed 2 October 2023].

Portwood-Stacer's (2012, 2013) research on contemporary, US-based, anarchist subculture, argues that alcohol refusal, as a form of lifestyle politics, serves as a daily reminder and accountability structure for broader politics (2013:86) – potentially a form of 'everyday feminism' in the third-wave feminist context (Abrams, 2019:205). While lifestyle politics is often dismissed as ineffectual and a product of neoliberalism's focus on the individual (Kauffman, 1990), Portwood-Stacer's research, in alignment with Schuster (2017), reinstates the value and impact of lifestyle politics more generally. She argues that practices of anti-consumption (meaning the refusal to consume resources or goods) to be 'sites of meaning, making, identity construction, and social negotiation' (Portwood-Stacer, 2013:156) inseparable 'from concerns with altering state power and mounting strategic protest' (p. 6). The findings from this research project explore the extent to which women, who use online sobriety communities, draw similar connections between their sobriety and feminist ideologies.

An advantage of lifestyle politics is its flexibility to meet individuals where they are, providing a low barrier to entry for new or curious subcultural participants. Yet for some – particularly those of already-marginalised positions in society – being able to display a subcultural identity either on the body or through lifestyle practices is a privilege that they may not be able to afford, either financially or socially. Lifestyle practices can also be used as indicators of authenticity and commitment (Widdicombe, 1990) in the establishment of inter-group hierarchies which can once more culminate in the amplification of voices that are already most privileged. Throughout this thesis, these barriers are considered in relation to online sobriety communities, and, in turn, why sobriety, as a feminist practice, may fail to appeal or include to under-represented groups.

These examples of sober subcultures (straight edge and anarchism) have traditionally been led by and dominated by men – rendering 'female subcultural participation visible' (McRobbie and Garber, 1976:211) but not necessarily centred and often portrayed through the 'male gaze' (Mulvey, 1975:808). Instead, this thesis seeks to recognise the shift that occurred with the publication of Skelton and Valentine's (1998:17) *Cool Places: Geographies of Youth Cultures* which was edited by women and sought to establish 'what young women do and what constitutes the distinctive elements of their culture'. This legacy can be identified within 21st century ethnographies of women's subcultures (Attwood, 2007; Commene, 2021; Nally, 2009; Wilkins 2004) that seek to 'address the feminist politics of young women's subcultural participation' (Blackman, 2014:503). More than just a reflection of women's participation, these ethnographies show the processes through which women attempt to subvert traditional models of gendered subjugation, both within the patriarchal structures of subcultures and broader society, whilst sometimes reinforcing gendered inequalities. It is this difficult

negotiation of femininities and feminism that are navigated when seeking to understand the contemporary relationship between women's sobriety and feminism within online sobriety communities.

1.4.5. Post-feminism and neoliberal feminism (1990s – present)

During the period of third-wave feminism, post-feminism was a term adopted by mass media and academia to refer to an era of declining support for feminism from the 1990s to 2010. It was thought that women were less likely to self-define as feminist, feeling the women's movement to be unnecessary and unfashionable. Cultural icons in film and media at that time, such as Bridget Jones, Carrie Bradshaw and Ally McBeal, have been often cited by academia as sound examples of post feminism (Dow, 2002; McRobbie, 2004; Winch, 2015) because while they had financial independence and had successful careers, they enjoyed the heterosexual pursuit and embodying traditional femininities. These were women who had rights and opportunities yet were still left wanting and unfulfilled; the love of a man was positioned as the ultimate prize or route to happiness. Thus, post-feminism is predicated on the idea that structural inequalities have been addressed in law, and it is now the role of women to individually empower themselves to optimize their experience and situation (Gray & Boddy, 2010; Harris, 2010) – and optimize the female body (Wolf, 1991).

One of the ways women could do this was by generating capital through labour and consumption¹³ – a form of neoliberal feminism. By 'neoliberal feminism' I refer to a belief that women face gender inequality whilst rejecting the role that socioeconomic structures play in creating or maintaining such inequality – and that through their own choices, self-responsibility, self-care and self-empowerment, women can eradicate such inequality (Rottenberg, 2014).

'Commodity activism' - whereby individuals purchase and consume commodities as a solution to a larger problem (i.e., gender inequality, or alcohol-related harm) (Mukherjee and Banet-Weiser, 2012) is a constituent part of neoliberal feminism, whereby the act of purchasing or consuming something is deemed to be activism or resistance. Neoliberal feminism is also strongly linked with the commercialisation¹⁴ of feminism (feminist-isation) and women's bodies

¹³ 'Consumption' refers to the act of using up a resource, and/or the purchase of goods.

¹⁴ 'Commercialisation' refers to the organisation or presentation of something in a way intended to generate capital.

(feminisation) through the perpetuation of the idea that consumption can lead to greater equality through neoliberal capitalism. It is a form of gendered neoliberalism (Gill, 2017).

This included the reappropriation and reclaiming of traditional femininities through everyday practices of fashion, cosmetics, crafts, and drinking (Baumgardner and Richards, 2004; Nicholls, 2019). It is also linked to the strong feminisation of consumer products and services, and the commercialisation of hyper-femininities. This has been seen in the reappropriation of 'girlfriendships' and female sociality (Winch, 2013) – explored later in this chapter – to facilitate the feminisation and feminist-isation of alcohol consumption (Atkinson et al., 2021; Sperkova, 2020).

McRobbie (2009) argues that such individualised conceptions of feminism are its 'undoing', whereby agency¹⁵, choice feminism¹⁶ and self-empowerment¹⁷ has been coopted by consumer brands to sell more to women with the false promise of increased power and equality (Banet-Weiser, 2012) and which ultimately entrenches their value in their increasingly sexualised bodies (Walter, 2011 [2015]), and fails to address structural inequalities.

Arising from her research of women's online support communities and a broad range of other media forms from the post-millennium, post-feminist era, Alison Winch (2013) developed the theoretical concept of 'girlfriendship': the formation of 'strategic' homosocial intimacy between women within the neoliberal era. She construes this as an 'investment in the individual' and part of the 'entrepreneurial project' of the self that is imperative within the neoliberal socioeconomic context (p.2-3). Alongside other feminist scholars (Rottenberg, 2014), Winch argues that women's friendships have been infiltrated by brands and technology platforms to feminise capitalism – a key constituent part of neoliberal feminism. She shows how online communities and friendship networks facilitate the surveillance and policing of the entrepreneurial project of the self. However, this regulatory force is applied by other women through the 'girlfriend gaze' which has internalised the misogyny of the male gaze (Mulvey, 1975:808) and thus rendered it redundant. These homosocial spaces can 'act as a system of mutual governance for the attainment of the ideal body, as women seek to prove their worth

¹⁵ In this context, 'agency' refers to the ability and capacity of women to take action and decisions.

¹⁶ 'Choice feminism' refers to a belief that the individual choices of a woman are inherently feminist.

¹⁷ 'Self-empowerment' refers to the process of *becoming* stronger, more confident, and in control of one's life and rights.

for the approbation of other women' (Winch 2012:1), which arguably works to 'preserve and perpetuate' neoliberal capitalism and male power (Winch, 2013:1). Thus, this move to online communities, such as those discussed above, has created networks of women who seek sociality with other women but for individual gain rather than social change. With the aforementioned connections between sobriety and the neoliberal 'branded self' (Banet-Weiser, 2012), these post-feminist forms of sisterhood – 'girlfriendships' (Winch, 2013) have purchase when analysing women's participation within online sobriety communities.

1.4.6. Fourth-wave feminism (2010 – present)

The fourth wave refers to a period of feminist activity that occurred around 2010 and is thought to be the current feminist wave. It is characterised by a focus on the empowerment of women, intersectionality, and the role of the internet and digital media as a tool for equality. To date, fourth wave feminism has focussed on issues of sexual abuse, sexual harassment, sexual violence and the objectification of women.

The relationship between neoliberalism and feminism has continued into the fourth wave, and yet instead of focusing on the influence of consumer brands, individuals have become the brands in a process of branding the self, in order to capitalise on the female body and empower the self (Banet-Weiser, 2012, 2021; Caldeira, 2021; Kanai, 2020; Peroni and Rodak, 2020; Rivers, 2017). This has been facilitated through developments in technology, specifically the rise of SNS and the democratisation of internet access and personal devices. Fourth-wave feminists have also used SNS and digital spaces to expand their (often global) connections around common goals that are often rooted in individual subjectivity and self-determination. These networks serve to provide 'honest mutual support...with a potential of converting this into common action' (Peroni and Rodak, 2020:8-9). Examples include The Everyday Sexism Project (n.d.) founded by Laura Bates (2014) and the 'Me Too' hashtag ignited by a tweet from actress Alyssa Milano in 2017 (Kantor and Twohey, 2019).

Within the fourth wave there has also been a resurgence of self-help or Do-It-Yourself (DIY) feminist initiatives but within online spaces, such as Mumsnet (2023; see also Pedersen, 2021). Such collective sisterhood formed through many online accounts posting and re-posting personal stories, aggregated through hashtags, is typically focussed on single issue feminist politics. Arguably, these digital strategies have been instrumental in raising awareness that sexual discrimination and sexual violence against the female body remains prevalent in western societies, despite previous gains, but much of the activism is based on

words, not deeds, and collective solutions are lacking. Similar to critiques of third-wave feminism, some have argued that online activism is a 'lazy' form of feminism that has limited political impact (Lee & Hsieh, 2013). However, I can point to multiple instances where such digital activism has led to tangible changes for women and girls, and their bodily autonomy, such as the implementation of NICE guidelines for dealing with miscarriages and ectopic pregnancy within the NHS after a 2011 campaign by Mumsnet (2012) and The Voyeurism (Offences) Act to punish 'upskirting' - legislation that was brought into effect after a social media campaign led by Gina Martin (2019; see also Ministry of Justice, 2019).

In *Living Dolls*, Walter (2011 [2015]:xviii, xix) argues that this sisterhood (the strong feeling of friendship and support among women who are involved in action to improve women's rights and lives) was 'absent' from the feminist debate/ideology of the 1990s and early 2000s but has 'renewed itself' in a fourth-wave context, in which the 'internet has been key'. The practice of women coming together to share embodied experiences continues today – within online support groups for breast cancer (Coreil et al., 2004) and disabilities (Mejias and Gill, 2014), to provide two examples. Here, it is evident that women continue to value other women's views and lived experiences of medical treatment, perhaps over and above what they are being told by a practitioner. They form social bonds with those who experience similar diagnoses or conditions. It is also evident that from their experiences within these communities, women have proceeded to take on roles and goals outside of the communities to raise awareness and conduct deeds of activism (Pedersen, 2021).

With the removal of mainstream media gatekeepers, SNS can be interpreted as a space which offers a democratic platform to discuss important political issues and give voice to the marginalised (Kanai, 2020; Caldeira, 2021) – 'the internet enables feminists to find one another' (Walter, 2011 [2015]:xix). SNS have brought women together from the meso-scalar level (different social networks and institutions) to have micro-scalar (1:1, niche) interactions, which may go on to have macro-level (national or international) impact (Williams, 2011). This has resulted in sisterhoods that may not have been feasible in person. For example, there is recognition that physical presence within communities and physically intensive acts of resistance may be more challenging for those who are older or who have health concerns (Portwood-Stacer, 2013). Similarly, women, who shoulder (on average) 60% more domestic labour than men (ONS, 2016) may also be more likely to stay connected when the community is accessible online – a trend which tracks across women's subcultural participation and use of AOSGs previously discussed within this chapter.

Examples of sisterhood within fourth-wave feminism typically connect geographically dispersed groups of women and results in consciousness raising and a culture of call out (Bates, 2014; Kantor and Twohey, 2019). Connecting with a wide array of women across SNS assists with the 'development of female consciousness, identity and power...an emerging process of subjectivation and self-determination, stimulated by 'hashtag feminism' and online communications' (Peroni and Rodak, 2020:7). It is this complex dynamic between collectivism and individualism from second- and third-wave sisterhoods that assist in understanding practices of sisterhood within online sobriety communities in the context of contemporary fourth-wave feminist ideology.

However, a critique of feminist DIY and self-help groups is that there are significant limitations to the sisterhood within these communities (Dill, 1983; hooks, 1986). Indeed, this was also reflected within the previous feminist waves. In these examples, sisterhood was, and remains, largely exclusive to white, middle-class women, a select few of whom are pushed into the public sphere as leaders of movements while working class women and women of colour are left behind (Dill, 1983). The ways in which class, race, and disability intersect with women's experiences are largely not considered. This creates a factionalised rather than consolidated approach to 'the personal is political', whereby women's groups segment to represent different interests instead of working together (Segal, 1999). This thesis extends this critique to the 'sober sisterhood' within online sobriety communities and identifies the ways in which some women of colour and disability have other lived experiences that are relevant to understanding women's needs within recovery.

1.4.7. Positioning women's contemporary recovery culture within this feminist legacy.

In the context of this feminist history and theoretical canon I adopt a feminist embodiment approach (Ettore, 2007) to women's recovery within online sobriety communities. I focus on women's embodied experiences in recovery and explore their bodies as sites of feminist politics, but also conformity, whilst recognising that such experiences are contingent on how the body presents to the world (i.e., whether it is disabled, black or older). Throughout, I consider how this embodiment reflects and resists these sometimes-conflicting feminist ideologies from across second-, third- and fourth-wave feminisms. Specifically, I situate online sobriety communities as a phenomenon of contemporary fourth-wave feminism and explore the ways in which the second wave's mantra of the 'personal is political' (Hanisch, 1970 [2006]) is interpreted through sobriety as a practice of 'everyday feminism' (Abrams, 2019:205; Pedersen, 2021) and 'living a feminist life' (Ahmed, 2017) that occurs in both material and

digital spaces. In doing so, I critique the ways in which women's recovery culture within online sobriety communities sometimes entrench post-feminist sentiments of declining engagement with feminist discourse and action, and the ways in which they engage with neoliberal feminist ideas of individual agency, choice, and empowerment that increases the labour of the recovering female body and entrenches its value as a site of consumption and erotic capital.

1.5. Navigating the individual subjectivity of recovery.

This PhD research project seeks to understand how women, who use online sobriety communities, navigate being a 'non-something', i.e., a non-drinker, through 'active commission' (Scott, 2018:3) – by embodying and 'doing' sobriety, both in material and digital spaces, as insiders within a shared recovery culture. This section explores what is currently understood regarding the ways in which non-drinkers navigate this individual subjectivity.

By subjectivity, I refer to their personal opinions, feelings, beliefs, embodiment, and lived experiences rather than the external factors that shape their experience of sobriety. Such subjectivity is a way of managing and living sobriety in a neoliberal era where individuals are forced to rely on their own resilience, empowerment, choices and responsibilities to shape their own experiences.

1.5.1. Managing stigma as a non-drinker.

'Stigma is broadly identified as a process of social devaluation in which people become targets for discrimination and status loss as a result of perceived differences and labelling' (Morris and Schomerus, 2023:1; see also Becker, 1963 [1991]; Goffman, 1963 [1990]). Goffman applied his theory of 'stigma' to explain the feelings and experiences of those struggling with addiction or deemed to be an 'alcoholic'. He suggested that these individuals embodied a 'spoiled identity' in society, and unfortunately 'the stigma of alcohol problems remains persistently high' (Morris and Schomerus, 2023:1). Subsequent research has built on this and shows that managing stigma is a pervasive challenge that many non-drinkers face irrespective of their age or profession (Hill and Leeming, 2014; Pavlidis et al., 2019; Romo et al., 2015, 2016), and across multiple alcohol-centric cultures such as the UK (Jacobs, Conroy and Parke, 2018), USA (Herman-Kinney and Kinney, 2013), New Zealand (Nairn, 2006), Australia (Bartram et al., 2017) and Finland (Pavlidis et al., 2019).

Research has shown that the experience of stigma is also gendered. Men's refusal to imbibe (at all, or excessively) can often lead to a situation whereby their masculinity is challenged (Dempster, 2011), although the 'social context of male drinking is changing very rapidly and masculinities are being redefined' (Mullen et al., 2009:151; see also Duncan et al., 2022). In the context of traditional stereotypes (Perkins, 1979), a sober identity is more in keeping with society's expectations of women; feminine, passive, and quiet (Waitt and Clement, 2016). Women can frame their sobriety as a form of self-care and a desire to take care of their home, their family and their body (Nicholls, 2022a). However, this vision of feminine sobriety is tied to representations, or assumptions, of established recovery. A woman embarking upon her first few days of sobriety, perhaps within an inpatient facility, is more likely to be viewed as a 'deviant' 'moral failure' (Rhodes and Johnson, 1994:146-7). Furthermore, to be perceived as a woman who had a 'problem' with alcohol can also incur a social penalty, due to its suggested implications of a messy/leaky body (Shildrick, 1997) and unrespectable femininities (Skeggs, 1997) – often associated with the culture of intoxication and the *ladette* (Day et al., 2004; Jackson and Tinkler, 2007).

Existing research has identified that non-drinkers employ a multitude of strategies to alleviate the stigma attached to their sober identities and resist negative associations. These include physical measures, such as avoidance, abandonment (Fry, 2011), drinking props and alteration of appearance (Herman-Kinney and Kinney, 2013), in addition to conversational strategies (Piacentini and Banister, 2009; Romo, 2012). These existing studies suggest that non-drinkers' practices are anchored in attempts not to be *seen* as sober individuals. Instead, they are performing corrective, more socially acceptable, layered identities for the pertinent social situation. This thesis builds on this research to develop understanding of how gendered stigmas are navigated by women in the construction of their 'new' self-hood in sobriety.

However, the aforementioned research explores non-drinkers' behaviour and strategies within alcohol-centric social settings or communities where participants are more likely to be seen as non-drinkers and thus positioned as deviant 'outsiders' (Becker, 1963 [1991]), such as university campuses. In other situations, alcohol refusal may be rendered invisible, or an identity of 'non-doing' by 'passive omission' (Scott, 2018:3). For example, the act of alcohol refusal is typically less relevant and not visible when meeting friends for breakfast which renders their identity less exposed to stigma.

1.5.2. Constructing the ‘new’ self in recovery.

Within long-standing practices of recovery communities, such as AA and even the temperance movements, storytelling is used to reframe past experiences within recovery discourses (AA, 2001; McIntosh and McKeganey, 2000; Nicholls, 2009). It contributes to the modern imperative towards a ‘reflexive project of the self’ (Giddens, 1991:5) as an individual means of dealing with the anxieties caused by the era of neoliberalism where there is economic insecurity and uncertainties, thus enabling one to psychologically map a journey from the past to a potential future self. This identity work and narration is also key to Alcohol Online Support Groups (AOSGs) attracting/retaining women’s participation within them; of those who participated in the study of Soberistas, 80% deemed the sharing of personal stories to be most useful in supporting them to maintain sobriety, shortly followed by users’ blogs at 71% (Sinclair, Chambers and Manson, 2017). Thus, users value the opportunity for self-development and identity-formation work conducted through the written form.

Themes of redemption have historically featured within these recovery narratives and often been tied to ideas of spirituality or a ‘higher power’ (Humphreys, 2000; Nicholls, 2009). This idea of a ‘new’ self, post-addiction, has since been utilised by Temporary Abstinence Initiatives (TAIs) such as Dry January. Via a qualitative analysis of online and distributed content within the 2017 Dry January campaign, Yeomans (2019) determined that the idea of creating a new self is key to the success of the initiative, particularly in comparison to public health campaigns that rely on communicating the harms associated with alcohol. The fact that participants are more successful in completing an alcohol-free month if they sign up to Dry January and engage with its content and correspondence suggests that the discourse of the self and individual transformation is effective (de Visser and Nicholls, 2020; de Visser and Piper, 2020). Furthermore, Nicholls’s (2021:777) research of the online sobriety community Women Who Don’t Drink, found that women in early sobriety position recovery ‘not as an end in itself but part of a wider programme of self-growth’. As such, it is evident that contemporary initiatives are drawing on historical recovery narratives of redemption whilst supplementing religious discourses for those of the neoliberal ‘enterprising self’ (Ibid).

Elements of non-drinkers’ lifestyles are identified as neoliberal indicators (Caluzzi et al., 2021a and 2021b; Nicholls, 2021; Yeomans, 2019), such as the desire for self-control or self-improvement (Giddens, 1991; Walkerdine, 2003). In her 2021 paper, Nicholls interprets sober women’s attempts to avoid a label of deviancy through maintaining their status as ‘productive and ‘good’ (p.775) neoliberal consumers who buy into notions of self-improvement and the ‘enterprising self’. Hood (2003) has also previously identified the importance of this sense of

purpose and self-growth through leisure for women in recovery; their identities could be linked to the need to participate in consumer culture in order to feel complete or fulfilled (Henderson and Gardner, 1996; Hood, 2003). This research project develops this connection between sobriety and the 'enterprising self' by exploring how women engage with discourses of failure and perfectionism (McRobbie, 2015), and ideas of expertise (Yuan and Lou, 2020; McRobbie and Thornton, 1995) to construct the 'new' 'sober self'.

Labels are used by individuals in recovery to assist with this construction of a 'new' self, and to distance oneself from the past drinking self (Hill and Leeming, 2014; Scott et al., 2016). Labelling theory developed by Becker (1963 [1991]:8) within *Outsiders* posits that self-identity and the behaviour of individuals may be influenced or determined by the labels used to describe them:

...social groups create deviance by making rules whose infraction creates deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by other of rules and sanctions to an 'offender.' The deviant is one to whom that label has been successfully applied; deviant behavior is behavior that people so label. (his emphasis).

As can be seen from the above extract, Becker's work specifically explored the role of labels with deviant behaviours, however the theory remains relevant when considering individuals' rejection of, or redemption from, deviance too. For example, labels can be associated with differences in wellbeing and social patterns in sobriety; Best et al (2017) found that individuals who self-identified as 'recovered' reported higher wellbeing and different social patterns to those who self-identified as 'in recovery'. Stigmatising labels and binary language can also reduce the likelihood that drinkers recognise that they have a 'problem' (Morris et al., 2020, 2022a). It is important, then, to consider how labels are used by individuals in recovery to understand how they serve them, as this thesis proceeds to.

There is, however, limited feminist academic critique of labels used in the recovery process, despite many calls women's specific needs and preferences to be considered within recovery programs (Beckman, 1994; Kaskutas, 1994; Rhodes and Johnson, 1994). Burman came close with her criticism of the disease model of addiction when she questioned:

whether this important trait [empowerment] can be developed by the disease concept's emphasis on illness and the sick role, which

inadvertently validates the feelings of powerlessness and helplessness of these women who already have been intensively socialised in dependent and subordinate roles.

However, it is unclear whether she includes the term 'alcoholism' within her definition of the 'disease model' and therefore whether her arguments apply to the label itself. While public health and academic discourses have largely shifted away from 'alcoholic' to 'AUD' (see for example Tuchman, 2010), feminist critique of the AUD label is also limited. Instead, Taylor (2022) is one of few feminist voices who is currently challenging the pathologisation of women through the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria more generally, in which AUD was created.

Online sobriety communities have sought to provide space for the multiplicity of non-drinking labels by utilising nonbinary language (Barker and Iantaffi, 2020) in order to eradicate the false binary of 'binge' versus 'normal' drinker. This is evident within the terms used by the communities, such as 'mindful drinking' (Willoughby, Tolvi and Jaeger, 2019) and 'sober curious' (Warrington, 2019). These terms suggest that the majority of individuals are in an ever-changing position of negotiation on the continuum of alcohol (non-)consumption. Such non-absolute language may be helpful in reducing the stigma attached to taking a break (short or long term) from alcohol; it may also appeal to a wider demographic who may not be eligible for services under the NHS, or who do not identify as an 'alcoholic' (Atkinson et al., 2023; Sanger, Bath and Bates, 2019a). However, it must also be understood that while online sobriety communities use this terminology, it does not necessarily imply that their members engage or identify with it. This research project explores how labels are adopted, reworked, and rejected, by women in recovery, to support the embodiment and construction of the 'sober self'.

1.5.3. Sobriety as a form of wellness and self-care.

The increasing popular engagement with wellness and self-care (Elliott, 2003; Spicer, 2019) offers another discourse through which individuals can embody and construct their recovery. By self-care, I refer to those (sometimes everyday) activities that individuals carry out to manage and restore their own health, both mental and physical. This is how self-care has been most commonly understood within western healthcare and clinical settings since the 20th century (Levin and Idler, 1983); for example, an individual can follow a low-sugar diet to minimise the risk of diabetes. Additionally, self-care can be defined as a form of reflexive,

psychological wellness for mental health professionals who may engage with therapy to cope with their 'demanding, challenging, and emotionally taxing' profession (Barnett et al., 2007:603), particularly in the context of underfunding and privatisation of healthcare in the neoliberal era.

Self-care significantly evolved in the late 1960s as part of the Women's Liberation Movement when women formed self-help groups to perform cervical self-examinations and raise consciousness about reproductive health. Self-care was a political act for women to re-assert control over their own bodies in light of sustained historical, medicalised abuse and control at the hands of men (Dudley-Shotwell, 2020). It was further, and affirmatively, developed within Audre Lorde's (1988 [2017]) *A Burst of Light* as a radical, black feminist act to increase chances of survival within a white, heterosexist, capitalist, medical system and society. In response to her second cancer diagnosis, Lorde turned to the alternative healing properties of shared sisterhood, homeopathic remedies, and political work – she described her self-care as 'a political decision as well as a life-saving one' (p. 130).

However, self-care has since expanded beyond radical feminist circles and has been diluted for the mass market (Spicer, 2019). Tips and tricks for, and commentaries on, self-care abound within mainstream press articles (Morgan, 2020) and magazines targeted at women (Weldon, 2021). With recent greater awareness of mental health and its alleged reduced stigmatisation (Nealon, 2021), this supposed democratisation of self-care is framed as an accessible and easy way to invest in one's own health and boost resiliency in times of strife (Tokumitsu, 2018). As such, it reinforces ideas of individual responsibility – a common feature of the neoliberal socioeconomic and political model which links market forces with individual contribution and the shrinking role of the state (Springer et al., 2016). There is now an individual responsibility and 'duty owed to the body' (Juvin, 2010:100). The post-millennium era has seen a higher socioeconomic value placed on disciplined, productive bodies, which in turn has fuelled a thriving wellness and wellbeing industry (Cederström and Spicer, 2015) and the creation of 'a religion of the body, celebrated everywhere' (Juvin, 2010:94).

Themes of self-care are co-opted and commodified by consumer brands within marketing campaigns, particularly targeted at women. Products and services are sold with the promise of relaxation, fulfilment, authenticity, and wellness (Elliott, 2003) – sometimes with a substantial price-tag attached, and with the expectation that consumers are able-bodied. As explored within Lavrence and Lozanski's (2014) study of the athletic-wear and yoga brand lululemon athletica, self-care can become a quest to reach (and maintain) an elusive destination, status, or body shape, and is allegedly more likely or attainable the more time and

money one spends on the journey. In doing so, lululemon draw on 'liberal feminist rhetoric of agency, choice, and empowerment to generate bonds between consumers and brands' (Winch, 2013:2; see also Banet-Weiser, 2012).

Using contemporary wellness ideology (Cederström and Spicer, 2015), the stigma of being a former problematic drinker can be re-worked as an individual, positive, lifestyle choice. As such, fitness and exercise are one of the layered identities available to non-drinkers that provide a 'legitimate alternative subject position' (Nairn et al., 2006:293) – a relational category that 'obtains situational meaning in relation to other possible subject positions and discourses (Törrönen, 2001: 316). Portraying a 'jock identity'¹⁸ reduces the challenge to one's masculinity as a male on campus (Herman-Kinney and Kinney, 2013). In turn, a woman who looks after herself through abstaining can be viewed positively in light of her adherence to social expectations of feminine self-control (Lunnay et al., 2022). There is significant overlap between teetotalism and sport or fitness-based identities (Frank et al., 2020; Pavlidis et al., 2019; Törrönen et al., 2021). It is more common for young women (compared to young men) to use sobriety as a tool to manage weight and calorie intake (Caluzzi et al., 2021a), and - for older women - as an anti-ageing strategy (Nicholls, 2022; Pruis and Janowsky, 2010). From these examples it is clear that sobriety is sometimes used by women as an instrument for bodily discipline and control in order to conform with societal expectations about what healthy, (re)productive, and attractive women's bodies 'should' look like (Bordo, 1993).

This is interpreted by some as another feature of the individualized 'enterprising self' (Nicholls, 2021) and a result of neoliberal cultural influences which put the onus of responsibility and control upon the individual, particularly with respect to health and wellbeing (Burgess et al., 2022; Caluzzi et al., 2021a; Robert, 2016). While this desire for self-improvement via sobriety is often interpreted as a contemporary, middle-class, neoliberal phenomenon, it is evident that there have been links between sobriety, social mobility, and self-improvement as early as the 16th century for economic reasons (Warner, 1997), within religion (Dworkin, 2000), and particularly in the temperance movements of the 19th century (McAllister, 2014) – this is in addition to 20th century recovery narratives within Alcoholics Anonymous (2001). While people's actions cannot be viewed outside of the socioeconomic model they operate within, there are challenges in projecting neoliberalism on to non-drinkers; it misrepresents the agency of an individual's positionality regarding non-consumption and fails to reflect the depth and nuance of their relationship with alcohol. For example, it is understood that young people's

¹⁸ A 'jock' is known in North America as a stereotype of a high school or college athlete.

decision not to drink can be informed by alcohol-related harms within their family (Haenfler, 2004; Pavlidis et al., 2019); the age group of their parents would align with that of society's heaviest drinkers (NHS Digital, 2020). Non-drinking youth culture is also a response to concerns about the personal, social and health impacts of alcohol, much like smoking (Caluzzi et al., 2020 and 2021a), and other associated risks (Pennay et al., 2023). Therefore, to solely associate teetotalism as part of a broader, fashionable trend towards individualised self-care and self-improvement is too reductive.

The overlap between fitness and sobriety could also be read as an attempt by non-drinkers to establish an alternative community which is not mediated on alcohol consumption and thus renders the non-drinker's deviancy 'invisible in some day-to-day situations and everyday interactions' (Pavlidis et al., 2019:1107). The pursuit of fitness can provide the meaningful connections that are so valuable in maintaining recovery (Bluic et al., 2017; Scott et al., 2016), whilst also reducing alcohol cravings (Hallgren et al., 2021). While there is an increasing body of research that has begun to explore this relationship between contemporary alcohol refusal and wellbeing, this thesis sheds light on the role of self-care and wellness discourses within online sobriety communities, and women's engagement with them, to support the embodiment and construction of the 'sober self' and 'sober sisterhood'.

1.5.4. Sobriety embodied and constructed through (online) performance.

Butler's (1990) postmodern theory of performativity, gender, and sexuality argues that identity is an effect of discursive and embodied practices. She argues that a 'constructed identity' is 'a performative accomplishment', i.e., it is the act of *performing* gender which constitutes the self; for Butler (1988:520), identity is an illusion created by performances. This is also relevant when considering the ways in which sobriety is embodied and constructed within online sobriety communities.

Through interviews and an examination of online posts Atkinson et al (2023:8) argue that sobriety is performed and portrayed as an 'authentic' sense of self – and a return to singular, 'true self'. In turn, findings from their data suggest that research participants believed their drinking selves to be a performance of multiple selves, 'shape shifting and morphing into all these different people' (Melissa, cited in Atkinson et al., 2023:8). As such, according to their study, the 'sober self' is viewed as a minimisation of performances - that the same performance is completed repeatedly to construct a strong sense of identity as a sober person, whereas their sense of identity as a drinker (at least in hindsight) appeared more fractured.

The findings in this thesis further explore the ways in which sobriety is embodied and constructed by women who use online sobriety communities, and for different 'performances'.

Existing research has shown how online spaces provide users with resources to help understand, construct, or reaffirm their self-subjectivity (Daniels, 2009; Kendall, 1998; Ringrose and Eriksson Barajas, 2011) and provide the opportunity to practice their identity online before aligning their offline identity (Chambers et al., 2017; Craig and McInroy, 2014; Turkle, 2011). Arguably, the utilisation of technologies and the occupation of digital space has provided the non-drinking community with similar freedoms to shape and re-stage 'performances' of sobriety that will be further explored in the context of online sobriety communities.

However, online and offline identities must not be viewed as binary alternatives; they inform and co-exist with one another (Robards and Bennett, 2011). For example, Kendall's (1998) research participants ultimately viewed their identities as embodied - grounded in a particular body - even if the internet did allow for anonymity or masquerade. Users of SNS want to feel as if they are seeing the 'real' person behind the accounts they follow, and this is gauged by the extent to which daily life and its challenges are revealed and documented. Utilising an anonymous identity within online sobriety communities could be a barrier to creating this authenticity – a highly regarded feature of social media (Kanai, 2020; Tennent and Jackson, 2019). Dubrofsky and Wood (2014) highlight the dichotomous relationship between social media posts and the slippery concept of authenticity: social media posts are often highly curated, selected, doctored, and drafted before they are posted, and thus social media identities are performative (Dobson, 2014). To suggest that social media posts are a natural, spontaneous, and a true representation of one's life, particularly by influencers, is somewhat misleading. Particularly for women, it is evident that there is a large amount of aesthetic and personal labour that is invested within SNS usage (Atkinson and Sumnall, 2016).

Atkinson and Sumnall's (2016) and Goodwin et al.'s (2016) research of young women's drinking cultures and practices on SNS emphasises the competitive, performative nature of online posts. The ideal pictures to be posted from a night out featured hyper-sexualised femininities in tandem with alcohol consumption – women dressed up, in high-heeled shoes, glamorous make-up, fake tan and looking slender (see also Griffin et al., 2013). Any photos that transgressed this whereby the women appeared 'slutty' (Atkinson and Sumnall, 2016:51) (displaying underwear), out of control, or fat, were deleted and not made available for public view (see also Bailey et al., 2015). This validates Marwick's (2013) caution that online communities and social media should not be interpreted as liberatory identity-fluid spaces.

They can serve to perpetuate society's policing of femininity (Fox, 1977), and privilege (through algorithms and popular validation/engagement) hyper-femininities that conform with heteronormativity, such as those displayed by the participants in the studies cited above. Thus, SNS produces and reproduces performances of heteronormative gender during drinking practices.

However, it is evident from existing research that SNS has a prominent role to play within young women's drinking cultures (Atkinson and Sumnall, 2016; Brown and Gregg, 2012; Goodwin et al., 2016). Posts on social media sites were seen by participants to heighten the fun, the bonding between friends, and prolong the group memories of the shared experience. This is in keeping with research that suggests the overwhelming majority (76.33%) of substance-related content, shared across SNS platforms Twitter, YouTube, Instagram, Pinterest, TikTok and Weibo, was positive in its depiction of substance use (Rutherford et al., 2022). However, there remains limited understanding regarding the performativity of 'non-drinking practices', particularly online, and the roles of online sobriety communities and SNS in facilitating this construction of sobriety. This thesis directly addresses this gap in the literature.

It is also important to recognise the rise of influencer culture within SNS and its impact on the way in which online spaces are used to construct and digitally embody the self. With the development of Instagram as a SNS, the role of an 'influencer' has emerged. These individuals are:

celebrated in popular media for their beauty, their lines of cosmetics, their consumption, their opinions, their personal experiences, and their entrepreneurship. They write about indulgence of the self and the creation of a beautiful body as an expression of feminism and feminine empowerment. They embody an entrepreneurial self in which the boundaries between work, consumption, intimacy, and the marketplace are dissolved and where personal life experiences are conceived as assets that can be commodified. (Petersson McIntyre, 2021:1061).

Influencer culture has supercharged the concept of a 'branded self' (Banet-Weiser, 2012; Hearn, 2008; Marwick, 2013), whereby the self is turned into a commercial brand in return for social or physical capital. With the emergence of the sobriety influencer (McHugh, 2019) and their desire to 'craft' a 'positive' representation of the 'sober self' (Atkinson et al., 2023), contemporary recovery culture has not been immune to this trend. However, there is currently

limited understanding regarding their relationship with online sobriety communities and how they inform women's experiences of sobriety, which this thesis attends to.

1.6. Situating online sobriety communities within the landscape of contemporary recovery modalities.

1.6.1. Understanding use of non-12-step alcohol online support groups.

Since the widespread use of the internet in western countries, web-based (often peer-to-peer) support groups have proliferated to connect individuals who are experiencing illness (Coreil, Wilke and Pintado, 2004; Dosani et al., 2014). This model has been replicated for those who want support to change their drinking (Klaw, Dearmin Huebsch and Humphreys, 2000; Sanger et al., 2019a). These groups can be termed 'alcohol online support groups' (AOSGs), and typically follow a non-12 step recovery model (i.e., not the 12 steps used within Alcoholics Anonymous).

Existing research suggests that there is a significant association between gender and the use of AOSGs (Graham et al., 2018). Participants within AOSGs are disproportionately female compared to the demographics of those presenting for publicly funded treatment (Robert, 2016; Sinclair et al., 2017). For example, Sinclair et al. (2017:223-4) found that 94% of respondents to their study of Soberistas were female. Furthermore, they were 'overwhelmingly in employment with post-graduate qualifications' – a demographic that was also reflected in Sanger et al.'s (2019a) study of multiple AOSGs. As such, questions remain whether online support initiatives, such as AOSGs but also online sobriety communities, are able to assist a diversity of demographics – a question that will be addressed within the findings of this thesis.

Despite this prominent trend in women's use of AOSGs, there is limited research that explores the gendered nature of communications within them. Klaw et al. (2000) found no gender differences within communication patterns of their sample while Carah, Meurk and Hall (2015) found that female participants of TAI/AOSG Hello Sunday Morning were more likely to pursue body and alcohol-related goals. Other studies of content within non-12-step AOSGs did not pursue this avenue of investigation. This thesis provides greater insight regarding the content that women share within online sobriety communities and 'sober Instagram' during their navigation of sobriety.

Studies of AOSGs suggest a multitude of reasons why people (particularly women) are increasingly utilising internet platforms, including; flexibility and access (Chambers et al., 2017; Sanger et al., 2019a; White et al., 2010), accountability (Chambers et al., 2017), stigma reduction through anonymity (Ibid; Khadjesari et al., 2015), specialist information (Klaw et al., 2000), support (Sinclair et al., 2017), empowerment (Barak et al., 2008), and the value of sharing personal stories in the written form (Khadjesari et al., 2015; Klaw et al., 2000; Sanger, Bath and Bates, 2018; Sinclair et al., 2017). Sanger et al. (2019a:2) found that the most important benefit of AOSGs cited by participants was the ability to meet ‘someone like me’, who shared the same experiences and did not adhere to the ‘alcoholic’ stereotype. These groups provided ‘a sense of normality for those who did not feel they belonged in the world of AA’ (p. 3). Many of these advantages align with the aforementioned needs of women in recovery and arise again in the findings regarding online sobriety communities.

The efficacy of AOSGs in reducing alcohol consumption has been the subject of some quantitative and mixed-methods research. Findings suggest that the majority of participants reduced their alcohol consumption as a result of engaging with these initiatives (White et al., 2010), or were more likely to continue with treatment (Bluic et al., 2017). For example, a small sample from SMART recovery found that their online intervention, Overcoming Addictions, was just as effective in helping people recover from problem drinking as the traditional, in-person approach (Hester et al., 2013). Furthermore, 55% of those who took part in Sinclair et al.’s (2017) online survey of Soberistas became alcohol-free or reduced consumption post joining. While these studies typically draw on relatively small sample sizes and participant self-selection, the indicative trends regarding efficacy and women’s utilisation highlights the value of further research to understand how online initiatives – such as online sobriety communities – assist women to navigate sobriety.

1.6.2. Exploring engagement with Dry January and other Temporary Abstinence Initiatives.

During the last decade there has been a rise in temporary abstinence initiatives (TAIs) in some Western countries. For example, Australian charity Hello Sunday Morning was the first to gain popularity with their user-driven blogging site in 2010, followed promptly by the launch of Alcohol Change UK’s Dry January campaign in 2013 (Alcohol Change UK, n.d.). Keen to mirror the UK’s success, Kék Pont Alapítvány (Blue Point Foundation), a substance use NGO, started Dry November in Hungary in 2015 (Erdő-Bonyár, 2018). Other campaigns have

subsequently been launched across these territories, such as Macmillan's (2022) Sober October in the UK, and febfast (2019) and Dry July (2023) in Australia. These TAIs are typically organised by third sector organisations and challenge participants to complete a month of abstinence from alcohol in a bid to reduce alcohol-related harms or to raise money for charitable causes. They typically disseminate campaign content via email and their websites, and some have peer-to-peer support functionalities.

de Visser and Piper's (2020) research on Dry January supports Australian studies of TAIs which show that women are at the forefront of trying to renegotiate their relationship with alcohol via these challenges (Carah et al., 2015; Pennay et al., 2018; Robert, 2016). Those who tried to have a dry January in 2019 were more likely to be women, of higher socioeconomic means, be more health conscious and particularly mindful of self-control (de Visser and Piper, 2020). This participant profile overlaps with that of AOSGs discussed in the previous section and is valuable in re-affirming that women are disproportionately utilising alternative online recovery spaces, yet similar questions arise regarding the inclusivity of these initiatives.

In her review of Australian TAIs, Robert (2016:654) questions the ability of TAIs to access 'those who have a problem with alcohol' or 'irresponsible drinkers'. She suggests that themes of self-care, self-improvement, and philanthropy appeal to an already-'responsibilized' demographic of neoliberal subjects (p.647). Lunnay et al. (2022:1) also found that Australian women's preparedness to reduce alcohol consumption was informed by social class:

Affluent women's preparedness to reduce alcohol consumption stemmed from a desire for self-regulation and to retain control; middle-class women's preparedness to reduce alcohol was part of performing civility and respectability and working-class women's preparedness to reduce alcohol was highly challenging.

The predominantly late-twenties-to-middle-aged, middle-class, female face of a TAI participant does not align with the data of those who access Australian, government-funded alcohol interventions and therefore the possibility of this demographic experiencing problematic drinking is dismissed by Robert. Nor, perhaps, is this demographic visible in the public displays of 'binge drinking' culture that are so often the hyperbolised target of class-driven media and policy-maker scrutiny (Blackman et al., 2015; Home Office, 2012). Yet research of both Hello Sunday Morning (Carah et al., 2015; Pennay et al., 2018) and Dry January (de Visser and Piper, 2020) suggests that participants are often risky or high-risk

consumers of alcohol prior to participation – data which is also reflected in Sinclair et al.'s (2017) study of Soberistas. Thus, another conclusion could be that the demographics of 'problematic' drinking are changing, and with the increasing plethora of treatment paths available it could be the case that more women are reaching out for help via a modality that appeals to them.

Dry January specifically has been the focus of a number of quantitative studies to determine its effectiveness in encouraging and sustaining behavioural change. de Visser and Nicholls (2020) found that completing a month of abstinence led to significantly higher levels of self-reported wellbeing and general self-efficacy amongst participants. This was subsequently bolstered by findings which suggest that the benefits gained from completing Dry January are maintained by participants at a 6-month follow-up (de Visser and Piper, 2020; see also Butters et al., 2023). As such, despite being a thirty-day initiative, Dry January arguably contributes to longer-term behavioural change regarding drinking practices. This is likely why some online sobriety communities use temporary abstinence challenges as part of their offerings.

When framed within the wider online sobriety landscape, Dry January has considerable impact in changing drinking behaviours and improving the population's wellbeing. Its engagement has substantially increased over recent years, from 4,000 participants in 2013 to 175,000 in 2020 (Alcohol Change UK, n.d.). The concept of going 'dry' for January has become so pervasive within UK society, such that the *Mirror* (n.d.), a daily UK newspaper has a webpage solely focussed on 'dry January' pieces, and it is often referenced in health and lifestyle publications (Cotton, 2017). Irrespective of whether people sign up to the official campaign, this conveys the impact that contemporary online initiatives are creating upon popular discourse and behaviours.

The aforementioned research of AOSGs and TAIs has typically examined the use of online groups/spaces/initiatives in isolation from one another on the presumption that members only use one at a time. This can provide a one-dimensional view of non-drinking behaviours and recovery journeys. Furthermore, existing research often considers *digital* and *in-person* recovery modalities separately. Such isolationist or siloed approaches may make for 'cleaner' research but fails to reflect the porous nature of boundaries between AOSGs, TAIs, and online sobriety communities, and how multitudinous participation can be. The Dry January and TAI research also typically portray individuals' sobriety journeys to start and end within a calendar month – or 6 months if follow-up is included - yet their activity and involvement within the broader online sobriety community may have greater longevity (de Visser and Nicholls, 2020; de Visser and Piper, 2020). In contrast, this PhD research project has taken a more holistic,

community-agnostic approach that draws trends between participants across a multitude of online sober communities in order to understand how these spaces (both digitally and materially) are utilised and occupied by women in sobriety, often in conjunction with one another. It also centres the in-depth dialogue with participants to understand their *journey* of sobriety and their experiences in longer-term recovery.

1.6.3. Introducing online sobriety communities.

The term ‘online sobriety communities’ is used as a descriptive, heuristic device throughout this thesis. It refers to communities that are typically hosted on SNS (Facebook and Instagram particularly), rather than web-based platforms, and help individuals to change their drinking behaviours through a range of services, including but not limited to: peer-to-peer support, recovery coaching, group workshops, and social events. They also share content about alcohol-free living through mediums such as social media posts, podcasts, blogs, webinars, and in-person events.

These communities often advocate sobriety, but sometimes provide support for those who are ‘sober-curious’ (Warrington, 2019) or want to drink ‘mindfully’ (Tolvi, 2017). Yet little is known (or publicly available) about what models of recovery they follow, or whether they create their own. They do not, however, follow AA’s 12-step programme and often position themselves as an *alternative to AA*. In some instances, online sobriety communities mirror TAIs and run sobriety challenges for 30 days or more, and in some ways, they can be perceived as an evolution or development from AOSGs as technology and SNS have facilitated greater connectivity and community capabilities.

In alignment with AOSGs and TAIs, online sobriety communities seem to have higher proportions of members (or members who engage) that are female; and, based on observations explored within this thesis, seem to reflect a demographic segment of being white and of higher socioeconomic means, yet little is known regarding how online sobriety communities work to include and exclude participation, and how they support women’s sex-based needs in recovery. There is currently limited research that explores online sobriety communities generally (Nicholls, 2021) and so, fundamentally, this thesis seeks to address this gap.

Based upon my insider knowledge and knowledge gained whilst mapping the field, online sobriety communities have proliferated in number since 2015 – Club Soda Ltd (2022b) being

one of the first in the UK - incorporated in March 2014 and launched in January 2015 (Companies House, 2023). Other examples include: LoveSober (2023) and Bee Sober (2023). It is not possible to confirm the total number of online sobriety communities in existence; some are well-publicised, but others can be smaller and more private in the ways that they operate.

The prominent use of SNS to host these communities, in addition to the reclamation of the word 'sober' within the names of communities (such as Love Sober, Sober Girl Society etc.), are the main reasons why I have applied the term 'online sobriety communities' throughout this project – they are clearly not marketing themselves as 'alcohol online support groups'. Furthermore, the communities are not generally known as, or referred to, as 'support groups' by either the members or founders.

The sum of online sobriety communities, combined with sobriety influencers and individual participation on 'sober Instagram', has recently been referred to as a 'positive sobriety' community by some academics (Atkinson et al., 2023; Morris et al., 2022b). However, based on insider experience, this is not a term that is typically used by those within the community. As such, within this thesis I have used 'online sobriety community' as a flexible, open-ended way to refer to the sum of these communities, members, and influencers, and explore this phenomenon. This is more reflective of language used by those who are part of it. As this thesis proceeds to show, the communities, influencers, founders, and members coexist across multiple communities, events, and SNS, which has resulted in a perception, by 'insiders', that it is one community – hence the use of the singular 'online sobriety community' to refer to the sum of its parts.

Instead of geographical symmetry, online sobriety communities are founded upon shared practices of alcohol refusal that bind people together, i.e., 'communities of practice' (Paechter, 2005; Wenger, 1998), and shared identities as non-drinkers, aligning with later twentieth century conceptualisations of subculture (Blackman, 2014; Hebdidge, 1979) – more of a 'procedural approach' (Antanavičiūtė, 2023:5) than normative, geographical social units. Within this thesis I have defined the common and shared experiences of women within online sobriety communities, particularly their practices and perspectives (Paechter, 2005; Wenger, 1998), as a 'recovery culture'. Similar to cultures of substance use, there exists multiple recovery cultures globally and across modalities, but this thesis refers to that recovery culture fostered by and within online sobriety communities whilst acknowledging that the boundaries of such cultures 'are neither fixed nor always clear to insiders or outsiders' (Pink et al., 2016:102).

Indeed, there lies inconsistencies and contradictions in any term that could be applied to these socialities, including 'online sobriety communities'. For example, while some online sobriety communities have geographical boundaries when organising an event in a particular town, they are generally comprised of 'networks' which are deemed to be more 'open ended in nature' (Postill, 2011) – without firm boundaries but offer a more wide-reaching and fluid understanding of how social connections are made, and activities organised. While conceptualisations of community can evoke a positive and warm sense of togetherness, 'community' is somewhat slippery and more of an imagined category, as explained by Amit (2002:14): 'Invocations of community do not present analysts with clear-cut groupings so much as signal fields of complex processes through which sociality is sought, rejected, argued over, realized, interpreted, exploited or enforced'.

Online sobriety communities could be seen as a constituent part of a neoliberal socioeconomic model whereby investment in the individual is encouraged, to foster the "right" kinds of dispositions for surviving in neoliberal society: confidence, resilience, and positive mental attitude' (Gill, 2017:606), and empowerment is gained through purchasing products or services (Banet-Weiser, 2012). They are a market-led solution to a public health issue which the government is inadequately funding (Bulman, 2017) due to neoliberal ideologies of a minimised state (Springer et al., 2016). The communities have harnessed technological innovations in their mission to modernise and de-stigmatise the recovery landscape and have thus invested resources where the government has not. However, market-driven solutions inherently privilege access to those who have the socioeconomic capital to pay – typically white, heteronormative, middle- and upper-class individuals. In the case of online sobriety communities, the subscription charge is typically between £7 and £20 per month (at the time of writing) and most offer some degree of free peer-to-peer support platform. Participants may also require the time, disposable income, and educational attainment to engage with the discourses of self-care and self-development that these sobriety programmes are founded upon. Yet their subscription-based online services have, to some extent, democratised access to sobriety support; they appeal to those who have been historically underserved and excluded from traditional recovery pathways, such as women and those who do not identify as an 'alcoholic'. This marketisation of recovery (i.e., selling recovery support as a profitable service and the commodification of recovery), by any modality, but particularly through the commodification of women's bodies, raises issues of concern and consideration – some of which will be discussed within the findings of this thesis in relation to online sobriety communities.

1.7. Chapter One Conclusion.

This chapter has presented a social and cultural exploration of women's alcohol (non-)consumption in the UK. It is evident that the rise in women's alcohol consumption (Smith and Foxcroft, 2009), and the feminisation of alcohol (Atkinson et al., 2021; Sperkova, 2020), throughout the 20th century has led to a wealth of research that investigates women's drinking practices (Emslie et al., 2015; Lyons and Willott, 2008; Nicholls, 2019). However, despite the recent popular engagement with sobriety (NHS Digital, 2022), less is known about how women 'do' sobriety (Atkinson et al., 2023; Nicholls, 2021). Women's needs and experiences in recovery remain under-explored and under-represented (Agabio and Sinclair, 2019; Staddon, 2015). Thus, it has been established that there is a need to make space for the non-drinking woman within academic studies that reflects the nuance and depth of her experiences. Further, this review has served to locate women's engagement with online sobriety communities and teetotalism within a rich and complex feminist history of women's communities (Abrams, 2019; Schuster, 2017), women's bodies (Ettore, 2007), and popular alcohol refusal (Kuhn, 2010; Shiman, 1988, 1992). Yet greater understanding of the ways in which online sobriety communities operate, and how women utilise them is required. This PhD thesis builds on the existing research discussed in this chapter to inform understanding regarding women's recovery culture within online sobriety communities and how it assists women to navigate sobriety.

CHAPTER TWO: METHODOLOGY

Part I of this Methodology chapter outlines the methodological and theoretical frameworks utilised within this PhD research project and thesis: a pragmatist feminist (Addams, 1893; Ahmed, 2017; MacLean, 1910) ethnography (McNamara, 2009; Pink et al., 2016; Reinharz, 1992) constructed as an intimate insider (Taylor, 2011; Merton, 1972) using a grounded theory approach (Charmaz, 2006 [2014]; Glaser and Strauss, (1967 [2006])).

Part II of this chapter presents a detailed overview of the grounded theory approach to data collection (Charmaz, 2006 [2014]; Glaser and Strauss, (1967 [2006])) employed within this mixed-method ethnographic study. This includes an introduction to the entire data sample collected during fieldwork and the fieldwork settings, being:

- Transcripts from 25 semi-structured, immersive interviews with research participants;
- Field notes taken during three periods of digital ethnographic observations within online sobriety community platforms examining 198 posts;
- Ethnographic observational field notes taken during 12 webinars hosted by online sobriety communities;
- Ethnographic observational field notes taken during 17 in-person, 'sober social', events hosted by online sobriety communities;
- Ethnographic observational field notes taken during four shifts worked at Club Soda's pop-up alcohol-free 'off-licence';
- Transcripts from five semi-structured, immersive interviews with staff at Club Soda's alcohol-free 'off-licence';
- 226 public posts shared by 14 sobriety influencers on Instagram; and,
- 147 public posts shared by seven online sobriety communities on Instagram.

This is followed by a discussion of the analysis and coding practices employed, the process of exiting the field, and considerations for future engagement.

PART I: METHODOLOGICAL AND THEORETICAL FRAMEWORK

This section constructs and explains the methodological and theoretical framework of the PhD research project and thesis: a pragmatist feminist (Addams, 1893; Ahmed, 2017; MacLean, 1910) ethnography (Pink et al., 2016; Reinharz, 1992; Savage, 2006) that utilises a constructivist grounded theory approach (Charmaz, 2006 [2014]; Glaser and Strauss, (1967 [2006])) that draws on my positionality as an intimate insider researcher (Merton, 1972; Taylor,

2011). In doing so, it shows how these methodological and theoretical foundations inform, and interact with, one another, to centre women's lived experiences of recovery culture within online sobriety communities.

2.1. Conducting ethnography: material and digital.

Ethnography is one way of practicing research across many disciplines and is used in conjunction with multiple theoretical paradigms, including feminism, but at its heart it is a practice of 'iterative-inductive research (that evolves in design through the study) drawing on a family of methods...that acknowledges the role of theory as well as the researcher's own role and that views humans as part object/part subject' (O'Reilly, 2005:3). The goal of this ethnographic practice is to study cultural practices in-depth – to 'seek detailed knowledge of the multiple dimensions of life within the studied milieu and aim to understand members' taken-for-granted assumptions and rules' (Charmaz, 2006 [2014]:34; see also Charmaz and Olesen, 1997).

MacLean was the first sociologist within the Chicago School of Sociology to utilise ethnographic methods of participant observation, decades before her male counterparts, during her research of working women (MacLean, 1899, 1903 and 1910; see also Deegan, 2014). For example, she observed over one hundred sweatshops to inform her findings of women's labour conditions documented in 'The Sweat Shop in Summer' (1903). She sought to gain 'knowledge regarding actual conditions of work' that women toiled in and analysed the consequences of this from a feminist standpoint:

I had visited over a hundred of these places, and I already knew the aspect they present to the observer; but a few minutes' visit can never teach one the hardships of the workers. We may gasp when we are told of women who toil twelve or fourteen hours for a mere pittance, but, after all, it is without meaning until one has experienced the weary eyes and dizzy head and aching back caused by a long day's sewing in a badly ventilated and poorly lighted room...(MacLean, 1903:304-305)

Hasty marriage is usually the working-girl's last protest against a wage-earning system that pushes her to the wall. It is not a hope of bettering her condition so much as a desire to escape immediate wretchedness

that leads her to plunge into what often proves the infernal fire of matrimony (p.306).

MacLean used her observations of women's labour to argue for women's labour unions and welfare services that would help protect women from poor working conditions and low wages, which in turn would prevent them from being at the mercy of their male husbands, relatives, or employers.

Further, Annie Marion MacLean's (1914) early autoethnographic documentation of her own experiences of living with the disability of rheumatoid arthritis from 1911 was one of the first sociological studies to show how every day experiences are informed by, and can be viewed through, the lens of the female body (see also Deegan and Brooks, 1985). Despite the chronic pain and immobility, she published observations of the process of institutionalization, the medical system, and paid carers, from a female standpoint. In turn, this thesis explores how women's bodies mediate the embodied *experience* (Dewey, 1934 [2005]) of recovery. In doing so, this thesis conceptualises recovery as a 'mere experience' (Turner, 1986), rather than 'an experience' (Geertz, 1986) in order to reflect the ongoing, unboundaried process of recovery (Witkiewitz et al., 2020; Laudet, 2007).

This epistemology lends itself well to a feminist study that centres the everyday and bodily experiences of women in recovery and their use of online sobriety communities (Rice, 2009; Burns, 2006; Letherby, 2003). A feminist ethnography facilitates:

1. The documentation of the lives and activities of women;
2. The understanding of experiences from their own point of view; and,
3. The conceptualisation of women's behaviour as an expression of social contexts.

(see Reinharz, 1992:51).

In sum, a feminist ethnography provides the opportunity to understand women's personal experiences in detail, from a number of methods of data collection, and map these to a wider political context including structural gender inequalities. Indeed, Savage (2006:385) contends that 'the way in which ethnography makes links between the micro and macro, between everyday action or interaction and wider cultural formations through its emphasis on context' is what 'most clearly distinguishes ethnography from other approaches (and makes it particularly valuable for researching healthcare issues)', such as women's recovery.

I also drew on more contemporary feminist ethnographies of women's subcultures and friendships to understand how this was practiced (Attwood, 2007; Commane, 2020; Hey,

1997; Wilkins, 2004), and then considered how ethnography had been utilised within contemporary drinking studies (Bancroft et al., 2014; Barnett, 2017; Herman-Kinney and Kinney, 2013; McPherson, 2017). However, all of these studies primarily utilised material ethnography; they conducted in-person ethnographic observations to understand the participation of individuals within material spaces, although Bancroft et al. (2014) used smartphone technologies as tools in this process. This project's methodological framework needed to incorporate both the material and the digital in order to obtain the fullest and most nuanced understanding of women's recovery culture within online sobriety communities. Fortunately, ethnography provides the malleability to consider how women participate in both the digital and material worlds of this recovery culture – and to consider them not in isolation but as relatively unbounded dimensions.

I turned to Pink et al.'s (2016:8) *Digital Ethnography: Principles and Practice* to inform my ethnographic, methodological practice. In their guide, they offer 'five key principles for doing digital ethnography...grounded in experience...'. These are: multiplicity, non-digital-centricness, openness, unorthodox, and reflexivity. However, these are not strict rules but were 'bounced off, played with and adapted' according to the context' (Ibid) of this research project, which are explained further below.

This study springboards from Pink et al.'s (2016:7) 'starting point' that digital media and technologies are viewed as 'part of the everyday and more spectacular worlds that people inhabit', rather than viewed as an isolated focus of study. As such, this project has followed existing media scholars' non-media-centric approach (Morley, 2009) by focussing primarily on understanding how the digital experience of online sobriety communities has become part of women's material and social experience of recovery. In this sense, this digital feminist ethnography can be situated within the discipline of sociology whereby it enables engagement with the ways in which social life and its analyses are changing in the context of digitisation (Marres, 2013). Similar to ethnography of material life, digital ethnography facilitates the investigation of the ways in which people 'do' things – such as 'non-drinking practices' – as they unfold. Particularly with the rapidly changing and evolving digital landscape (of which online sobriety communities are no exception), digital ethnography enables the researcher to witness these social processes and how they change over time - even during the period of fieldwork.

Digital ethnography was also used to consider the culture across multiple online sobriety communities, which are hosted across multiple SNS – particularly Facebook and Instagram, but also streaming platforms. The aim of this methodological practice of multiplicity (Pink et

al., 2016:8) was to draw patterns and identify inconsistencies across both the communities and the platforms to understand about the recovery culture holistically. This more adequately reflects patterns of women's participation within the communities than has typically been shown in existing studies of contemporary recovery initiatives (Carah et al., 2015; Hester et al., 2013). It also facilitates greater context and comparative analyses which is perhaps more useful for government and third sector organisations when seeking to understand the emergence of this 'new' recovery modality.

The many ways in which women engage digitally with this recovery culture have also been captured through this methodological approach. Analysis has been conducted across a number of digital mediums, including written content, images and recordings within community forums, live webinars, and public Instagram posts, all of which are discussed further in Part II of this chapter, 'Data collection and analysis'. Furthermore, while private messages between women were not collected or analysed, the use of ethnographic interviews and participant observation enabled me to explore the ways in which women were using digital technologies to participate in the culture privately and how this informed their experiences of sobriety.

For example, observations of (usually Facebook) posts written within online sobriety forums provided insights into the more vulnerable, messy experiences of women's recovery that they shared with others when in need of peer support. These forums were often restricted to paid, subscribing members only, including myself, and were moderated by the community founders or a team of volunteers. It was typically the case that any offensive, intoxicated, or distressing posts were removed by moderators – and those who posted them may also be removed from the communities.

In comparison, public-facing Instagram posts by both members and founders tended to emphasise the more positive experiences of sobriety and were constructed to outwardly display and 'sell' sobriety to others. These are two very different versions of someone's sobriety, but both integral to understanding the recovery culture. In turn, Instagram posts provided considered and relatively static long-form explorations of relevant and popular issues or topics within the communities, whilst webinars provided spontaneous insights through live collaboration and interaction between individuals within the communities. Voices and experiences are heard and centred but in different ways. This approach also recognises the agency of individuals in producing and shaping the media content - as has been practiced in studies of Facebook use during alcohol consumption (Atkinson and Sumnall, 2016; Goodwin et al., 2016).

I had learned of the inherently flexible approach of ethnography from the work of my predecessors in the field (Barnett, 2017; McPherson, 2017). Some methods that I had planned to employ did not yield useful insights – I pivoted to build in others and used public content to subsequently saturate codes and theories – and yet, this was not a barrier to research when employing ethnographic methods. This is further discussed within section 2.8.2.3., ‘In-person events organised by online sobriety communities’ and section 2.9., ‘Online data collection’. I had to be relatively open and flexible in my methods to remain aware of, and responsive to, impromptu happenings within the communities – such as webinars – which could be observed but were not always organised long in advance. It was apparent to me that this flexibility to my methodological practice was relatively unorthodox within the field of alcohol studies, which tended towards quantitative studies that take rigid approaches to digital data collection and analysis that verges on harvesting or scraping (see, for example: Sanger et al., 2019; Sinclair et al., 2017; Atkinson et al., 2023). I felt that this would detach me from the data and create siloed understandings of women’s experiences of sobriety; 1000 Instagram posts from one month would tell me very little about the holistic recovery culture. Instead, ‘media technologies have become highly *personalised* experiences that are embedded in our *daily lives, routines and interpersonal relationships*’ (Pink et al., 2016:44 (their emphasis)). The partnering of both material and digital ethnography, enables this to be reflected within this study of women’s recovery culture.

In sum, an ethnographic methodology was utilised in this project with the aim of considering both the digital and material dimensions of women’s recovery culture, within UK-based online sobriety communities, and without viewing their digital and material experiences in silos. Digital sources formed just one part of the ethnography and were analysed to develop initial/working grounded theories which were then explored and considered further through in-depth interviews and immersive in-person observations; thus, they were ‘de-centred’ (Pink et al., 2016:9). As such, I sought to take a balanced approach across material and digital methods that remained close to the women being researched and provided informed insights into the multiple experiences of, and participation within, online sobriety communities. Furthermore, by combining both material and digital ethnographic methods I was able to build multiple layers of analysis to inform a grounded theory of this recovery culture which is discussed in depth in the next section.

2.2. Researching from a pragmatist feminist standpoint.

This project follows in the sociological pragmatist feminist traditions of Hull House and the Female Chicago School of Sociology, particularly the pioneering research of Jane Addams and Annie Marion MacLean. Both women were associated with, and informed the work of, the trail-blazing Chicago Schools of Sociology but are often omitted from the his-stories of the institution, and their achievements are attributed to the men (Barnett, 2017; McPherson, 2017; Palmer, 1928). This is likely because the prominent men of the Chicago School omitted recognition or citation of Addams and MacLean's contributions (for example, see Park and Burgess, 1921).

The women of Hull House and the Chicago School occupied a more radical standpoint, and led more radical lives, than their male colleagues and were subsequently kept within an Extension Division of the University. They 'wrote together, lived and ate together' (Deegan, 1988:49) at Hull House – 'these women rarely developed nuclear family structures and were liberated from the usual restrictions on women's lifestyles. They could survive on their lower salaries because they shared housing costs, domestic duties' (p.48), all of which would have made them keenly aware of the limited options available to women, and their precarity in society, at that time. It was an attempt to get as close to the researched, by the researchers, as possible – to gain the affordances of being an insider researcher, such as access, rapport and empathy, further discussed in section 2.4.

The sociological work produced by Addams and MacLean, sometimes in collaboration with others, were grounded in pragmatist feminist and democratic principles, thus sometimes denigrated as 'social work'. However, they established mixed-methods sociological work (Deegan, 1988) regarding urban reform (Addams, 1905), including labour (Addams, 1899; MacLean, 1903), living conditions (Addams, 1893) and immigration (Addams, 1905). It was intended that this work would have a direct impact on those whom they were researching – particularly poor, working women. Informed by this legacy, and guided by the mission statement set out within the Introduction, this research project centres the lived experiences of women to:

- identify the affordances and limitations of online sobriety communities as a recovery modality;
- raise awareness of women's everyday experiences of, and needs within, recovery; and
- draw links between women's sobriety and broader socioeconomic and cultural discourses/practices regarding women's equality.

Similar to pragmatist feminism, feminist standpoint theory ensures that the research begins with the perspectives of women (Letherby, 2003), and places ‘emphasis on the empowerment of women and transformation of patriarchal social institutions through research and research results’ (Fonow and Cook, 2005:2213; Fonow and Cook, 1991). This approach is already evident within the fields of addiction and recovery by the likes of Beckman (1994), Burman (1994), Ettore (1992, 2007), Rhodes and Johnson (1994), and Staddon (2015), and is continued within this study. Despite the prevalence of female engagement with online sobriety communities, and their creation by predominantly women, there is an absence of research that considers these treatment pathways from a feminist standpoint. This research project centres the lived experiences of women to address this gap.

Feminist pragmatists, like MacLean and Addams, developed the foundational ideas and practices of the second-wave epistemologies and methodologies (Feagin and Vera, 2008) and feminist standpoint theory – they talked to women about everyday experiences, framed these within intellectual theories, and created campaigns for change. Through the critique of broader social discourses and economic conditions, this research project practices a critical form of ethnography that was central to the research of MacLean and Addams in their mission to improve the lives of women and seek structural reform – even if it was not termed ‘critical ethnography’ at that time. This project furthers the mission and traditions of this pragmatist feminist academia which has sought to create a sociology for women by experimenting with multiple methods and theoretical paradigms, with the unifying goal to make women visible within, and the subjects of, research. Indeed, this thesis utilises data collected from a mixed method ethnography of women’s recovery, to argue that women have specific needs in recovery that must be addressed within recovery models or cultures, and in doing so highlights the limitations of existing discourses, such as labels, and theories such as recovery capital.

Relating this canon of feminist ethnography to the present day, I draw on Sara Ahmed’s (2017) feminist theory developed in *Living a Feminist Life*. She is a radical, lesbian, brown feminist philosopher and in her book she seeks to dismantle the power relations between what is deemed theory and what is deemed politics or personal experience; she argues that ‘embodied experience[s] of power provides the basis of knowledge...the personal is theoretical’ (p.10). This aligns with Stacey’s (1988:21) conceptualisation of feminist research that ‘grounds theory contextually in the concrete realm of women’s everyday lives by focusing upon experience and language’. This is particularly relevant when such experiences have been written out of, or dismissed by, the existing theoretical canon. Ahmed uses the example of black feminist theory from authors such as Audre Lorde and bell hooks to illustrate her point.

In the context of this thesis, Ahmed and Stacey's theoretical approaches have purchase when seeking to reinstate the complex embodied experiences of women in recovery which are often overlooked, as already explained in Chapter One ('A social and cultural exploration of women's (non-)alcohol consumption in the UK'), by considering the everyday intersections of sex, gender, embodiment, and power within recovery. Furthermore, it is particularly relevant when considering contemporary online sobriety communities which, to date, have been largely overlooked or dismissed by academia. As such, this thesis draws on women's everyday experiences in moving towards offering a conceptual grounded theory for understanding women's recovery culture within online sobriety communities.

Returning to pragmatism, however, there is an intention that by centring women's voices and providing them with the space to share their experiences, it will assist recovery modalities and public health initiatives in meeting the needs of women. For as feminist John Stuart Mill (1869:26) acknowledged:

We may safely assert that the knowledge that men can acquire of women, even as they have been and are, without reference to what they might be, is wretchedly imperfect and superficial and will always be so until women have told all that they have to tell.

When researching women's experiences, and subsequently analysing and interpreting them, it is important to consider for whom I am generating this research. The answer to this adds complexity to the nature of feminist research, particularly for PhD students such as I am. While I can claim to research women's experiences of sobriety with the aforementioned feminist aims, there is also the reality that the research is for myself, in order that I obtain a doctorate which in turn elevates my educational status. Furthermore, a PhD thesis is written *for* the academy – it is written to satisfy their guidelines and expectations of what constitutes authorised knowledge. These requirements have therefore shaped my methods, analysis, and writing, but I have attempted to mitigate the impacts of this where possible, including through engagement strategies and open access publications. I have sought to collate, interrogate, and disseminate the findings regarding women's experiences in a way that is accessible (linguistically and digitally) to those who may be interested in, or impacted by, my research. 'In staying closer to the everyday, feminist theory becomes more accessible' (Ahmed, 2017:11), and one of my aims of this feminist scholarship is to make it accessible and relevant to those women who use, or may be considering using, online sobriety communities. This is why I have prioritised their voices in the opening sub-headings of most sections of the data

chapters, to emphasise the way in which their experiences of recovery are informing my scholarship and interactions with the data. This aligns with my use of an inductive, grounded theory approach.

While it may not be the case that all of the research participants within this study affirmatively position themselves as feminists, or associate their sobriety with feminist aims, I have interpreted and situated their answers and actions within this feminist methodological and theoretical framework. Even if their answers run counter to feminist ideology, theoretical frameworks provide space and opportunities to allow for such discussion and critique (Luttrell, 2000) without distorting or exploiting their voices (Stacey, 1988). Sometimes research participants expressed contradictions in feminist standpoints from one answer to the next and I have sought to transparently reflect the messiness of feminism, and recovery, within the findings presented in this thesis. Furthermore, I have worked to find a balance between the individual and the group experience, in order to prevent incorrect attribution and the over-reaching of findings (Stoetzler and Yuval-Davis, 2002; Letherby, 2003; Luttrell, 2000).

As a feminist researcher I look to the work of Day and Keys (2008), who conducted a discourse analysis of pro-eating-disorder online support groups websites, and Atkinson et al.'s (2023) study of sobriety influencers, as examples of how the *researched* occupy conflicting feminist standpoints and the feminist *researchers* respectfully identify, critique, and try to make sense of these positionalities. My own lived experience as a sober woman, and a member of the online sobriety community, (as further explored in section 2.4., 'Researcher positionality as an 'intimate insider' to the online sobriety community') makes me a strong candidate to do this by equipping me with robust understanding and empathy of the positionality of the researched.

2.3. Constructing a conceptual grounded theory of women's recovery culture within UK-based online sobriety communities.

'Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analysing qualitative data' (Charmaz, 2006 [2014]:1). A theory is then constructed, by the researcher, which is 'grounded' in the data (Glaser and Strauss, 1967 [2006]:1-2). Glaser and Strauss first articulated this methodological framework in 1967 after their collaborative project on death and dying in hospitals (1965). Grounded theory combined their academic experiences and philosophies of empiricism and pragmatism respectively, to create a practice of research. In doing so, they sought to move away from methods which facilitated positivist

verification, which had emerged in the twentieth century, and also away from a perpetual focus on 'great man theories' (1967 [2006]:10), which can be 'depersonalizing and too abstract or divorced from people and everyday life' (Charmaz, 2006 [2014]:93).

Grounded theory offers a methodology for studying the everyday experiences of people, but elevated beyond description towards a theoretical understanding, in order to problem-solve emergent social issues. Through the interaction between data, literature and analysis within a grounded theoretical approach, it facilitates the creation of a language of description – theoretical constructions – to aid interpretation and understanding of the data.

Ethnographic methods (of participant interviews, digital observations within community forums and webinars, in-person observations within social events and sober spaces, and Instagram data) paired with a grounded, inductive theoretical framework were selected as an appropriate methodology to facilitate this feminist exploration of emergent social phenomena by drawing on the everyday, lived experiences of women in recovery. Grounded theory enables me as the researcher to 'reach down' to what women are doing in recovery, what they think, what they say, and then 'reach up' to abstractions to consider what these behaviours mean with regard to women's recovery culture within online sobriety communities. Furthermore, grounded theory research methods provide a suggested yet flexible framework through which people's actions can be studied to solve emergent problems, evidencing multiple perspectives, joining facts and values (Charmaz, 2006 [2014]:232).

The tight grounding within the data, facilitated by grounded theory methods, also means that this thesis should remain accessible to individuals in recovery and online sobriety communities who may want to engage with it, thus aligning with the researcher's pragmatist feminist standpoint discussed above. Indeed, MacLean and Addams also constructed theoretical analyses based upon their empirical findings with the goal of resolving a main concern, in pragmatist tradition, ahead of the development of grounded theory by Glaser and Strauss (1967 [2006]). However, while their methodologies for fieldwork and data collection were detailed within their publications, less was said regarding the analysis of their findings.

Grounded in data collected during fieldwork, supplemented with insider knowledge, and supported with existing academic research, this thesis presents a conceptual grounded theory of women's recovery culture within online sobriety communities. The PhD argues that the way in which women 'do' sobriety within the communities is based upon three foundational processes, these being: the embodiment and construction of the 'sober self', the formation of

a 'sober sisterhood', and 'non-drinking practices'. Below, I define these emergent, descriptive, concepts derived from the data:

Emergent, descriptive, key concepts derived from data:

Sober self

'Sober self' refers to the 'new' self-hood that women embody and construct in sobriety, both physically and digitally, through recovery narratives, discourses of self-care, and as a personal brand.

The 'sober self' is strongly informed by the 'sober sisterhood', through shared experiences and discourse, and – for some – as part of their identification with feminism. It is also constructed through engaging in 'non-drinking practices', and curating representations of 'non-drinking practices'.

Sober sisterhood

'Sober sisterhood' is used to explain the relationship between feminism and sobriety within online sobriety communities, and by the women who use them – ideologically, spatially, and regarding their everyday feminist lifestyle politics.

The 'sober sisterhood' is a collective formation of 'sober selves' – women who form strong bonds of friendship and offer support to one another on a shared journey of individual recovery and self-construction. This sisterhood is facilitated by the digital and material spaces provided by online sobriety communities and their formation of 'non drinking practices'.

Non-drinking practices

'Non-drinking practices' refers to the ways in which women, who no longer consume alcohol, reimagine, rework, and navigate drinking practices – such as social events, alco-centric spaces, and no- and low-alcohol drinks.

Through engaging in 'non-drinking practices', members of online sobriety communities are able to develop their connections within the 'sober sisterhood' and perform their digital and material construction of the 'sober self'.

Chapters Three, Four and Five, engage with these terms, and the processes they convey, in order to develop the grounded theory of women's recovery culture within online sobriety communities.

2.4. Researcher positionality as an 'intimate insider' to the online sobriety community.

I embarked upon this Doctoral research project as a woman in longer-term sobriety. Alcohol had played a significant role in how I socialised, dated, and worked, throughout my twenties. At 27 I was experiencing some physical health issues with regards to my insulin production and in order to address this I had to ensure that I only consumed one alcoholic drink per sitting. I found that this enforced moderation was incredibly difficult to achieve. As time progressed, I realised the severe impact that alcohol had on my physical and mental health. After six months of desperately attempting to balance on the tightrope of moderation (and often failing), on 4th February 2018 I decided to stop drinking for 30 days to alleviate symptoms. During that month my health substantially improved. What I had learned from my own experiences and from the online sobriety community made me question whether I wanted to return to drinking, and so I ultimately continued with sobriety long-term. I did not identify with the patriarchal and religious discourses of Alcoholics Anonymous (Sanders, 2010; Whittaker, 2019) despite acknowledging that I was somewhat dependent upon alcohol to perform certain social contracts such as networking, socialising, and dating. Instead, I drew from a number of resources to create a holistic approach to sobriety, tending to my physical, emotional, social and intellectual needs. I spent many hours navigating digital content, from podcast episodes to YouTube videos, support groups, message boards, blogs, and Instagram accounts. This was in addition to material content in the form of books and sober socials.

During this process I discovered an online community of sober people, across multiple SNS, where others were making similar changes to their lives. Those who inspired me on this path were mostly women who portrayed sobriety as an empowering, feminist choice – a life that was liberating and emancipatory. At that time the prominent voices within the online sobriety community were American women, such as Holly Whitaker, Laura McKowen, and Annie Grace, but also British women Laura Willoughby and Catherine Gray. It appeared to me to be a gendered space and throughout 2019 when I created my research proposal it felt like these women's voices were gathering volume and engagement. I watched with curiosity as this engagement with sobriety gained momentum across the UK and the USA. I wanted to know

why it was women who seemed to be particularly engaging with this – and being very vocal about it. Why were they using online sobriety communities? I wanted to understand the extent to which sobriety was a shared experience among women.

My sobriety has become a radical feminist choice. I have chosen to continue with a practice which actively resists the patriarchy's attempts to control society through the proliferation of alcohol – a psychoactive substance - and their desire to profit from it in return (HM Revenue and Customs and HM Treasury, 2020) despite the huge social and economic cost (LAPE, n.d.). In many ways this aligns with the values and ideology shared by the straight edge subcultural community, albeit without a preference for hardcore punk music. Furthermore, in sobriety I also came to realise that my drinking experiences, particularly public drinking experiences, had facilitated, emphasised, and privileged, feminine heteronormativity. Without alcohol to blur my senses, responses, and decision making, and without bars, pubs, and clubs to provide the staging for exaggerated femininities and heteronormative behaviour, I was able to more confidently reject some of the social roles and appearances that women are expected to perform.

As my sobriety became more established, and my engagement with the online sobriety community increased, I found that I viewed the community with greater objectivity and reflexivity. I could detect factional undercurrents that I avoided associating with. I read content I did not identify or agree with. I saw performances of sobriety that struck me as inauthentic. I identified a trend towards over-sharing within content to achieve 'likes' on SNS. I sensed that the female participants in this community were vying for the validation of the other, more established, women in the community – the elders, if you will. I also detected a trend by community participants to post overtly feminised, sexualised, images of themselves to evidence their new-found health, as if to demonstrate that they are now clean, (re)productive women in sobriety. There was often a marked transformation between their 'before' and 'after' images, which not only showed a significant improvement in physical health but suggested an awakening in their gendered and sexual performance. Increasingly, I also noted that women in these communities were monetising their Instagram accounts through advertisements that promoted alcohol-free brands and sometimes products or services that had no relation to sobriety. It seems to me that since February 2018 (when I first stopped drinking) the online sobriety community has transformed into a business model. At almost six years sober I no longer actively participate in the SNS-based communities; however, I still attend some of the in-person events hosted by Club Soda, Bee Sober, and Sober & Social, when I can, in order to meet like-minded people.

Being an intimate insider to this community, and by virtue of sharing some of the same lived experiences, it means that the narrative of the self, and that of my respondents, overlap to an extent. Where I felt it was appropriate and relevant, I have added autobiographical information and personal reflections to the findings and analysis within this thesis. I have intended that there is a 'visible authorship' (Charmaz and Mitchell, 1997:194) whereby the 'perspective of the self [is] present and emergent' (Coffey, 1999:127). I have done this where I feel that my perspective or presence aids understanding regarding the wider community, whilst recognising that it is not reflective of all. Within Chapter Five ('Reimagining drinking practices to support women's sobriety'), I have specifically sought to 'capture and emphasize' the embodied participation of myself as the researcher and the 'physicality of fieldwork' (Coffey, 1999:131), particularly in relation to the research participants and the spaces we inhabited. However, in utilising this selective autobiographical approach I have sought to negotiate the tension between objectivity and subjectivity (Letherby, 2003). The aim of this thesis was to centre women's voices in recovery – not my own experiences. I have written this thesis with the aim that any autobiographical reflections play a minor supporting role only and are not used to advocate on behalf of, or critique, participants, or online sobriety communities (Blackman, 2007).

Practices of insider research are evident in the earliest practices of sociology, developed at Hull House in Chicago. In 1895 Jane Addams wrote:

'this group [of female researchers] is living in the 19th Ward, not as students, but as citizens, and their methods of work must differ from that of an institution established elsewhere' (cited in Deegan 1988:39).

Further, in 1894, Florence Kelley, a researcher who resided at Hull House, wrote a letter to Frederick Engels that stated the importance of living alongside the researched: 'the fact of living directly among the wage earners is also an immense help' (cited in Deegan, 1988:57). Immersive research practices, where the researchers intimately knew the geographical area, meant that they could identify and visit the fieldwork sites and build relationships within the community. The same sentiment was reflected by Annie Marion MacLean (1899:723) when she moved into a 'home for working women' during her two weeks of working for department stores in order to secure 'the best results' (i.e., a full understanding of the lived experiences of retail clerks both in and outside of the workplace). I share these viewpoints; some of the data collected as part of this PhD research project was likely only viable as a result of being, what Taylor (2011) terms, an 'intimate insider'. An 'intimate insider' is defined as a researcher who is:

...working, at the deepest level, within their own 'backyard'; that is, a contemporary cultural space with which the researcher's personal relationships are deeply embedded in the field; where one's quotidian interactions and performances of identity are made visible; where the researcher has been and remains a key social actor within the field and thus becomes engaged in a process of self-interpretation to some degree and where the researcher is privy to undocumented historical knowledge of the people and cultural phenomenon being studied. (Taylor 2011:9)

The conundrum faced by many outsider researchers originating from the field of alcohol studies has been how to represent people who are *not* doing something within the context of a larger group who are participating and drinking alcohol (Scott, 2018; Banister et al., 2019). Thus, researchers typically locate the positionality of the non-drinking participant as the 'outsider' (Becker, 1963 [1991]): less-than, other, and lacking. Through harnessing my perspective as an insider researcher (Merton, 1972), I have worked to present my findings in such a way that makes the reader feel that they are 'inside' the community too, and that sober individuals are at the centre of their own narrative – that sobriety is a multi-faceted identity that is not a carved-out, minimized version of the drinker.

My insider researcher status enabled greater empathy and rapport with my research participants, as a result of our shared positionalities as women who are sober, and our engagement with similar communities. My lived experience of sobriety helped me to recognise the nuances in body language, the evasive language and posturing regarding stigmatised or socially unacceptable issues, and the performative features of a sober identity. I understand the terminology of the community enough that I sensed that participants felt like they were talking to someone who understood the environment. However, if they used terminology that differed to mine, I would typically adopt their phraseology or labels in order to honour their experiences over mine. For instance, participants had varying preferences regarding the terms 'addict', 'alcohol-free', 'sober' or 'non-drinker'. I sought to understand how individual participants identify and engage with community norms in a way that is specific to them, and what meaning they attach to experiences or terminology. My role as an intimate insider also helped me to identify what was missing from accounts, what remained unsaid, in order to reflect a 'more comprehensive depiction' through the documentation of omissions (Wolfinger, 2002:92).

Merely because I belong to the same community as my participants, and have similar values, does not necessarily mean that we are intimately known to one another, nor aligned in our identities – I did not presume that there were equal research relations (Browne, 2003). Furthermore, our shared sisterhood did not guarantee rapport (Oakley, 2016; Reinharz, 1992). The use of the terms ‘insider’ and ‘outsider’ creates a false binary whereby it can be assumed that an insider researcher is of equal power to the researched and embodies the same identity. Ultimately, however, particularly in the fields of substance use and feminism, there is such a diverse range of lived experiences that there are many facets of participants’ identities to which I am an outsider. Each research relationship was conducted ‘on a situationally specific basis’ (Browne, 2003:136) which is ever changing, dependent upon our multiple subjectivities (Acker et al., 2001) and thus required an alert, reflexive approach. For instance, Violet (a research participant) was an experienced academic (in an unrelated field) and thus my professional superior, but she had experienced less time in sobriety than me and expressed some envy regarding my research project; these dynamics were continually shifting throughout the interview and, in my opinion, created changes in rapport as it progressed.

Similar to feminist straight edge (Kuhn, 2010), anarchist (Portwood-Stacer, 2013), and LGB (Taylor, 2011) communities, the online sobriety community has been created through a scrappy, DIY approach. This means that the success of the community is based on people doing one another favours and offering reciprocal assistance. The sense of shared mission and values encourages people to work together with a level of trust that would be expected within friendships, even if our connection is not so intimate. Thus, gatekeepers and participants were generally willing to assist with, or participate in, the research. In the context of this research, ‘gatekeepers’ refers to online sobriety community founders who either facilitated access to community forums, provided tickets to events, shared my calls for research participants, and specific to Club Soda: worked with me on engagement initiatives, and provided me with permission to work in their ‘off-licence’. Indeed, as Browne (2003:140) discusses in her paper ‘Negotiations and Fieldworkings’, research can also reflect a system of ‘mutual exploitation’ whereby the researcher and participant/gatekeeper engage as a ‘return of favours’. Not only does this allow for greater access and richer research, but it also reflects a re-negotiation of power by the participant; it enables them to ‘break the performative staging’ of the interview (Riach, 2009:362). In the case of this research project, I traded physical labour for access to observational and interview data with Club Soda’s alcohol-free off-licence.

These ethical questions and considerations (more generally is discussed in section 2.6., ‘Ethical approval and ongoing reflections’) remained with me throughout the research and was something I often reflected upon whilst in the field, guiding my strategies regarding data

collection. For example, when writing up the findings of this PhD research project I decided that I would pseudonymise the online sobriety communities and sobriety influencers too in order to give me comfort that I could be as honest as possible (whilst remaining respectful) when sharing my findings. I wrestled with this choice, and I raised it within a supervisory meeting. My decision was undoubtedly driven by my intimate insider positionality; I felt that I was walking a precarious ethical tightrope. On the one hand, I felt that I owed the communities or influencers a greater duty of care than perhaps an outsider researcher would have done; while I was comfortable with presenting findings or analysis that critiqued practices or discourses of online sobriety communities, I did not want these to be used against particular communities. On the other hand, I felt that pseudonymisation would alleviate any concerns that I am invested in their success, promoting their work, or advocating on behalf of them. It also added another layer of anonymity and privacy to those observed at community events – this was paramount. As Taylor highlights (2011:14), ‘omission is political; it is also tricky, yet it is often necessary’. To help navigate these situations, I utilised a strategy of hypothetically ‘playing out’ possible scenarios and subsequently made considered decisions. Ultimately, providing anonymity means that this PhD research project does not serve to critique individual people’s experiences of sobriety, nor serve to promote the work or products of particular individuals (and their respective communities).

I also came to recognise that I had come to this research project with a much stronger identification between my feminism and sobriety than the majority of participants, influencers, or the other women observed during fieldwork. Even those participants who identified strongly with being a feminist did not necessarily see it as being an informing or influencing factor in their sobriety. I must also admit that sometimes I was disappointed by the lack of cohesive, collective action – the absence of deeds, rather than words – and an overall ambivalence to the commercialisation of recovery. I was consciously aware of this, and I wanted to make sure that *my* feminism did not impact participants’ stories that were shared with me. As such, I think sometimes I was *too* cautious in asking challenging or difficult questions with regards to this topic.

As I moved through the data analysis, however, I saw the multifarious feminist positions of the researched within this study – even if they were not akin to mine – as previously discussed in section 2.2., ‘Researching from a pragmatist feminist standpoint’. I also identified ethical considerations that emerged from the findings that, quite frankly, concerned me. I have sought to reflect these respectfully through using direct quotes, and in some instances a longer-form interview excerpt of the discussion between myself and the participant. I hope these spark discussion inside and outside of the community, and can form the basis for future research. It

was clear to me that ‘burying’ or overlooking less-convenient, or the more controversial findings would have served no one. Through pursuing this pragmatist feminist research as an insider, I sought not to promote online sobriety communities but to centre the voices of women in recovery who used this modality in order to provide valuable insights for women who may be trying to establish or maintain sobriety, and initiatives (either current or future) that may help them do so. Thus, undoubtedly over the course of this project, my positionality has shifted from participant to researcher, due to my research but also the length of time in sobriety – my research findings have undoubtedly influenced the extent to which I participate in the communities and the lens through which I view them.

It must be highlighted, however, that being an intimate insider to the research takes a toll due to the emotive experiences discussed and how much of oneself is excavated as part of the research process. To this end, I developed a ‘feminist killjoy survival kit’ (Ahmed, 2017:240) specifically for this purpose – to care for myself as a sober, feminist, insider researcher – in order that the mission of this research project, and my sobriety, could be maintained. This survival kit contained strategies such as:

- Capped usage/presence on social media;
- Exiting the site of observation (digital and material) after a specific time limit;
- Making appropriate and honest decisions on which communities I wanted to exit, and in which one’s I wanted to remain;
- Declining future unpaid labour once I had exited the field;
- Publishing emergent findings, as quickly as possible, in order that they were relevant and accessible to participants and communities, whilst enjoying the grounded theoretical approach of writing essays and free pieces (Charmaz, 2006 [2014]) to creatively explore; and,
- Engaging in knowledge- and experience-sharing with academic peers over Zoom, Twitter, and conferences.

This conceptualisation of Ahmed’s ‘feminist killjoy’ survival kit of ‘self-care’ may have purchase and relevance for future feminist, intimate insider researchers.

PART II: DATA COLLECTION AND ANALYSIS

My insider researcher positionality (Merton, 1972; Taylor, 2011), and the decision to conduct a material and digital ethnography (Pink et al., 2016; Reinharz, 1992; Savage, 2006) from a pragmatist feminist standpoint (Ahmed, 2017; MacLean, 1910; Stacey, 1988), using a constructivist grounded theory approach (Charmaz, 2006 [2014]; Glaser and Strauss, (1967 [2006])), informed the methodological approach utilised to plan, conduct and analyse data collection from the field, being:

- Mapping of the field and creation of a research plan that included intended fieldwork and data collection methods;
- Completion of the ethics review process and approval from Ethics Committee;
- A staged approach to data collection and analysis, whereby segments of data were collected and initially analysed at different times to other segments;
- Construction of initial codes and categories from data;
- Construction of analytical codes alongside conceptual development of theory;
- Free-writing and writing of short essays to assist this process; and,
- Development of theory assisted by theoretical sampling to achieve saturation of coding and categories.

This interpretation of grounded theory methods, based upon the requirements and challenges of my particular research situation, reflects Hammersley and Atkinson's (2007:158) argument that standardised steps cannot be applied to all qualitative research but instead can be 'loosely' applied. From a contemporary researcher's perspective, particularly as a postgraduate student, greater critique and nuance of grounded theory needs to be reflected. Spontaneous and continuous data collection driven purely by theoretical sampling is difficult to practice when research proposals need to be reviewed by a university's Ethics Committee. As such, there is a need to predict, in advance, which data segments will be useful to developing hypotheses and provide saturation of codes. Where additional and supplementary theoretical sampling has been required, I sought public, non-sensitive information, such as published memoirs by those within online sobriety communities, or information hosted on public-facing websites. This reduced the risks associated with conducting data collection through methods not reviewed by the Ethics Committee, and also sought to keep within the timings expected of a funded PhD project.

The proceeding sections discuss the methods of data collection and analysis utilised prior to, during, and after fieldwork, and provides an overview of each site in which fieldwork was conducted.

2.5. Mapping the field.

Prior to embarking upon research, I underwent a process of mapping the field, as pioneered by Jane Addams and the Residents of Hull House during their survey of working conditions and social characteristics in Chicago's 19th Ward (1895; see also Deegan, 1988). However, due to the very nature of online sobriety communities, I did not map physical, brick-and-mortar locations. Instead, groupings and lists of online sobriety communities were created within a Microsoft Excel document, which included website URLs, social media handles, lists of content produced, and names of their founders. While the landscape of online sobriety communities was known to me prior to conducting this research project, this exercise created a snow-balling effect whereby more communities and influencers were identified. During this mapping process I also sought to identify communities that provided dedicated support for women of colour who were typically under-represented within the UK-based online sobriety spaces.

While the communities were the initial identified sites, I then started to map out key individuals, such as influencers and stakeholders, who were associated with these communities. This mapping process also helped to broaden my perspective regarding other ethnographic sources, such as 'pocket ethnography' (Hey, 1997:50; Blackman, 2007), podcasts, webinars, email newsletters, websites, blogs, and mainstream media articles. While I may not have been able to progress all lines of enquiry, due to constraints in resources, it was important to map all possibilities and the relationships between each entry. In doing this, I realised that the utilisation of many data sources would allow more nuances to come to the fore, with different sources yielding varying perspectives and tensions. Where required, I then developed the detail of some areas of the map by way of adding spreadsheet tabs. For example, the main tab itemised the various data sources, and then subsequent tabs provided a deeper inventory of each data source.

Although the Excel spreadsheet hosted the data map from October 2020 (when I started my project), I had begun to informally map out items by way of notetaking whilst I was formulating my research proposal and contemplating what could be within scope. As a member of some of these communities since February 2018 (when I stopped drinking) I had benefitted from the opportunity to understand and experience how these communities functioned, their unique

attributes, and how they stood in relationship with one another. Yet by explicitly mapping them, and thinking about what or who was missing, it pushed the boundaries of my research outside my existing knowledge and challenged the presumptions that I held. This data map continued to serve throughout my research as a means of tracking my progress regarding who I had contacted, when, and whether I had received feedback; it was a working document I periodically returned to and added to. The next section proceeds to explore each of the strands of data collection, including the methods employed and respective justifications and challenges.

2.6. Ethical approval and ongoing reflections.

Prior to the commencement of fieldwork, I submitted an ethics application to the Research Ethics and Governance Committee at Canterbury Christ Church University (CCCU) which was subsequently approved in February 2021. Within this document I provided an outline of my intended research and strategies to minimise potential harms to my research participants and to myself as researcher. During this process I referred to the British Sociological Association's guidelines for ethical research (2017a and 2017b) in order to understand best practices in the field of sociology.

Some of the ethical considerations and risk management controls were relatively straightforward and required little discussion, including the use of personal protective equipment, such as masks, and the use of Zoom to conduct interviews, due to the COVID-19 pandemic. When I submitted my ethics application, in December 2020, the UK was within its second lockdown and so there was also great concern to protect all stakeholders' physical health. These strategies have been in constant negotiation throughout my research with the changing rules and guidelines.

However, the ethics process was not without its challenges and required significant dialogue between me and the ethics team. The unique nature of sobriety communities meant that I had to invest significant time in explaining and educating the ethics representative regarding the nature of these communities: i.e., who they served, how they functioned, and how SNS operated. I met with the Chair of the Ethics Committee for the Faculty of Arts, Humanities and Education to provide more background and discuss three of her questions following my application. Below is an excerpt from the report to provide an example of how I amended my research methods based on their feedback:

Item 1

Chair: “You state that only first names will be used and that the size of the communities means this will maintain confidentiality, but this still seems as if it still might be somewhat risky if the name is stored with the data, so might it be better to change names from the outset?”

Discussion outcome: Claire has agreed to use other names and perhaps even offer for interview participants to choose their own pseudonym. If participants are keen for their real names to be used then this can be negotiated with them so that they fully understand the implications of this.

Item 2

Chair: “You are seeking the consent from gatekeepers but if you do not manage to get a response from them, will this mean you do not do that particular observation or will it mean you go ahead ideally with their consent but otherwise would go ahead anyway?”

Discussion outcome: The language might need to be changed – rather than permission and consent it is more a matter of courtesy and the gatekeepers (who run the forums) are likely to be interested and supportive in someone researching in their midst as long as people within the forums are safe and protected. Claire has various ways of making sure this is the case, for example as well as anonymising she can change details, omit identifying details and even create vignettes that draw on different scenarios and characters to make fictional amalgamations that represent reality. She could also focus more on her own experience and understanding – more of an autobiographical or reflective approach where the evidence is what she experiences (subtly different from ‘reporting on observations’). As well as this, there are many forums so if one gatekeeper was adamant that they did not want Claire to research their forum, there are plenty of others to engage with. Claire conveyed clearly that these are supportive, kind and caring groups so there is little risk of antagonism or a critical response. It is more likely that people will be pleased that her research is giving voice to these communities and flipping the focus of attention towards sobriety and the positivity that can be shared in these forums. The

ethical issues can of course be fully discussed, threading through the thesis.

Item 3

Chair: “What would you do if someone challenged you during one of the observations or on social media by directly asking if you are researching? Could this put you at any personal risk (including of losing the support of the group)?”

Discussion outcome: This is highly unlikely to happen because Claire is not a very prominent and vocal character within these forums – she is sustained by them but does not post very regularly – and there are a range of different communities anyway. She will not change her behaviour at all so there is no way that anyone would know that she is researching. If anyone asks her outright about the research (for example as a result of the advertisement recruiting for the interviews) she would be honest but she can portray herself as an insider researcher wanting to understand and support the communities and she expects the members to be supportive of ‘someone in their midst’.

What the communities were, how they functioned, and who they served, was also relevant to the ethical considerations of using ethnography as a method to understand women’s experiences within this context. I was able to gain access to these spaces as a member of the public but was also present within these spaces as a woman who has lived experience of sobriety and has used these communities. There is undoubtedly a concern, highlighted by Stacey (1988:22), that ‘the appearance of greater respect for and equality with research subjects in the ethnographic approach masks a deeper, more dangerous form of exploitation’ by generating empathy and confidences. In light of the limited research in this field, and the context of women’s use of online sobriety communities, both I and CCCU’s Ethics Committee decided that the value of ethnography as a methodological approach outweighed the likelihood of harm – aligning with both Stacey (1988) and McNamara’s (2009) conclusions.

The ethics review process was not only about safeguarding research participants but included the University’s duty to ensure that I – as researcher – was also risk managed. The Ethics Committee asked me to amend my risk assessment form to include the potential psychological risk to me whilst conducting this research. At first, I was sceptical that this was required, but

as I progressed through my fieldwork, I realised that it was a risk that did require management. Upon starting my research project, I found that I would experience more 'flashbacks' to embarrassing drinking moments of my past which would debilitate and distract me for a few minutes at a time. This was likely spurred by reading copious amounts of research literature pertaining to young people's alcohol consumption and drinking practices. They seemed to cease once my literature review was completed. I also experienced nightmares on occasion which I can understand is a side-effect of stress and research and my brain trying to process everything I am learning about myself and my participants (Ghorashi, 2005). During online data collection I also noticed a deterioration in my mental health due to the volume of time spent on SNS. My Garmin watch and body monitor reflected large spikes in stress levels when active on these platforms. I subsequently developed practical strategies to minimise these effects. I found that I experienced emotional responses when transcribing the participant interviews, particularly regarding issues such as abuse or assault, unhappiness in marriages, or loneliness. These experiences form part of a 'hidden ethnography' (Blackman, 2007) from this research whereby emotional responses to fieldwork are omitted and subjugated to the loftier aspirations of academia when writing up. While trying to protect my own boundaries regarding personal disclosures, I have sought to reflect on some of these experiences throughout the thesis, where relevant.

2.7. Semi-structured interviews with members of online sobriety communities.

Semi-structured, one-to-one, intensive interviews were conducted with 25 UK-based women who were former drinkers and used online sobriety communities. All interviews took place between 6th December 2021 and 20th May 2022 and lasted between 47 and 97 minutes, the average being 70 minutes. 23 participant interviews were conducted via Zoom, and two via telephone, but all recorded via Zoom. The following sections discuss how the interviews were prepared for and introduces the participants.

2.7.1. Preparing for, and conducting, interviews.

Interviews were included as a method of data collection because I believed it would yield greater depth of data in which I could ground theory (Charmaz, 2006 [2014]:56); women were more likely to share their experiences of sobriety in the confidential setting of an anonymised

interview. I wanted them to feel able to speak freely regarding online sobriety communities in ways that they would not do in online posts within the communities themselves. I also felt that, due to the particular forms of stigma experienced by women as a result of their past drinking, women were more likely to censor what they said online compared to in an interview. Online spaces can be somewhat performative, particularly Instagram, and thus I wanted to understand what women's experiences of sobriety are when the cameras are not rolling.

Semi-structured interviews were conducted because they seemed a more truthful reflection of the interview process. The idea of completely 'structured' or 'unstructured' interviews is somewhat false. From an unstructured perspective, even if the researcher does not set the agenda, they have recruited individuals and shaped the interview process. Conversely from a structured perspective, a researcher can try to control the flow of the conversation through talking points and interruptions, but this will always be disrupted by the natural process of a conversation whereby the interviewee decides what to share, how to share it, and may resist the structure.

25 interviews were determined to be a large enough sample to show patterns in themes among participants and achieve saturation of codes. However, it was also a manageable volume to be conducted within the time frame available by one researcher.

Participants were told that interviews would last between 60-90 minutes and would address the following topics which were formulated in consideration of the research questions of this project, and a desire to understand participants' experiences of sobriety at the micro-, meso-, and macro-levels:

1. Experiences of giving up drinking, or trying to, with online sobriety groups/communities;
2. Feelings and views regarding online sober community(ies);
3. Non-drinking practices / alcohol-free lifestyle;
4. Relationships & friendships in sobriety; and,
5. Feminism

However, these topics were not followed in a linear order or directly quoted during the interview.

To recruit participants, I created a website 'www.sobrietystudy.co.uk' which contained all the relevant information pertaining to the study. I shared this link via Twitter, and it was

subsequently re-tweeted by some online sobriety communities, and after seeking gate-keeper approval it was also shared by two online sobriety community founders within their respective Facebook groups. Potential participants were provided with the following documentation:

1. Anticipated Interview Topics;
2. Consent Form; and,
3. Participant Information Sheet

Participants were also asked whether they met the following criteria in order to participate:

- ✓ Female;
- ✓ Former consumer of alcohol;
- ✓ 'Sober'/ 'Alcohol-free' for a period of 6+ months;
- ✓ Not currently undergoing clinical treatment for addiction/sobriety;
- ✓ Over 18 years of age;
- ✓ Able to give informed consent to participate; and,
- ✓ Reside in UK

It was required that respondents must be former drinkers who subsequently decided to live an alcohol-free life. This was to ensure that the respondents were able to reflect upon their experiences of sobriety in the context of their prior experiences of drinking. However, they were required to have at least six months' sobriety and had to declare that they were not undergoing clinical treatment for addiction at the time of interview. This is an ethical and safeguarding issue; sobriety can be fragile, and other mental or physical health issues are likely to arise during its early stages. I wanted this research to be supportive of those in recovery, and not destabilise the sobriety or wellbeing of respondents – topics discussed during interviews can be emotive. Due to the sensitive nature of this research, it was imperative that all respondents were able to provide informed consent prior to interviewing. For this reason, participants had to be 18+ years old. The consent form was exchanged with respondents via email prior to interviews, and a verbal confirmation of consent was obtained at the outset of interviews.

All participants had to reside in the UK in order that I could comply with, and manage, the data protection requirements regarding this research – particularly that of General Data Protection Regulation (GDPR). Ensuring compliance with one regulatory regime is more expedient than juggling many, and ultimately protects respondents' privacy, the reputation of my supervisory institution (CCCU), and myself as researcher.

Ultimately 25 women were interviewed for this study, however:

- 1 respondent did not meet the above-mentioned criteria because although she was sober she did not use online sobriety communities, and was thus disqualified from participation.
- 1 respondent qualified but withdrew prior to interview.
- 9 respondents did not follow up with signed consent forms and confirmation of qualifying criteria.

This attrition rate suggests that perhaps the paperwork received by respondents seemed too unwieldy that they decided not to pursue. It may also have been the case that respondents realised that they may not have met the qualifying criteria after all but did not take the time to confirm. I followed up/chased all of these respondents once by email, and then chose not to pursue further. I was also cognisant that we were in the midst of a pandemic whereby women were often taking on disproportionate amounts of labour and it was generally a stressful time – a voluntary research study could have been low priority to them (and understandably so).

All participants received a £10 multi-store gift card, that was paid for by me as researcher, in recognition of their time. During the ethics review process, it was questioned as to whether this gesture was appropriate due to the inducement it may create (Boutis and Willison, 2008). However, I felt it was unethical to not recognise the value of participants' time. I have since attended external seminars regarding ethical matters in research and now feel that cash/online bank transfer would have been more respectful to participants because then they are able to decide when and how they spend (or save) the money.

At the time of interviews, the global coronavirus pandemic was prominent, and the OMICRON variant was of concern. As such, Zoom interviews ensured reduced risk to both researcher and participants. It also provided additional time and financial efficiency for both researcher and participants, perhaps providing greater geographical diversity of participants from across the UK. While conducting interviews via Zoom could have impacted rapport between the researcher and participants, the depth and openness of the conversation during the interviews suggests that the impact was minimal. Fortunately, there were no issues with technology or internet connections to disrupt the flow of interviews. However, one of the recordings of the phone interviews was not of as good standard as the others and this posed difficulties during transcription.

2.7.2. Introducing the participants.

Table 1: Research participants

Pseudonym	Age (yrs)	Time in sobriety (yrs)	Location	Education
Alice	45	5	Manchester	Undergraduate
Alison	72	0.75	North West of England	Diploma
Bobbie	41	2	Dorset	High School
Donna	45	0.6	Wales	Doctoral
Emma	49	2	South East London	Undergraduate
Erin	56	4	Central Scotland	Diploma
Francesca	35	4	York	Doctorate
Gina	25	0.5	York	Undergraduate
Helen	44	4.5	Surrey	Doctorate
Jo	29	10	County Durham	Postgraduate
Jules	45	6	London	Postgraduate
Katie	29	2	South East London	Undergraduate
Linda	58	1	Kent	Doctorate
Lisa	44	2.5	Surrey	Unknown
Louisa	49	4	North West England	Undergraduate
Mel	59	0.5	North Wales	Diploma
Monica	51	4	Liverpool	Postgraduate
Nicola	56	0.5	Essex	Unknown
Payal	41	2	West Midlands	Postgraduate
Petra	41	3.5	Brighouse	High School
Rachel	44	8.5	Leamington Spa	Undergraduate
Stephanie	46	2.75	South London	Undergraduate
Susan	48	2.5	Bristol	Unknown
Tina	28	5	Liverpool	Undergraduate
Violet	30	1.25	Nottingham	Doctoral

Table 1, above, details the 25 pseudonymised research participants who were interviewed for this research project. However, more information can be found regarding their drinking biography, sobriety journey, and feminism, in Appendix One: Introducing the Participants (Part II).

Participants were aged between 25 and 72, the average being 44. The majority of participants were part of Generation X¹⁹, with the split as follows: four participants aged 25-29, two participants aged 30-39, 13 participants aged 40-49, five participants aged 50-59, and one

¹⁹ Generation X is a term used to describe the generation born between 1965 and 1980. Further information regarding the Generation X demographic group can be found at: <https://www.britannica.com/topic/Generation-X>.

participant aged 70+. There were no participants aged below 25 or between 60-69. While there is representation across diverse age groups within this sample, the time limitations of this research project meant that it was not possible to conduct more interviews to generate a more even spread across generational cohorts. However, there was a broad representation of women from across the UK within the sample. Such geographical diversity was likely prompted by my engagement with multiple online sobriety communities founded in different parts of the UK.

Participants had been in recovery for between six months (0.5 years) and ten years, the average being three years. There was a broad spread of shorter and longer periods of sobriety across participants which provided diverse perspectives regarding experiences of sobriety. Less participants had over six years of sobriety, which may be in keeping with the trends of online sobriety communities more generally; online sobriety communities had started and proliferated during this time period. In addition, those who are in longer-term recovery may no longer use online sobriety communities and therefore did not see the calls for research participants.

Participants were asked to talk about the relationship between feminism and their sobriety, using open questions. I did not ask a closed question: "do you self-define as feminist?". This was for a number of reasons. Firstly, feminism can mean many things and so a binary yes/no answer in response to the aforementioned question is not particularly helpful. For example, sometimes participants volunteered this information through making a statement such as "I identify as a feminist", and then proceeded to share views which could be deemed, by some, as un-feminist. I wanted to be able to pick through the messiness and contradictions of their answers. In addition, I felt that a closed question such as this could be perceived as abrasive or confrontational and I did not want to impact the rapport with my participants or make them feel that they were under pressure to provide a particular answer. Indeed, there were many participants who came of age during the post-feminist era and so I found it more helpful to ask them to describe their thoughts and experiences rather than adopt a label and decide which kind of feminist they self-define as. Now that my skills as a researcher interviewer have developed, I would likely be more confident in finding a way to position this question without impacting the rapport or flow of the interview.

Participants were not asked to self-identify their social class due to the transience of class as a demographic group, however, it can be interpreted that the majority of participants were of middle to middle to high socioeconomic means which is in keeping with previous studies of Alcohol Online Support Groups and Temporary Abstinence Initiatives. This interpretation was

made from a number of observations which I shall proceed to outline. It is evident that the majority of participants were educated to at least undergraduate level – some were studying for further qualifications at the time of interview. Only one participant suggested that she had not yet completed GCSEs (or equivalent) and was doing so as part of her occupational apprenticeship. Money was not raised as a factor in the (non-)drinking behaviours by many participants. However, three stated that they had recently experienced a change in finances due to illness or due to lack of work during the pandemic. Thus the omission of financial difficulties from interview discussions supports this interpretation. In addition, the cost to participate in some of these communities (varying between £0 to £20 per month for membership, with additional event costs on top (further detailed in Table 4)) means that there was an economic barrier to entry.

There was little racial diversity across participants; Payal was the only participant of colour – she was British Indian. As highlighted within section 2.5., ‘Mapping the field’, I attempted to identify any *UK-based* online sobriety communities that specifically responded to the needs of different ethnic groups, who could have helped to recruit a more diverse participant pool but was unsuccessful in doing so. I also talked to Payal about whether she knew of other Indian or South Asian people within her sobriety community, but she said that she was not aware of any. As such, whilst I spoke to Payal (and others) about the absence of racial diversity within online sobriety communities (see Chapter Four’s ‘An exclusive, white, middle-class ‘sober sisterhood’’), it cannot be assumed that Payal is representative of all British Indian women who utilise online sobriety communities. Due to the low racial diversity of participants this study predominantly informs understanding regarding the experiences of white women who use online sobriety communities.

Table 1 does not reference which online sobriety communities participants utilised. It was evident from interviews and observations that women used a number of online sobriety communities during their sobriety journey dependent upon their needs and moved relatively fluidly across the communities. In some instances, participants felt that they participated in online sobriety communities merely by following them on public SNS and engaging with posts. As such, there were simply too many to list out; online sobriety community participation was not limited to those detailed in Table 2 (‘Online sobriety community platforms where digital ethnographic observations took place’). In addition, I also felt that by identifying participants’ main or current online sobriety communities it could jeopardise their anonymity within this study, and I did not want them to feel that any comments made about online sobriety communities during their interview would reflect badly upon, or detrimentally impact, a particular community.

In the majority of cases, I was able to see and read the participants' body language and facial expressions during the interview which ensured that I was able to understand when a topic was particularly emotive or if participants were not keen to pursue a topic. I inferred that the majority of participants joined the interview from their home environment which may have provided an additional level of comfort to participants and minimised issues of confidentiality when meeting in public spaces. Further interpretations of socioeconomic groupings were also assisted from this insight into participants' domestic spaces. However, while not mentioned by participants, some could have felt impeded by completing an interview at home; they may have had concerns that a household member would overhear the conversation.

All participants were self-selecting and thus the findings have likely been informed by this. Indeed, the participants who did not follow through with consent to interview may have reviewed the 'anticipated interview topics' information sheet and decided not to proceed. Participants who had negative experiences of online sobriety communities, or had stopped using them, are less likely to have participated in this study. Thus, to some extent, it is probable that participants were already engaged with the discussion topics in order to motivate them to give up their time to participate. However, by no means were participants unified in their views and thus there is variation in the data. A larger and broader sample of interview participants were not sought due to the time constraints of a funded PhD research project. Furthermore, alongside the other data sources collected as part of this mixed-method ethnography, 25 participant interviews were sufficient to generate saturation of codes and develop conceptual grounded theories.

2.8. Participant observations.

32 periods of ethnographic, situational, and intermittent participant observations were conducted between 27th September 2021 and 10th July 2022, from four groups of sites, as follows:

- Online sobriety community platforms;
- Webinars hosted by online sobriety communities;
- In-person events hosted by online sobriety communities; and,
- Club Soda's pop-up alcohol-free 'off-licence'.

The following sections discuss why and how participant observations were conducted and introduces the sites in which the observations took place.

2.8.1. The practice of participant observations.

One of the ways in which a researcher can gather in-depth qualitative data that sheds light on the cultural practices, 'taken-for-granted assumptions, and rules' of the 'studied milieu' (Charmaz, 2006:34), is through the method of participant observation. Indeed, Brewer (2000:59) argues that participant observation is key to achieving the aims of ethnography:

Ethnography is not a particular method of data collection but a style of research that is distinguished by its objectives, which are to understand the social meanings and activities of people in a given 'field' or setting, and an approach, which involves close association with, and often participation in, this setting....Participant observation is perhaps the data collection technique most closely associated with ethnography from its origins in classical British anthropology and the Chicago School of sociology. It involves data gathering by means of participation in the daily life of informants in their natural setting: watching, observing and talking to them in order to discover their interpretations, meanings and activities.

As an ethnographic researcher, but also as a community member and temporary shop assistant, I was able to watch, observe, and talk to participants in order to understand how women embody sobriety and how they 'do' 'non-drinking practices'.

In the early twentieth century it was thought by the positivist, male Chicago School of Sociology, and documented within Vivien Palmer's (1928:164) *Field Studies in Sociology* handbook, that 'the ideal of scientific sociological observation is a detached, impersonal, objective scrutiny of group relationships' when conducting participant observations. However, the constructivist turn in the late 20th century dismissed the idea that there is an 'objective external reality' (Charmaz, 2006 [2014]:13) and instead emphasised the necessity that observations must take into account the researcher's position, power, and perspectives – the research reality is constructed by both researchers and participants (Clarke, 2005). The conditions of, and value generated by, insider observations further challenge the positivist ideal of participant observations.

My role as an existing community member meant that I became an 'observant participant' (Brewer, 2000:60), particularly when I was facilitating webinars and attending social events –

I was there to conduct research but also to build relationships or run an event. However, I found that my 'participation' within online sobriety community pages was relatively muted – I did not contribute to discussion threads or post about any of my experiences in sobriety. I found that my participation within the communities shifted over the course of the research, from participant to researcher. Therefore, dependent upon the site of observation, my role shifted along a spectrum of participant observer to observant participant. Furthermore, outside of my designated periods of observation I found it difficult to 'switch off' from being an observant participant. I found that, whilst on SNS, I was undertaking grounded theory methods of theoretical sampling whereby I would be observing behaviours, processes or discourses which supported or contradicted coded categories.

When I first entered the field, I tended towards a quiet, more passive observation and documentation of phenomena. I sought to recall and write down everything I had seen and heard as fieldnotes within my field diary (Palmer, 1928:180-2; Wolfinger, 2002). Fieldnotes typically documented the following phenomena:

- Individual and collective actions;
- Anecdotes and observations;
- Significant processes;
- Participants' language use;
- Participants' interests and emphasis;
- Scenes, space and context; and,
- My own reflections, feelings, and analytical ideas.

(see also Charmaz 2006 [2014]:37)

In the context of this research project, such phenomena included but was not limited to: the flow of conversation (introductions, the sharing of sobriety stories, general conversations about interests); the labels and recovery narratives that women used to describe their non-drinking; and, descriptions of venues.

Even though some of the phenomena documented were relatively unsurprising to me, based on my prior involvement with, and knowledge of, online sobriety communities, I sought to document everything in order to avoid overlooking something that I would typically take for granted. Over time, some observations regarding behaviours or processes were repeated fairly consistently across events and became somewhat predictable in nature. Therefore, later in the fieldwork, once I had started to construct categories from the data and develop inductive

hypotheses and working grounded theories, I purposefully conducted theoretical sampling (Charmaz, 2006 [2014]:192-224; Glaser and Strauss, 1967 [2006]:45-77) during participant observation. I asked participants direct questions or sought out particular participants to observe; I became a more active observer and therefore more actively constructed the research.

The majority of the online sobriety community pages on SNS and the events that I observed were accessible to both men and women. In alignment with the research questions and mission statements of this study, I predominantly conducted observations of the female participants, but also considered how they interacted with men in these settings – particularly at in-person social events. Where possible I tried to calculate the number of individuals observed in order to provide more insight regarding the context of the event and the space it inhabited. In some instances, I observed the same women at multiple events. As such, I took observational notes using their first names in order to help me reflect on our past conversations prior to seeing them again and analyse their experiences as an ongoing narrative rather than isolated segments of data. However, within this thesis they have been pseudonymised or anonymised.

2.8.2. Fieldwork settings.

The proceeding sections outline the four groups of sites in which ethnographic participant observations were conducted, providing detail on why they were selected and the periods of observation.

2.8.2.1. Online sobriety community platforms.

Between 27th September and 30th November 2021, three periods of digital ethnographic observations were conducted within online sobriety community platforms. In total, 198 posts were observed from within the communities outlined in Table 2 overleaf.

Table 2: Online sobriety community platforms where digital ethnographic observations took place.

Pseudonym	Main technology platform utilised	Members	Features
Community A	Facebook & web-based	15,000 to 19,999	Free peer to peer support access. Further support services for one off fee. Free podcast. In-person and virtual events. Digital and event partnerships with, and off-trade sale of, NoLo brands (incl. 'Big Alcohol').
Community B	Facebook & web-based	100 to 249	Peer to peer support and services for a monthly subscription fee. Free podcast. No involvement with NoLo brands.
Community C	Facebook	<100	Peer to peer support and services for a monthly subscription fee. No involvement with NoLo brands.
Community D	Facebook & web-based	250 to 499	Peer to peer support and services for a monthly subscription fee. Free podcast. Digital partnerships with independent NoLo brands.
Community E	Facebook	<100	Peer to peer support and services for a monthly subscription fee. In person and virtual events. Digital and event partnerships with independent NoLo brands.
Community F	Facebook	100 to 249	Peer to peer support and services for a monthly subscription fee. In person events. No involvement with NoLo brands.
Community G	Facebook	500 to 999	Free peer to peer support access. Further support services for one off fee. In-person and virtual events. Digital and event partnerships with, NoLo brands (incl. 'Big Alcohol').
Community H	Facebook	1,000 to 1,999	Free peer to peer support access. Further support services for a monthly subscription fee. Free podcast. In-person and virtual events. No involvement with NoLo brands.

Observations within the platforms were conducted to understand how members were using the communities to navigate sobriety, and how they spoke of their sobriety among peers.

During the last week of each of the three consecutive months, I entered the platforms to observe the ten most recent posts made by members and founders within the online sobriety communities. Observations of the posts were anonymised at source.

Facebook profile data and observational interpretation was used to verify that the posts had been written by individuals who were within scope. For example:

- Posts from women outside of the UK were excluded to ensure that the project remained focussed on the experiences of UK-based women. This was interpreted through their Facebook profile data. Or, if this was not listed, it was sometimes possible to interpret from posts that included Americanisation of spelling, or referenced specific locations, by way of examples.
- Posts by those who presented as men were excluded to ensure that the project remained focussed on women's experiences. Again, this was interpreted through their Facebook profile data. Or, if this was not listed, the sex of the author was typically

evident from posts through their comments on motherhood, relationships, menopause, or from photographs they shared.

- Posts by women who were evidently not sober, or by women who were in their first 30 days of sobriety were excluded from data collection. This was to ensure that the research project remained focussed on the practices and experiences of those with an established period of sobriety and were currently, actively, utilising the community platforms. This criterion was determined through their posts; if they wrote about relapses or how they were struggling to string together a number of alcohol-free days. Additionally, as part of an optional community practice, the number of days that women had (sober), was often listed at the top of, or within, a post.

While there is substantial margin for error in this approach it was the most appropriate and efficient method to ensure that observations were focussed on those who are at the centre of the research project's aims.

Ethnographic observations of posts within online sobriety communities were documented within Microsoft Word. Observations included what was said within a post, a description of any images that were shared, and any immediate reflective thoughts that I had on these items. Posts were not extracted from online sobriety community members in order to respect their privacy and to avoid collecting personally identifiable information. This method afforded the ability to understand patterns of use and general trends within online sobriety communities – it was not intended to understand the experiences of specific individuals. When examples of community posts are drawn on within the data chapters of this thesis, they have been constructed as vignettes which 'google-proofs' them in order to protect privacy of members.

The online sobriety communities were at different phases of development, provided varying services, and preferred different SNS to engage with their members. As such, this led to limitations in my ability to conduct uniform ethnographic observations across the communities. For instance, Community C was a relatively new community with less than 100 members. This reduced the flow of posts, and often meant that the founder/owner was the main agent in posting. Consequently, data from this group was only collected in the first month of data collection (September 2021). Whilst observing Community F's platform, I found that the founder (a sober woman) favoured 'Facebook lives' as a form of engaging with members and sharing her experiences, instead of written posts, and so I sought to observe and transcribe these too.

I had originally estimated that I would observe 50 *members'* posts per monthly collection, totalling 150. However, by anonymising my observations at source it was not possible to keep track of the unique number of individuals. I also observed that it is common for a small number of individuals to post most frequently which can be influenced by where individuals are in their sobriety journey. Furthermore, as previously referenced above, in some communities there was an inadequate volume of posts to enable data collection of 50 posts per monthly collection. In order to prioritise privacy requirements, I amended my data collection method to observe 10 posts *per community* during each period of collection (where possible).

I had also originally intended to conduct three waves of data collection timed two months between each one. I ultimately decided to extract data at monthly intervals for a number of reasons. Firstly, I incurred a financial cost to being part of some of these communities and so I had to question the affordability and sustainability of paying these fees across a six-month period – three months felt more manageable. Second, I wanted to complete these observations prior to January 2022 in order to avoid the Dry January 'rush' where greater numbers of sober-curious drinkers utilise the groups in order to start their alcohol-free journey or temporary period of abstinence. I also wanted to utilise the findings from the digital observations to inform the semi-structured interviews which were due to commence in December 2021.

2.8.2.2. Online sobriety community webinars.

Between 30th September 2021 and 11th May 2022, 12 webinars hosted by online sobriety communities were observed, as outlined in Table 3 overleaf.

Table 3: Digital ethnographic observations of webinars hosted by online sobriety communities.

Date	Online Sobriety Community	Title	Length (hrs)
30.9.21	Sober Voices	Finding Flow in Startup Land	1
1.10.21	Sober Voices	Early Morning Coffee	1
1.10.21	Sober Voices	On Motherhood	1
1.10.21	Sober Voices	Sober and Brown	1
2.10.21	Sober Voices	First Generation & Sober	1
2.10.21	Sober Voices	How Social Media Saved My Life	0.5
3.10.21	Sober Voices	Running to Recover	1
5.10.21	Club Soda	How do I make friends?	1
9.10.21	Club Soda	How can I socialise sober?	1
10.10.21	Club Soda	How can I socialise sober?	1
24.11.21	Club Soda	Autism & Alcohol: Interview with Chelsey Flood	1
11.5.22	Club Soda	What I've learned from 10 years AF with Laura Willoughby	1.25

Digital ethnographic observations of webinars were conducted because they offered real-time access to founders of online sobriety communities and sobriety influencers who shared their views or thoughts on relevant topics. The community webinars provided an opportunity to listen to the discourses used by these individuals rather than members, and how they positioned (or sold) sobriety. In some ways, they served as focus groups or interviews from a research perspective, except I was not facilitating the discussion in these instances.

Throughout October 2021 Club Soda hosted their 'Global Mindful Drinking Festival', and Sober Voices hosted their online event series 'Flow' which was also international in scope. These events featured a series of online webinars that addressed a number of topics and were held on successive days throughout 'Sober October'. 'Sober October' is often used within the online sobriety community to prompt individuals to take a break from alcohol – either for the short or long term. Similar to Dry January, 'Sober October' provides a temporal anchor for increased member engagement and publicity. Club Soda had formerly hosted their Mindful Drinking Festivals in London during the month of January. However, due to the COVID-19 pandemic, they moved these events online, hosted on video conference software.

In sum, I found the webinars to be a method through which online sobriety communities could reach 'new', potential members who may be 'sober-curious' or who may be struggling with addiction and want to hear lived experiences of recovery. Many webinars were of the 'how to' variety (i.e., how can I socialise sober?), which was helpful for those in early sobriety but less

relevant for those in longer-term sobriety. However, the attendees/audience were not always visible to one another during the webinars but could submit questions for the panel. The public nature of these events meant that personal disclosures by attendees/the audience were limited.

The online sobriety community is relatively DIY and highly collaborative between the different communities. This means that community founders are often panellists on other communities' webinars. As such, while the majority of webinars observed were organised by the same two communities (Club Soda and Sober Voices), the multitudinous and eclectic nature of the panellists means that I was able to observe a greater diversity of voices than if I had arranged individual interviews with founders; webinars featured a more diverse panel of speakers of different races, sex, gender and sexualities than I encountered in other data segments. While observing international panellists deviates from my focus on British women's experiences, these international perspectives provided some global context to this contemporary recovery culture. Thus, webinars facilitated a more trans-national and cross-cultural discussion regarding sobriety than is typically recognised in existing research.

I attended almost all of the webinars outlined in Table 3 as an observer only. In some instances, I put written questions to the panellists via the chat function on the respective platforms. On 24th November 2021 I also conducted an interview with author and lecturer Chelsey Flood titled 'Autism & Alcohol' as part of the 'Meet the Scholar' webinar series that I organised and facilitated for Club Soda on a voluntary basis, as part of my engagement work. I have included this interview within my ethnographic observations from online sobriety community webinars; Chelsey discussed her experiences of sobriety in conjunction with Autism, which has hitherto not been well represented within online sobriety community events or content. As such, I felt it was important to include this voice within my data collection.

Throughout 2021 and 2022 I hosted ten 'Meet the Scholar' webinars for Club Soda. This series featured multi-disciplinary, academic, guest speakers who discussed their latest research in the fields of alcohol, sobriety, and wellbeing to the members of Club Soda (and also publicly available on YouTube). Aside from the interview with Chelsey Flood, I did not include these webinars within my ethnographic observations of online webinars hosted by online sobriety communities because they were largely research-based and did not contain relevant lived experiences.

Ethnographic observations of webinars were documented within Microsoft Word documents whilst the webinar was streaming, or sometimes in my field diary (Charmaz 2006 [2014]:37;

Palmer, 1928:180-2) if I was viewing them whilst away from my computer. I tried to capture as much of what was being said as possible, along with silences, laughs, and any physical movement or body language that took place. Immediately after the webinar, I worked through the notes to increase their legibility and filled in any reflections or additional information that I could recall (Wolfinger, 2002). However, I conducted a full, manual transcription of the webinar interview with Chelsey Flood which was recorded and hosted on YouTube because I was unable to take full notes whilst facilitating the live interview.

By the end of October 2021, I felt 'Zoomed out', having attended so many webinars in a short space of time. I found that I was starting to hear similar talking points across the webinars which suggested to me that I was reaching data saturation in some areas. Based upon my participation within online sobriety communities, I remained aware of and open-minded to joining more webinars throughout the research process but only identified one other as likely to provide different insights to what I had already observed which I subsequently observed. For the most part, I used the observations from webinars in October 2021 to inform the next stages of data collection, including in-person observations at community events and participant interviews.

2.8.2.3. In-person events organised by online sobriety communities.

Between October 2021 and July 2022, I conducted situational ethnographic observations at 17 in-person events hosted by online sobriety communities. These events are detailed in Table 4 overleaf.

Table 4: Ethnographic observations of in-person events hosted by online sobriety communities.

Date	Main event feature	Site	Geographic location	NoLo brand partnership?	Approx. duration (hrs)	Cost to attend	Costs to travel	Estimated number of attendees
Oct-21	Coffee	Hotel	Central London	No	2	£ 5.00	£ 15.00	12
Nov-21	Coffee	Hotel	Central London	No	2	£ 5.00	£ 15.00	12
Nov-21	Dinner & AF Drinks	Pub	East London	Yes	3.5	£ 3.00	£ 20.00	16
Dec-21	Alcohol-free (AF) drinks shopping	Shop & Bar	Central London	Yes	1	£ -	£ 10.50	3
Jan-22	AF Cocktail Masterclass	Shop	Central London	Yes	3	*	£ 10.50	21
Jan-22	AF Wine Masterclass	Shop	Central London	Yes	3	*	£ 10.50	8
Jan-22	AF Cocktail Evening	Pub	Central London	Yes	2	£ 16.00	£ 10.50	40
Mar-22	AF Wine Masterclass	Shop	Central London	Yes	1	£ 5.00	£ 10.50	5
Apr-22	Brunch	Restaurant	Central London	No	2	£ 15.00	£ 15.00	7
May-22	Brunch	Restaurant	Central London	No	2	£ 15.00	£ 15.00	18
Jul-22	Panel discussions & AF Drinks	Outdoor market	Brighton	Yes	6		£ 51.30	25+
Jul-22	Lunch	Outdoor market	Brighton	Yes	1	£ 10.00	£ 51.30	3
Jul-22	AF Drinks	Outdoor market	Brighton	Yes	1		£ 51.30	9

* These events were offered to me as complimentary due to my engagement/volunteer work within the community, but ticket price was £45

For the most part, any identifying names, dates, or hosts of the events have been removed. This is to ensure the anonymity of the communities but also the privacy of those observed. The below table details the anonymised online sobriety communities whose events were observed:

Table 5: Online sobriety communities whose in-person events were observed.

Community	Main platform	Members	Features
Community A	Facebook & web-based	15,000 to 19,999	Free peer to peer support access. Further support services for one off fee. Free podcast. In-person and virtual events. Digital and event partnerships with, and off-trade sales of, NoLo brands (incl. 'Big Alcohol').
Community E	Facebook	<100	Peer to peer support and services for a monthly subscription fee. In person and virtual events. Digital and event partnerships with independent NoLo brands.
Community G	Facebook	500 to 999	Free peer to peer support access. Further support services for one off fee. In-person and virtual events. Digital and event partnerships with NoLo brands (incl. 'Big Alcohol').
Community H	Facebook	1,000 to 1,999	Free peer to peer support access. Further support services for a monthly subscription fee. Free podcast. In-person and virtual events. No involvement with NoLo brands.

As can be seen from Table 4, the sites of ethnographic observations were primarily commercial venues that supplied food and alcohol-free drinks, such as restaurants, pubs, hotels, shops, and an outdoor marketplace. Across the 17 periods of ethnographic observation, there were eight different venues. Sometimes the same venues were utilised repeatedly by communities due to their range of NoLo drinks, or the ability of the venue to cater for dietary requirements. These events were selected for observations due to the following factors:

1. Events held at different times of day and on different days of the week to ensure observation of, and interaction with, people of different lifestyles/schedules;
2. An environment or activity that would enable relatively in-depth interaction with attendees;
3. Events held by a number of different online sobriety communities who had varying 'target' demographics for their services;
4. Geographic accessibility to the researcher; and
5. Affordability to the researcher.

As can be seen from Table 4, events averaged 2.2 hours in approximate duration, however, this was also influenced by how long I stayed at the events. I did not always stay until the end due to travel arrangements or energy levels. In some instances, event attendees continued having coffee after the event ended, or decided to spend time together exploring London, which I did not join and observe.

All of the events I observed were hosted in London or the South East of England. Events did take place across the country, but those in London and the South East of England were most accessible to me because I live in Kent. As such, this observational data is likely skewed towards the experiences of those who reside in this area. Events by online sobriety communities were typically hosted in UK cities or urban areas. Thus, there was the cost of transport to these events, both for myself and other participants (my travel costs are detailed in Table 4). These factors likely impacted the demographics of those who attended the events and is addressed in the thesis where relevant to the findings.

During the course of data collection, events were advertised that featured alternative activities, such as hikes, paddleboarding, spin classes, or dance classes. Thus, there were two dominant themes: food/drink and exercise/outdoors. Unfortunately, the outdoor activities were difficult for me to access geographically and some of them cost substantially more than it does to have a coffee or something to eat. Events typically had a cost associated with attending (see Table 4). The cheapest was £5 to secure my place at a coffee social and cover the cost of the first round. The highest cost was £16. However, for two events I was provided with a complimentary ticket, and ticket prices were £45. I had planned to attend events hosted by Community I, but their ticket price was usually in the £50 range which meant that I could not afford to do so. As such, there was a financial barrier to taking part in these socials which made me cognisant of how many events I could attend, but also who were not present at the events due to the cost.

I had originally planned to conduct three instances of two hour in-person observations of women's participation at sober social events. However, I expanded the number considerably because I had the benefit of time and COVID-19 restrictions gradually relaxed throughout the period of fieldwork. Furthermore, I had originally anticipated that I would attend larger events. However, in response to the pandemic, larger events were more likely to be hosted online due to the risks involved, and instead smaller events were hosted in-person, which restricted my access to observe large numbers at any one time but did have the benefit of feeling more personal and facilitated a greater depth of interaction with attendees. The data collected for this research could have been influenced by the events selected for observations. However, I worked to off-set this impact by attending events that were spanned across several months and in slightly different venues.

On my way to each event where I was due to conduct participant observations, I would describe my experiences, observations, and thoughts within the Notes application on my iPhone. I did this to fire-up the muscles of observation prior to entering the event, but also to experiment with the boundaries between feminist ethnography, autoethnography, and creative writing that I was curious to explore within this thesis. In doing so, I drew on the groundbreaking approaches to form represented within Lauren Elkin's *Notes on a Parisian Commute* (all written on an iPhone) and Annie Ernaux's (1993) *Extérieurs*.

During in-person observations I used the Notes application on my iPhone to take observational notes regarding places and people – including reflections on my own feelings. Using my iPhone whilst observing events enabled me to blend in with other participants; I felt that writing notes in my field diary (Charmaz 2006 [2014]:37; Palmer, 1928:180-2), in commercial venues, during periods of observation, would impact behaviours and be detrimental to the rapport that I had built. I struggled to make extensive notes on my iPhone whilst having conversations and participating in the events, but I tried to recall observations immediately after. I also went to the lavatories in order to have some privacy to take notes.

Whilst walking from the venue to the train station to go home, I typed out all the observations I could remember – including conversations. I completed this through a multi-stage process (Wolfinger, 2002). First, I wrote notes on conversations that I had been part of, because it was often easiest for me to recall conversations by linking it to the memories of individual faces. I also took notes that described their identifying characteristics, appearance and body language. Once I was able to sit down (usually on a train) I then ran through the event in temporal order and tried to fill any gaps in my notes. I made some jottings on the space itself which were largely descriptive. However, travelling by car to in-person events afforded me

with a private space post-event to recall observations and record them as voice notes instead. Once I was home, and usually on the same day of the event, I copied these notes into a Microsoft Word document, read through them, and edited the punctuation in order to ease readability and clarify meaning. I then saved the document within my electronic filing system.

2.8.2.4. Club Soda’s pop-up alcohol-free ‘off-licence’.

During December 2021 and January 2022, I conducted eight periods of ethnographic, situational, intermittent observations of customers and staff within Club Soda’s temporary, commercial, alcohol-free ‘off-licence’, located on Great Portland Street in London and shown in the below images.



Figure 5 (Left, Above): Photograph taken of outside Club Soda’s alcohol-free off-licence (Silverman, 2021).

Figure 6 (Right, Above): Photograph of window display at Club Soda’s alcohol-free off-licence. Source: Researcher’s own collection, 2021.

Observations occurred whilst I worked four shifts as a shop assistant, between five to eight hours each, on a voluntary basis, and attended four social events hosted within the shop, such as an alcohol-free wine masterclass. A summary is provided in Table 6 below.

Table 6: Schedule of ethnographic observations at Club Soda’s alcohol-free ‘off-licence’.

Date	Approximate duration (hrs)	Estimated number of people observed
21.12.21	8	148
23.12.21	6	
15.1.22	5	
22.1.22	5	

This research site was selected due to the following unique factors:

1. The shop served as space for events, organised by Club Soda and other online sobriety communities;
2. It was the first physical retail store that sold exclusively NoLo products;
3. The off-licence stocked the largest range of NoLo products in one UK-based, physical shop — 345 products from 101 brands (all under 0.5% ABV). The majority of the brands and products were not widely available in retail stores (Club Soda, 2022a); and
4. The shop operated on a Try-Before-You-Buy basis whereby customers could try multiple products, at no cost, prior to purchase.

Similar to using a pub as a lens through which to observe and understand drinking practices and the NTE, Club Soda's alcohol-free 'off-licence' presented a site in which I could observe, understand, online sobriety community participation and 'non-drinking practices' from the perspective of my 'dual role' (McPherson, 2017) as shop assistant, mixologist, community insider, and researcher.

When conducting ethnographic observations in Club Soda's pop-up alcohol-free 'off-licence', I took my field diary on to the shop floor and kept it accessible to me near the till (but inaccessible to customers) because the duration of these observational periods were much longer than social events – between six to eight hours – and I was not able to remember detailed observations about a high volume of people over that length of time. I also found that having a notebook on the shop floor did not look out of place, because it looked like I was taking notes regarding inventory or shop duties. I made the gatekeepers and staff aware of my field diary, and the purpose it served, to prevent any misunderstandings (Charmaz 2006 [2014]:37; Palmer, 1928:180-2). During busier periods I was able to write less notes because I prioritised serving customers. When the shop grew quieter, I was able to make rough jottings about key characteristics of people I had observed. Once I finished my shift and was on the train home from London to Kent, I returned to the notebook and wrote as much detail as possible about what I had observed, and my reflections on the day. By the time I got home it was usually after 7pm so I typed up my observational notes into a Word document the next day and filled in any details that came to mind.

I also conducted semi-structured, one-to-one interviews with five off-licence staff members to understand their observations. During the interviews I used a discussion prompt on 12 topics that included: customer demographics; gendered differences in shopping behaviours;

differences in shopping behaviours between drinkers and non-drinkers; common requests and feedback from customers; and, how customers interacted with social media in the shop. At the time of interviews, staff members had worked at the off-licence for between three and 15 weeks. All five were white and aged between 30 and 60. Three identified as women, one non-binary, and one man. All interviews were conducted via Zoom, lasted between 46 and 72 minutes, the average being 59 minutes, and were conducted whilst staff were either at the shop or in their homes.

The fieldwork conducted at Club Soda's pop-up alcohol-free 'off-licence' is not anonymised or pseudonymised within this thesis due to the unique nature of this site, prior agreement with the management of Club Soda, and the fact that I have already published some preliminary findings (Davey, 2022b).

2.9. Online data collection.

This section discusses the two digital data sets that formed part of this study:

- Public content posted by online sobriety communities on Instagram (n=147); and
- Public content posted by sobriety influencers (n=226).

Initially this study had also been designed to collect public Instagram posts, by individuals, that utilised popular hashtags within the online sobriety community, such as: '#wearetheluckiest', '#soberaf' and '#sober curious'. However, during the first period of data collection in September 2021 this method presented many challenges: it was difficult to determine the location of the Instagram users whose posts were trending; many were outside of the UK and thus outside the scope of the research project. Furthermore, the algorithms were determining whose posts should be promoted and this did not sit comfortably with me as researcher; it privileged some voices over others, and I did not want the research findings to be impacted in this way. As such, I made the decision to remove this data collection strategy from my methods.

2.9.1. Online sobriety community posts on Instagram.

On the last week of three consecutive months (September to November 2021) the nine most recent public Instagram posts were manually extracted from the accounts of seven online

sobriety communities outlined in Table 7. In total, 147 posts were extracted from online sobriety community Instagram profiles.

Table 7: Online sobriety communities on Instagram.

Pseudonym	Main platform	Followers	Features
Community A	Facebook & web-based	20,000 to 24,999	Free peer to peer support access. Further support services for one off fee. Free podcast. In-person and virtual events. Digital and event partnerships with, and off-trade sales of, NoLo brands (incl. 'Big Alcohol').
Community B	Facebook & web-based	5,000 to 9,999	Peer to peer support and services for a monthly subscription fee. Free podcast. No involvement with NoLo brands.
Community C	Facebook	<5,000	Peer to peer support and services for a monthly subscription fee. No involvement with NoLo brands.
Community E	Facebook	25,000 to 29,999	Peer to peer support and services for a monthly subscription fee. In person and virtual events. Digital and event partnerships with independent NoLo brands.
Community G	Facebook	<5,000	Free peer to peer support access. Further support services for one off fee. In-person and virtual events. Digital and event partnerships with NoLo brands (incl. 'Big Alcohol').
Community H	Facebook	5,000 to 9,999	Free peer to peer support access. Further support services for a monthly subscription fee. Free podcast. In-person and virtual events. No involvement with NoLo brands.
Community I	Instagram	150,000 to 154,999	In-person and virtual events. Digital and event partnerships with NoLo brands (incl. 'Big Alcohol').

Communities F and D from Table 2 did not have an Instagram presence and so were omitted from this phase of data collection. However, Community I were a new addition to data collection because their primary platform is Instagram yet do not provide peer-to-peer community services on Facebook and were thus excluded from in-platform participant observations. While these posts were publicly available content, the communities have been pseudonymised in keeping with my approach to confidentiality and respect across data collection.

I anticipated that the collection of Instagram content created and posted by online sobriety communities would yield insights into how online sobriety communities positioned themselves publicly: what discourses they utilised, how they interacted with other communities, what services they promoted, and how they used images to portray sobriety. It must be understood, however, that this data is a form of marketing conducted by online sobriety communities, often for profit or to generate revenue.

Manual extraction included both the image and the written content. Posts that were older than 12 weeks were excluded from data collection. In the cases of some online sobriety communities, this meant that fewer Instagram posts were collected because some were more active on Instagram than others. Instagram data was collected at the same cadence as the

digital ethnographic observations of posts within online sobriety communities outlined above. While there was no financial cost to accessing this data, it was more efficient to collect this data at the same time as the online community observations and cease at the same time too. This reduced the possibility of anomalies during triangulation and provided temporal consistency.

2.9.2. Sobriety influencer posts on Instagram.

On the last week of three consecutive months (September to November 2021) the six most recent public Instagram posts were manually extracted from the accounts of 14 British sobriety influencers detailed in Table 8, where possible. In total 226 posts by sobriety influencers were collected.

Table 8: Sobriety influencers on Instagram.

Pseudonym	Age group (yrs)	Followers	NoLo brand promotion and/or partnerships?
Anna	41-50	15,000 to 19,999	No
Beth	31-40	5,000 to 9,999	Promotion
Clara	41-50	<5,000	Promotion
Georgie	41-50	5,000 to 9,999	None
Jamie	41-50	<5,000	Promotion and partnerships
Jessica	21-30	20,000 to 24,999	Promotion and partnerships
Leah	61-70	5,000 to 9,999	Promotion and partnerships
Melissa	21 - 30	35,000 to 39,999	Promotion and partnerships
Mia	31-40	15,000 to 19,999	Promotion and partnerships
Olivia	41-50	60,000 to 64,999	None
Rita	31-40	<5,000	Promotion and partnerships
Sandy	51-60	<5,000	None
Suzy	41-50	10,001 to 14,999	Promotion
Tunde	21-30	140,000 to 144,999	None

According to Freberg et al., (2011) 'Social media influencers (SMIs) represent a new type of independent third party endorser who shape audience attitudes through blogs, tweets, and the use of other social media'. The individuals listed in Table 8 were deemed to be influencers due to their use of their Instagram accounts to perform influencer marketing – 'a form of marketing where the focus is placed on specific individuals...and orients marketing activities around these influencers' (Woods, 2016:5) – and/or 'visibility politics' (Whittier, 2017) and 'hashtag activism' (Highfield, 2016). However, their marketing and social influencing was

limited to issues of sobriety and alcohol-free living, sometimes including NoLo drinks. Their numbers of followers were also considered as an indication of their influence. The 14 influencers had followings between the ranges of 1,131-144,000, totalling 344,100. However, sobriety influencers typically have less followers than general beauty or lifestyle influencers who appeal to a broader audience. Indeed, based on recent research from Trittin-Ulbrich and Glozer (2014), it is unlikely that many of the influencers listed in Table 8 are being remunerated financially for their work on social media; 10,000 followers being deemed the 'Holy Grail of influencing' (Dr Sarah Glozer, cited by University of Bath, 2024). Instead, at the time of data collection, most used their Instagram profiles as a tool to support their main roles as online sobriety community founders, with a few sharing promoted advertisements for NoLos or unrelated products/services, including Melissa and Rita.

Many of these individuals were identified and mapped as influencers based on my prior, insider knowledge of their accounts and roles within the online sobriety community, and some were identified through snowballing methods undoubtedly assisted by social media algorithms. While there was age group diversity across this sample, racial diversity was low (13 were white). However, this was generally reflective of the demographics of research participants too.

The aim of this data segment was to understand how sobriety is performed by women in public online spaces, and how some women generate social and financial capital through the performance of sobriety. When influencer posts are drawn on within the data chapters of this thesis, they have been pseudonymised but not reconstructed. Due to the public profile of these individuals and the fact that they are publicly-available posts/information, I did not seek to 'google proof' this data segment. However, when discussing a particular Instagram post that includes an identifying photo of the influencer, I have not included their image and have instead sought to describe what the image shows in order to maintain the integrity of the pseudonymisation.

2.10. Analysis and coding practices.

2.10.1. Phase 1: familiarising myself with the data

First, I immersed and familiarised myself with the data collected by reading data twice prior to coding to ensure understanding (Braun and Clarke, 2006: 16; Merrill and West, 2009). My

insider researcher positionality, and ethnographic methods also meant that I was 'immersed' in the data during collection and had already begun to formulate some analysis of what I was observing (p.15-16).

2.10.2. Phase 2: generating initial codes

In response to the research questions, and using a constructivist, inductive approach (Charmaz, 2006 [2014]), initial codes were then applied manually to the data using NVivo 12 and thematic analysis. Thematic analysis is a qualitative method that I used to conduct initial analysis of data. It is defined by Braun and Clarke (2006: 6) as 'a method for identifying, analysing and reporting patterns (themes) within data'. These initial thematic codes were applied not on a rigid line by line practice, but were applied to the smallest slice of data that made sense when viewed in isolation – sometimes this was a key word, sometimes it was a short paragraph (p.18). 'Full and *equal* attention' was given to each data item (p.18 (their emphasis)).

This process identified thematic categories at the semantic (or explicit) level within the data (p. 13), such as 'use of no and low-alcohol drinks' or 'physical health'. The question of 'what counts as a theme?' and 'when can data be determined as a theme' was established based on my subjective judgement as to whether such a theme, or the coded data comprising of the theme, could help answer the research questions (p.9). However, even those items which conflicted with, or seemed to 'depart from the dominant story in the analysis' (p.19) were coded.

2.10.3. Phase 3: Reviewing and clarifying themes

At this stage, it was helpful to view the coded data within visual representations/graphs within the NVivo12 programme. Using a hierarchy chart I was able to see which codes were more frequently applied. I could then dig into these buckets of codes to check coding, and apply any clarifications where necessary. Here, I conducted comparison between segments of data, which assisted to refine the themes identified and enabled increased detailed focus on, and subsequent expansion, of smaller 'properties' which sought to increase 'explanatory power' (Glaser and Strauss, 1967 [2006]:24) of the thematic category by focussing on the behaviours and processes of the participants.

The hierarchy chart also enabled me to identify some themes that could actually be merged, or needed to be separated. In doing so, it helped to clarify what each code or theme was about – what its essence was. The categories that were most saturated with data were then subjected to a second round of analytical coding using a more latent thematic analysis (Braun and Clarke, 2006: 13-14). By the end of phase 3, the composition of codes on the hierarchy chart had shifted somewhat.

2.10.4. Phase 4: using thematic analysis to conduct a grounded theory.

Once the buckets of codes were named and shaped into theme, I was able to review the data coded within each theme to construct written drafts of hypotheses and conceptual theories from ‘overarching themes’ (p.19) that assisted in answering the research questions.

Thus, thematic analysis was a methodological process conducted *within* a grounded theoretical approach (Ryan and Bernard, 2000). From this ‘foundational method’ (Braun and Clarke, 2006: 4) of analysis I was able to use grounded theory to construct a conceptual, qualitative theory.

2.10.5. Discussion

As a solo researcher with limited resources, I was not able to rigidly follow grounded theory’s approach of continuous and ongoing data collection and coding; there were stages to my data collection, but coding typically happened after collecting the majority of data from one segment. Thus, I did not follow a typical thematic analysis approach of waiting until all data had been collected either (Braun and Clarke, 2006). For example, I analysed and coded online observations and data extracted from Instagram first. This subsequently informed the themes discussed during the semi-structured interviews. Similarly, I analysed and coded my observations from Club Soda’s off-licence prior to interviewing the staff who worked there. These processes served as both a process of theoretical sampling (Glaser and Strauss, 1967 [2006]) and theoretical triangulation (Denzin, 2007).

Once I had determined that I had reached ‘theoretical saturation’ in the data collected (Charmaz, 2006 [2014]; Silverman, 2011), I withdrew from conducting fieldwork within specific sites. I concur with Weiner (2007:206) when they argue that reaching saturation is a ‘judgement’ which has to be considered in light of practical concerns – such as time and money

– but also ‘theoretical sufficiency’ (Dey, 1999:257) whereby there is sufficient data to support theoretical abstractions that are robust and nuanced. I sought not to foreclose analytic possibilities; I continued to remain open to and aware of additional data and codes that could be included and considered as I moved on to develop theory related to other codes. It thus became an iterative process whereby I returned to drafts of writing to develop theories further when necessary: ‘writing is an integral *part* of analysis, not something that takes place at the end’ (Braun and Clarke, 2006: 15 (their emphasis)).

I think it must be acknowledged that saturation of coding can be dependent upon the precarious practicalities of PhD funding; there is a specific time frame during which a student is privileged enough to receive such funding and so the codes which reach saturation first are likely to be those which inform the grounded theory. For instance, in this study I collected data and assigned codes relating to women’s friendship and relationship practices. However, other codes reached saturation first and thus became the ‘core codes’ which shaped hypotheses and the theoretical development for this thesis whilst other codes were ‘dropped’ (Glaser and Strauss, 1967 [2006]:70).

Within their text, *The Discovery of Grounded Theory* (1967 [2006]), Glaser and Strauss use the term ‘emerge’ to describe how codes and theories ‘appear’ within the data. As can be expected of the era when writing, there was little focus on the researcher’s role and standpoint in identifying themes within the data and interpreting them. This is where Charmaz’s (2006 [2014]) *Constructing Grounded Theory* adds useful insight for researchers of today, which seeks to acknowledge that grounded theory methods are practiced under specific conditions, some of which we may be consciously aware or are of our choosing, others less so (see also Braun and Clarke, 2006). She ‘shreds notions’ that a researcher can be ‘a neutral observer’ but instead chooses the term ‘constructivist grounded theory’ to ‘acknowledge subjectivity and the researcher’s involvement in the construction and interpretation of data’ (Charmaz, 2006 [2014]:14). This is particularly important for this study, whereby I am undertaking ethnographic research as an ‘intimate insider’ (Taylor, 2011), and from a pragmatist feminist standpoint; both factors informed the codes assigned and categories developed within the data.

I recognise that the collection of data from written sources and dialogue, such as community posts and interviews, means that discourse analysis could also have been selected as an appropriate method of analysis. This method would have enabled me to analyse how language is used to accomplish personal goals of sobriety within a social and political project to reduce alcohol-related harm, and particularly the targeting, by the alcohol industry, of women. However, I felt a grounded theory approach worked most effectively with this mixed-method

ethnographic study that collected data not only of written and spoken words, but how women *embodied* and *practiced* sobriety and feminism through ethnographic observations. It enabled me to develop an explanatory theory of the holistic process of recovery within the specific context of online sobriety (Starks and Trinidad, 2007).

2.11. Exiting the field and future engagement.

Strategies of exit were different dependent upon the method of data collection and were influenced by availability of time and money. This section discusses how I navigated and reflect on my exit from fieldwork.

At the end of interviews with research participants I managed their expectation that our contact would be limited going forward. There was not a process of post-interview follow-up; I wanted to be respectful of their time and none of the participants left the interview in a distressed state that would indicate a risk to their sobriety. However, I did remind them at the end of the interview that they could contact me or my supervisor at any point after the interview. This was also made clear within the informational documents that were provided to them. In one instance, a participant sent me a voice note the day after the interview with more that she wanted to tell me regarding her experience of online sobriety communities – it was very helpful.

I have had a limited number of participants follow me on Twitter and they sometimes engage on discussion threads. To date, I have not had contact with the remainder. Many said that they would like to see the output of the research when it was available. I have listed all research outputs on my website so they are able to access these - all of my outputs from the PhD have been published in open-access journals or on blogs that non-academics would be able to access. The women who gave up their time to be part of the research, and women who may be interested in the research, are able to read about it without being charged.

Regarding online sobriety communities, I exited most of them by cancelling my subscription. It was not financially viable to continue to participate within all of them, and to do so due to a sense of obligation felt unethical (Stacey, 1988:23). I did, however, continue to participate in four that I felt to be of most value to me personally yet my attendance at events has been sporadic due to the demands of the PhD and work in this final year. I continue to share relevant items about events or initiatives run by online sobriety communities via my Twitter account. In the summer of 2022 I also had to exit my engagement work with Club Soda, where I hosted Meet the Scholar webinar series, due to workload, but I did so at a natural juncture where it

was the end of season two, and the Club Soda team were starting to embark upon a new phase for their business which dominated most of their time. Thus, it seemed a convenient break for both parties. However, this was the most complicated exit, emotionally, because there had not been a specific agreement or expectation regarding termination – it was a good working relationship that was interesting and engaging but due to constraints could not be fulfilled on an indefinite basis (Ismail, 2022; Hammersley and Atkinson, 2007). Now that the PhD research project is ending the focus is on how to share my research findings through a means that is accessible to non-academic audiences.

2.12. Chapter Two Conclusion.

This chapter has provided justification for the main theoretical and methodological approaches that have been utilised in this research project, in addition to introducing the key research participants and fieldwork settings. In doing so, this chapter has conveyed a succinct process of planning and conducting research. However, as a relatively inexperienced PhD Candidate, I had to piece together and learn how to design and manage a research project from the beginning. During this process I learned that despite the plans, sometimes methods or opportunities do not work out and that there is a need to pivot in order to move forward – a ‘messiness’ of research that is rarely reflected in published papers. The development of good working relationships with both internal and external stakeholders of the research project enabled me to do this smoothly. While being an insider researcher in the context of this project could be, at times, uncomfortable or stressful, it was exceptionally rewarding and facilitated rich and original findings.

Ultimately, I set out to design a methodology which centred women’s experiences of sobriety and made them visible, whilst showing the depth, nuance, and multiple viewpoints from within online sobriety communities. I think this was successfully facilitated through the collection of numerous and varied data segments, and by combining both digital and material ethnography. I was also able to see how this study was part of a richer and longer history of using mixed method ethnography to understand and improve women’s everyday lives.

CHAPTER THREE

Women's embodiment and construction of a 'sober self': recovery narratives, the branded self, and self-care.

3.1. Introduction.

Chapter Three is the first of three interlinking data chapters that together present an inductive, conceptual, grounded theory (Charmaz, 2006 [2014]) to understand how contemporary recovery culture within online sobriety communities assists women to navigate sobriety. This chapter primarily investigates and critiques, from a feminist standpoint (Ahmed, 2017; MacLean, 1910; Stacey, 1988), one of the three main processes within this recovery culture: the embodiment and construction of the 'sober self', whilst also considering the *practices* of self-construction, and the role of sisterhood in this construction. Empirical findings from fieldwork suggest that this embodiment and construction of a 'new' self-hood in sobriety is undertaken by:

1. Selective engagement with recovery narratives and 'labels' (Becker, 1963 [1991]);
2. The curation of a digital and 'branded' (Banet-Weiser, 2012, 2021) 'sober self' on Instagram; and,
3. Practicing sobriety as a form of embodied self-care (Lorde, 1988 [2017]).

These are expounded and critiqued, in turn, throughout this chapter, by engaging with relevant theoretical concepts and existing research detailed further in each section. Participant interviews (Charmaz, 2006 [2014]), digital ethnographic observations from within community platforms, and sobriety influencer Instagram posts (Pink et al., 2016) all inform the findings discussed in this chapter. These sources are supported with additional insider knowledge and personal reflections where relevant (Merrill and West, 2009; Taylor, 2011).

3.2. Selective engagement with recovery narratives and labels to construct the 'sober self'.

Building on Sanger et al.'s (2019b) research that showed how users of AOSGs 'berrypicked' ideas about problem drinking, and Atkinson et al.'s (2023:1) recent findings that sobriety influencers sometimes 'rejected and challenged, but at times reproduced' the binary disease model of addiction, this section identifies and critiques the ways in which women, who use

online sobriety communities, selectively engage with recovery narratives (Morris et al., 2022b), and labels (Becker, 1963) to construct the 'sober self'.

This section draws primarily on participant interviews, supplemented with observations from online and in-person spaces and insider researcher knowledge of the community, to explore the ways in which women discursively manoeuvre around the term 'alcoholic' and its associated disease model of addiction (Denzin, 1993; Jellinek, 1960), in addition to contemporary non-binary (Barker and Iantaffi, 2020) labels. It is also considered how the online sobriety community has 'rebranded' or reclaimed existing labels, 'sober' (Gray, 2017) and 'teetotal' (Whitaker and McKowen, 2016), and how, conversely, sobriety is portrayed as a 'non-thing' – or experienced as a practice of 'non-doing' by some (Scott, 2018).

3.2.1. "If you were to say I was an alcoholic, I was certainly a high-functioning one": occupying multiple identity positions within the binary disease model.

During participant interviews, it became evident that many still used the term 'alcoholic' and engaged with the binary disease model of addiction but particularly when referring to others. They conceptualised others' drinking using this terminology but were reluctant to situate their own experiences within this discourse. However, it was not used by participants to suggest that they inhabited the 'normal', alternative, binary position within this construct either. Seven out of 25 participants referred to family or friends who they termed 'alcoholics', usually when telling of family drinking histories/biographies (unprompted by me). These stories were told as a pre-cursor to accounts of their own experiences – as a discursive process - to 'make sense of the past, present and future' (Andersen, 2015:668). It assisted in their explanations of their own former drinking behaviours (further detailed in Appendix One) and subsequent turn to sobriety, as if situating their own experiences within a broader family biography. Many suggested that the drinking or drinking-related deaths of these family members had prompted them to enter sobriety or served as a 'turning point' (Herring, Bayley and Hurcombe, 2013:7). While there was, to some extent, narrative inheritance regarding family stories of drinking behaviours (McNay, 2009), they did not expand on their thoughts regarding genetic inheritance. It was clear, however, that the women's relational roles informed their personal disidentification with, and rejection of, the 'alcoholic' label in sobriety (Fenton, 2018). Their tendency to 'other' family members through terming them as 'alcoholics' could be read as an attempt to distance themselves and assert individual agency – to differentiate themselves from the family unit and the role that their behaviours potentially had on their life experiences (both in childhood and adulthood).

Seven women pre-emptively used the term 'alcoholic' to offer a counter-narrative to their own subjectivity in sobriety: to explain what they are not. As such, despite the alcoholic label being outdated, it is still used by some women to benchmark and explain their own subjective position:

I wouldn't say I was an alcoholic. I was drinking excessively. But if you were to say I was an alcoholic, I was certainly a high-functioning one.
(Stephanie, 49, 2.75 year sober)

I wasn't what would be classed as an alcoholic although I had twenty years of drinking way too much and sometimes I would drink like two bottles of wine a night. I regularly had hangovers from having too much but I wasn't an alcoholic in the sense that I had to have it. I was a binge drinker I suppose.

(Nicola, 56, 0.5 years sober)

I think over the years, I mean, I definitely drank too much without a doubt, and whether I was an alcoholic is debatable, who knows... prior to that the only option was to go to AA presumably...I mean that's for really serious alcoholics isn't it [laughs].

(Helen, 44, 4.5 years sober).

Stephanie, Nicola and Helen, in their individual interviews, all pre-emptively resist the idea that they were an 'alcoholic'. However, instead of an explicit rejection, it seems that these participants push its boundaries and manoeuvre around it. Both Stephanie and Helen suggest that if they did fall into the category of 'alcoholic', they occupied a particular position which is less stigmatised - distinctions are made. Such discursive positioning of the self relies on the idea that the 'alcoholic' can be multiple identity positions, or that there are multiple 'types' of alcoholic. Thus, while 'the alcoholic' is traditionally conceptualised as a binary term, it is clear that to some participants it is malleable; it is stretched into a spectrum to allow for more multiversity of 'alcoholic' representations.

This identity work of 'reconstructing 'the alcoholic' (Hill and Leeming, 2014) also has class implications. A 'high functioning' alcoholic alludes to ideas of 'good, clean' (Fox, 1977:805) fun as a reward for being a hard worker whilst earning well too (reflecting many representations of women's drinking in the post-feminist era, such as *Sex and the City* (1998-2004) and *The Good Wife* (2009-2016)). This may have been particularly relevant for Stephanie, Francesca, Jules and Violet, who were successful in their careers, did not have children, and who saw

their former drinking as part of a work hard/play hard philosophy. Evidently, this discursive dance with the term 'alcoholic' relies on privilege; it is facilitated by the relatively safe subject position of these women as white and of higher socioeconomic means which serves to offset some social stigmas associated with these women's experiences of problematic drinking, further detailed in Appendix One (Romo et al., 2016).

Petra, however, re-shaped the term 'alcoholic' to apply to her drinking behaviours, as opposed to herself, when she told me that she used to 'drink alcoholically'. In this instance, she conceptualised her past drinking behaviours as problematic and addictive, but she did not assign this label to herself – she distanced herself from it by applying it only to the act of drinking. In doing so, it would suggest that Petra does not conceptualise 'alcoholism' as a lifelong, chronic condition, which may allow greater space for her to locate 'self-control and power' (Burman, 1994:125-6) within the disease model, whilst still making sense of her past experiences using the language and recovery model that is preferred and shared within her original recovery community of AA.

By some interview participants there was an intentional rejection of the label 'alcoholic' and the disease-based model from an affirmative feminist standpoint, often inspired by the writings of Holly Whitaker, founder of *Tempest* and author of *Quit Like A Woman* (2019). This most commonly came to the fore when I asked participants about the connections between sobriety and feminism. The idea of being an alcoholic, having a disease, or being the problem, was considered a form of gaslighting. For instance, Erin (56 years old, 4 years sober), said: "So really society encourages women...But when you then become addicted to an addictive drug, I have the problem? No, you know it's like no, the alcohol is the problem – not me. The alcohol is the problem". There was also a rejection of the AA practices that are mandated for those in recovery: "women don't need to make amends, we're all too nice if anything. So no, why do we need to? We haven't done anything to make amends for" (Linda, 58 years old, 1 year in sobriety). In sum, the label of the 'alcoholic' was considered to ascribe blame to the individual, which some women were rejecting from a feminist standpoint – equipped with language and ideas that had originated within the online sobriety communities.

Within the communities, on SNS, I observed that there was almost no use of the binary disease model or term 'alcoholic', either about members' own drinking practices or those of others. This is a noticeable silence compared to how frequently it arose during interviews. Such a dichotomy also suggests that women do not feel comfortable using the term 'alcoholic', even about others' drinking behaviours or to challenge it, within the semi-public context of an online sobriety community, unlike the confidential setting of a research interview. Perhaps, then, it

could be suggested that there are classed and gendered implications of merely *using* the term in public company – as if to say ‘alcoholic’ is to expose oneself to the stigma associated with the label (Becker, 1963 [1991]).

During a community webinar interview, however, blogger and author Chelsey Flood claimed that her blog post titled, ‘How to tell if you’re a high-functioning alcoholic’ is the most-viewed on her site – she said, ‘tens of thousands of people are worrying that they are a high-functioning alcoholic’. Thus, while women may not wholly identify with this term in recovery, or admit to identification with it, its widespread use and understanding may serve as click-bait that works for search engine optimisation to introduce readers/visitors to the continuum of recovery discourses, from which they can then ‘berry-pick’ (Sanger et al., 2019b) which parts of those discourses assist in the construction of a ‘sober self’.

Furthermore, the term ‘alcoholic’ was not evident within the social media posts of online sobriety communities that I collected, nor was it used in their community branding or at events that I attended. During my interview with research participant Alice, she suggested that the discourses used within online sobriety communities served to ‘move past...the dichotomy between the alcoholic and the normal drinker’. As such, while online sobriety communities are seeking to reshape and reformulate collective recovery narratives that move away from the binary disease model, this is not wholly reflected in women’s constructions of a ‘sober self’. These findings reinforce the extent to which the ‘alcoholic’ is a dominant ‘historically embedded narrative’ (Morris et al., 2022b:1), whilst evidencing a rising feminist challenge against it. Despite seeking to control or shape an alternative collective recovery discourse, the porousness of community boundaries means that traditional alternatives can permeate the borders and persist within individual constructions of self – even if these are not shared publicly (McIntosh and McKeganey, 2000; Paechter, 2005).

While Morris et al., (2022b:1) have positioned the contemporary ‘narrative of positive or new sobriety’ as a binary alternative to that of the ‘alcoholic other’, the findings presented in this chapter complicates this position. The term ‘alcoholic’ may not be deemed socially accepted within these communities, but it continues to be internalised. Furthermore, women’s multiple identity positions within this false binary suggests that it operates as a continuum for the purposes of constructing their ‘sober self’. They disrupt the binary conceptualisation of the disease model by discursively negotiating with it. They individually locate a position on this continuum of a collective narrative, dependent upon how they perceive their past drinking (particularly in relation to others’ drinking), whether they are speaking within or outside of their online sobriety community, and the risk of stigmas.

3.2.2. 'Gray area drinker', 'mindful drinker', and 'sober curious': a continuum of possibilities for the 'sober self' through contemporary recovery discourses.

'To consider life from a non-binary perspective is about shifting our framework away from a rigid either/or perspective, towards both/and possibilities, which embrace paradox and uncertainty' (Barker and Iantaffi, 2019:16). The conceptualisation of non-binary recovery language within online sobriety communities offers new possibilities for the way in which women can construct and 'perform' (Butler, 1988) the 'sober self', which may assist to reduce stigma (Goffman, 1963 [1990]) associated with problematic drinking.

Three participants affirmatively identified with the term 'Gray Area Drinker' which was coined by Jolene Park during her TED talk in 2017. According to Park's website, 'We're all familiar with the rock-bottom kind of drinking that ruins too many lives. On the other end of the spectrum, there are those who rarely drink. If you fall between those two extremes, you might identify as a Gray Area Drinker' (Healthy Discoveries, 2021). 'Gray Area Drinker' is therefore a discursive tool to explain drinking as a continuum, but also to suggest that those who identify with it, are not the *most* problematic of drinkers. Linda constructs her 'sober self' in the context of her behaviour as a 'grey drinker':

I'm not quite sure what they mean by grey drinking but I think it's that sort of thing. We drink more than we should but not enough to...but still be functioning you know.
(Linda, 58, 1 year sober).

Here, Linda uses 'grey drinking' as a synonym for already-established concepts, such as 'binge drinking' behaviours, whereby she was consuming more units per day than was recommended. Linda works to off-set social stigma associated with the binge drinker, who is often depicted as young, messy, and raucous within the NTE (Day et al., 2004; Guise & Gill, 2007; Hayward and Hobbs, 2007), by using the term 'grey drinking' to refer to a domesticated, private form of binge drinking.

When reading Linda's thoughts along-side Nicola's experiences, a hierarchy of stigmatised labels (Becker, 1963 [1991]) starts to emerge:

I wasn't what would be classed as an alcoholic although I had twenty years of drinking way too much and sometimes I would drink like two

bottles of wine a night. I regularly had hangovers from having too much but I wasn't an alcoholic in the sense that I had to have it. I was a binge drinker I suppose.

(Nicola, 56, 0.5 years sober)

To be a 'binge drinker' may evoke less stigma than the 'alcoholic', yet the use of the non-binary spectrum of grey (which is not black or white) mitigates this further by removing classed and aged associations with 'binge drinker'. Linda also returns to the idea of the functioning self or body as a feature of 'grey drinking' – like Stephanie in the previous section ('I was certainly a high-functioning') – and thus works to off-set classed stigma that remains.

During a community coffee social, a participant said to the group that she felt she was a 'grey area drinker' and explained the concept as a spectrum. This prompted me to consider how it is being utilised by women, who consumed alcohol problematically, to evoke the idea of a scale of addiction or 'problem', and very similar to how an Alcohol Use Disorder is conceptualised in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Indeed, the findings from this research suggest that 'problematic drinking' was experienced as a range of outcomes: for Louisa, this was explained in terms of units (40-80 units per week), for Tina and Payal it looked like suicidal ideation and suicide attempts respectively. Others experienced poor mental or physical health, deteriorating relationships, male violence, or domestic abuse. The use of this non-binary, non-medicalised term (grey-area drinker) enables women to construct their 'sober self' within the idea of a spectrum, whilst rejecting the social stigmatisation and pathologisation that arises through the medicalisation of mental health and addiction services (Taylor, 2022).

The term 'mindful drinker', coined by Club Soda (Tolvi, 2017), is used as an umbrella term which could include both abstinent individuals and those who want to reduce their alcohol consumption. The reappropriation of Buddhist teachings of mindfulness to alcohol aligns with neoliberal themes of healthism and self-care (Tokumitsu, 2018). Its connotations of wellbeing and healthy living, but also agency and control, may serve to 'save face' or to suggest that changes to drinking patterns have been initiated to support a healthier lifestyle rather than experiences of 'problematic' drinking or addiction, thus potentially reducing the social stigma and social consequences for non-drinking (Romo, 2012).

The research participants who did reference the term 'mindful drinking' did so to state that they did *not* identify with it and chose to participate in communities where they felt moderation was not an option, because they had tried moderating before, and it had not worked for them.

It can be interpreted, then, that 'mindful drinking' is perceived as a modern re-branding of moderation. Therefore, when constructing the 'sober self', women draw on historical constructs (such as binge drinking and moderation) to contextualise and translate these new terms into previously understood concepts. The findings also suggest that women in sobriety experience 'mindful drinking' to be a dangerous, elusive, liminal space – much like moderation (Yeomans, 2013) – and feel safer constructing a 'sober self' within bounded terms that remove any possibility of drinking. While non-binary language seeks to reduce stigma and marginalisation, some women do not feel liberated by the uncertainties and possibilities of liminal space but instead may perceive it as a slippery slope of risk in returning to drinking.

'Sober curious' was a term brought into the public consciousness with the publication of Ruby Warrington's (2019) book titled the same. It plays on the term 'bi-curious' (for the exploration of same-sex attraction) and has been used to refer to those who are questioning their relationship with alcohol and may stop drinking for the short- or long-term. Both Donna and Susan used the term when talking of their experiences:

Obviously I'd been in some kind of sober-curious state for some time...
I just don't have the language as to how to describe it yet, so that's why I'm still mulling things over because I think it'll take me quite a while, but I'll get there eventually.
(Donna, 45, 0.6 years sober).

No I had no idea what the words 'sober-curious' meant...when I discovered the term 'sober-curious' I was like, "oh my god, I love it". It's much more compassionate than a lot of the language around abstinence and I really notice that a lot of people that I'm in contact with, and in groups that I see, when you say the words "sober curious" it's like a lightbulb for so many people.
(Susan, 48, 2.5 years sober).

It is evident that Donna and Susan find this term helpful in articulating their respective recovery journeys. Donna uses the term to suggest that she had been questioning her relationship with alcohol for a while, and it serves as a convenient, useful placeholder while she is in the process of constructing a 'sober self' and deciding which language she most identifies with. It conveys agency in refusing to accept the existing or traditional labels available. Susan's description of 'sober-curious' as compassionate evokes the idea that it is kinder, softer, perhaps more feminine, and destigmatising of women's experiences in recovery. Indeed, non-binary language can serve to de-weaponise language as a tool of power which can be utilised to

'other' people (Barker and Iantaffi, 2019). Furthermore, it removes the need to take a 'polarizing' (p.187), either/or position, particularly so soon in the recovery journey. 'Sober curious' thus facilitates the beginnings of the construction of a 'sober self' within space where women can explain their desire to not drink without being sure of what that means in the broader context of their drinking biographies, and without incurring judgement.

Emma, a research participant who was also doing some temporary work with an online community, said she found the terms 'sober curious' and 'mindful drinker' helpful when talking with people she had never met before, in public spaces:

It's a good way to engage with people when I'm doing this on a face-to-face basis; sometimes people don't want to say what they are straight-off to a stranger, but it's a good phrase that people now recognise.

(Emma, 49, 2 years sober).

As such, non-binary recovery language may assist women in recovery when they are 'performing' (Butler, 1988) their 'sober self' in public spaces, among people they do not know well. This reflects the findings of existing research that people manage self-disclosure dependent upon audience and the risks of stigma (Conroy & de Visser, 2013; Pavlidis et al., 2019; Romo et al., 2015). Non-binary labels for recovery may reduce the likelihood that non-drinkers feel the need to engage in identity work to distance themselves from a non-drinking status (Banister et al., 2019) because the language may do the heavy-lifting labour to reduce or prevent marginalisation. Indeed, it could be interpreted from this non-binary terminology that it signals a 'possibility' (Barker and Iantaffi, 2019:203) of returning to drinking in the future, rendering the 'sober self' a temporary construction, in order to mitigate marginalisation.

In sum, despite the emergence of online sobriety communities which seek to convey 'positive sobriety' (Atkinson et al., 2023; Morris et al., 2022b) using non-binary recovery discourses, it is evident that there is limited utilisation by women who participate within the communities, and they are often 'translated' into traditional, previously understood concepts. Yet they do provide women with flexibility and agility regarding their identity position in early sobriety and when talking to lesser-known individuals, which may be helpful when seeking to establish and maintain sobriety.

3.2.3. “‘Stone cold sober’ needs a re-brand”: reclaiming and reinterpreting existing terminology to construct a ‘sober self’.

Findings from fieldwork, supported by insider knowledge and personal reflections, show that sobriety influencers – and to some extent women who use online sobriety communities – have repurposed and reworked existing, historical terms that refer to alcohol refusal. ‘Teetotal’ is one of the terms that has been reclaimed. Based upon my own lived experience and insider knowledge of the online sobriety community, I know that ‘teetotal’ and ‘teetotaller’ were reignited by American sobriety influencers Holly Whitaker and Laura McKowen on the *Home* podcast in 2016 (see also Gray, 2017:242). In their search for a term which effectively encapsulated their agentic experience and positionality within recovery, they reclaimed the label ‘teetotal’. Whitaker (n.d.) explained this decision in a post on her now-defunct website, hipsobriety.com:

Maybe the whole lot of us could get on board with calling ourselves something that reflected not a disease or a condition, but a proud choice that we've made. Maybe we could wear that choice on our shirts, on our skin, around our necks.

Here Whitaker positions her teetotal ‘sober self’ in juxtaposition to the disease model and medical model of addiction – she emphasises her identity as an agentic ‘choice’. The reclamation of the term ‘teetotal’ was informed by her knowledge of the temperance movements, which existed during 19th century liberalism, whereby many individuals chose to not drink, for many reasons, but largely to improve their life – either financially, spiritually, or socially (McAllister, 2019), and had a strong female participation (Beckingham, 2021; Shiman, 1992).

However, ‘choice’, in the context of neoliberalism (Scharff, 2016; Springer et al., 2016), and neoliberal feminism (Rottenberg, 2014), provides a discourse through which individuals can feel ‘in control over matters that are not really within their control...thus elevated to a way of performing resistance to the culturally defined choices’ – both as women and regarding alcohol (non-)consumption (Petersson McIntyre, 2021:1074). Indeed ‘choice’ is somewhat of a misnomer when the alternative to sobriety is, for some, death. Whitaker’s comments, nevertheless, show how ‘choice feminism is experienced as meaningful when it is experienced as agentic’ (p.1074), even if it fails to take into account the structural inequalities that her online sobriety community, *Tempest*, tried particularly hard to dismantle.

Whitaker and McKowen subsequently designed a tattoo 'Tt' which symbolises the label 'teetotalism' (see Figure 7) which they, and many of their followers had imprinted onto their bodies – most commonly their arms – and it became an international phenomenon that was evidenced on Instagram. I have since seen the tattoo on the arm of an attendee at a sober social, and considered getting the tattoo myself, having identified strongly with the individuals generating this discussion and entering sobriety at a similar time. Alas, I have never been too sure of having something permanently branded on my skin, which perhaps speaks to the varying extent to which people feel they embody the 'sober self'.



Figure 7 (Left): 'Teetotaller' tattoo on Holly Whitaker. Pinterest Post. No date. Available at: <https://www.pinterest.co.uk/pin/32510428546683948/> [Accessed 7 November 2023].

Based upon findings from my fieldwork, however, the term 'teetotal' has not prevailed strongly within the existing membership of UK-based online communities or the content shared on their platforms. Francesca was one of the exceptions who, during her interview, explained that she used the term 'teetotal' on her Instagram profile. She entered sobriety at a similar time to me and is of similar age. As such, the terminology which women utilise to construct their 'sober self' can be perceived as a sense of fashion whereby it is temporally contingent upon when an individual entered sobriety, perhaps their age, and geographical location. The 'sober self' can also be worn and written on the body as a fashion 'label', either as a tattoo, a necklace, or a t-shirt (see Figure 8).



Figure 8 (Left): Holly Whitaker in a t-shirt that says 'Teetotaler' which Whitaker and McKowen made to fund HOME Podcast. Instagram Post. 4th June 2019. Available at: <https://www.instagram.com/p/BySuNAoHytV/2> [Accessed 7 November 2023].

This reclamation of 'teetotal' and the ways in which it was embodied by many women globally, reveals the power of sobriety influencers in re-fashioning historical discourses of sobriety, and in shaping contemporary terminology that women use to construct their sober selves. It conveys that finding and reframing sobriety can be a feminist and 'empowering way of reinhabiting the past' (Ahmed, 2017:30) – not only one's own drinking past, but the broader history of women and alcohol too. However, it also alludes to the cultural disconnects that can exist with regards to recovery discourses; temperance movements were not a global phenomenon and had different goals and outcomes in various locations. This may have influenced the extent to which Whitaker and McKowen's reclamation of 'teetotal' was adopted within UK-based online sobriety communities.

Since the publication of British author Catherine Gray's (2017) *The Unexpected Joy of Being Sober*, there has also been a 'rebrand' of the word 'sober' by women within contemporary UK recovery culture. In this text, she argues that:

alcohol has long been up on a throne...anointed as the fun-king...meanwhile, being sober has been forever yawned at, shunned and marked as 'deprivation'...phrases like 'stone cold sober' and 'sober as a judge' only serve to drive home this message/ Nobody wants to be stony and cold; or preachy in a deeply unflattering wig. (p.12-13).

‘Stone cold sober’ needs a re-brand. It should be called ‘sunshine-warm sober’ instead. Because that’s what it feels like/ The loveliness of daylight, clarity and authentic social connection (p.14).

Online sobriety communities have sought to apply Gray’s philosophy in their names: Sober Girl Society, Soberful, Love Sober, Soberistas, Bee Sober, The Sober Club, etc. It is clear that these brands have sought to position being sober as being part of something special such as a society or a club, and as a form of fulfilment, love and sisterhood. A number of recently published memoirs/how-to guides by sobriety influencers have also drawn on this re-brand by associating sobriety with joy, some examples being: *The Surprising Magic of a Sober Life* (McKowen, 2019) and *Happy Healthy Sober* (Grace, 2021). In doing so, they reject the synonyms most commonly associated with ‘sober’: serious, sombre, solemn, grave, unexcited, severe, restrained, staid, dull, and drab. It is this reframing of sobriety which has likely led to some academics terming the recovery culture, ‘positive sobriety’ (Atkinson et al., 2023; Morris et al., 2022b).

The reclamation and reinterpretation of ‘sober’ is furthered by women who apply popular hashtags such as #soberaf and #sober #soberlife to their Instagram posts. In doing so, they are stamping this label onto digital representations of their bodies, conveying an agentic, digital embodiment of the ‘sober self’. Compared to a tattoo, this could be interpreted as a more transient way of constructing the ‘sober self’ and identifying with specific labels. ‘Sober’ hashtags serve to shape the lens through which their bodies are viewed – and by whom they are viewed, due to algorithms. The role of hashtags in the creation of the ‘sober self’ is not limited to those who identify as ‘sober’; hashtags such as #teetotal also exist. However, from my insider knowledge, and through a cursory search of hashtags on Instagram, it seems that those which utilise the word ‘sober’ are the most widely applied – perhaps because they translate across recovery culture more widely, not only within online sobriety communities. While Section 3.2. ‘Selective engagement with recovery narratives and labels to construct the ‘sober self’, determines that women use a range of terms to construct their sober selves, the findings presented above suggest that they do so within online sobriety communities that predominantly use ‘sober’ an empowering adjective, and as a solution to the problematic consequences of alcohol.

3.2.4. “It’s become kind of a non-thing for me”: sobriety as an identity of non-doing.

Thus far, the labels explored within this chapter have been affirmative statements of positionality and identity. However, during interviews with research participants it was established that some women avoided such identification with positive markers when describing themselves to others, and instead used language of ‘non-doing’ (Scott, 2018:8) to account for themselves.

During her interview, Louisa explained: ‘I tend to say, “I don’t drink”, that’s it’. Similar statements were made by other participants, in addition to the label ‘non-drinker’. Such statements by participants were often accompanied by minimizing phrases, such as ‘that’s it’ and ‘I just say’, which serve to diminish or down-play their decision not to drink and enable the participant to ‘maintain and control their spoiled identities’ (Herman Kinney and Kinney, 2013:71). In doing so, these participants omit information to minimise the role that recovery plays in their construction of self.

Even though these statements of ‘non-doing’ may be perceived as lacking in agency and ‘positivity’ compared to the alternatives previously explored, Scott (2018:4) argues that:

nothing is not just a passively endured condition, but a reflexively managed mode of experience. Choosing not to do something, disengaging from a group or finding nothing to relate to in a dominant cultural script, can all be considered demonstrations of individual agency, suggesting a critically distant interpretation of one's situation.

Therefore, the women interviewed use informed discernment regarding how and when to expose their ‘sober self’ which suggests that a ‘conscious process of dis-identification can be important for non-drinkers’ (Banister et al., 2019:747). This may be particularly relevant for women in contemporary UK recovery culture who see and participate within online sobriety communities that create and reclaim recovery terminology as empowered identity construction, compared to the lived realities within one’s local community which still may apply gendered stigmas to women with experiences of problematic drinking. How individuals construct their ‘sober self’ for the public setting, and among unfamiliar people, may differ to how they describe their experiences in a confidential setting that off-sets stigma – as previously discussed in relation to Emma’s interview shared earlier (‘sometimes people don’t want to say what they are straight-off to a stranger’) – and even on Instagram. These findings support Conroy and de Visser’s (2013) study which concluded that ‘neither faking it nor coming

out provided a wholly satisfactory cross-situational framework' (p.13) for understanding how non-drinkers 'manage...social occasions' (p.1). Such labels of non-doing enable women to harness the ambiguity as to whether they have never consumed alcohol, or whether they are a former drinker.

It is important to acknowledge that the construction of the 'sober self' as an identity of non-doing may also be contingent upon how long an individual has been in recovery. Differences in identification with labels were evident between those in earlier sobriety compared to longer-term sobriety. For example, Helen, who had not drunk for 4.5 years, felt like it had become a non-descript part of her identity, almost portrayed as a natural 'every day choice' (Banister et al., 2019:751) that mirrors her status as a non-smoker, which has become so normalised within society:

It's weird, it's become kind of a non-thing for me. Over time it's just become who I am. In the same way that I used to smoke and now I don't smoke.

(Helen, 44, 4.5 years sober).

Here, she diminishes 'the personal relevance of [her] decision not to drink' (Banister et al., 2019:753). Indeed, this also conveys the limitations of representing contemporary recovery culture as an overtly feminist project or identity. Whilst some can see the connections between their sex and alcohol (non)consumption – it ultimately reduces down to an individualised and normalised choice that fades into the background of daily existence. As such, the use of terminology to assist in the construction of the 'sober self' may evolve or shift as part of the 'ongoing dynamic process' of recovery (Witkiewitz et al, 2020:1) whereby women may experience periods of 'belonging and not belonging to different categories' (Barker and Iantaffi, 2019:123) throughout their recovery journey. The use of language of omission to construct one's 'sober self' may also shift as part of society's evolving attitudes towards alcohol and a greater awareness of its harms whereby not drinking is no longer seen as an act of commission.

To summarise, some women use a label of non-doing to construct the 'sober self' in a muted, minimised way whereby it is a marginalised part of their identity. It may be temporally contingent upon how long women have been in recovery for, and in whose company they are embodying the 'sober self'. Over time, this label has the potential to become more normalised and gain relevance within UK society to describe the majority of former drinkers – similar to the identification of many former smokers as 'non-smokers'.

Section 3.2., 'Selective engagement with recovery narratives and labels to construct the 'sober self'', has shown that women, who use online sobriety communities, draw on a variety of (sometimes conflicting) recovery discourses and labels to negotiate their own subject position in sobriety and construct a 'sober self'. Despite being a contemporary recovery culture that has sought to create new, accessible recovery narratives, particularly for women, historic discourses remain dominant, even if reinterpreted and reshaped. The way in which women 'pick up' and embody labels, and set them down again, is also informed by the context in which they are using it (digitally or materially), to whom (known or lesser-known individuals), and their (non-)drinking biographies. It is important to highlight, however, that the average age of interview participants was 44, which means that (for the most part) their drinking and recovery discourses were initially learned substantially prior to the advent of the new recovery language circulating within online sobriety communities today, such as 'mindful drinking'. This is likely to have impacted the extent to which they have adopted and utilised non-binary terms, and 'translated' into traditional, previously understood concepts.

3.3. The curation of a digital and branded 'sober self'.

Springboarding from the robust understanding of how SNS is used as part of drinking practices (Atkinson and Sumnall, 2016; Bancroft et al., 2014; Goodwin et al., 2016), this section draws on existing knowledge of women's 'self-branding' on Instagram (Atkinson et al., 2023; Banet-Weiser, 2021; Petersson McIntyre, 2021), and engages with feminist literature of the body (de Beauvoir, 1949 [1997]; Elkin, 2023; Winch, 2013; Wolf, 1991), to identify and critique of the ways in which women curate a digital and branded 'sober self'.

Using illustrative examples from primarily sobriety influencer Instagram posts and interview data, this section explores the ways in which women interact with ideas of failure and perfectionism (Day, 2019; McRobbie, 2009, 2015) to evidence the 'becoming' (Deleuze, 1992:7) of the digital 'sober self', , and the costs to women in pursuit of this (Banet-Weiser, 2021). It is subsequently considered how Instagram is used as a tool to construct, and edit, this evolving 'sober self' (Chen, 2016), often airbrushing (sometimes literally) representations of recovery (Atkinson et al., 2023). Finally, it is discussed how Instagram is used as a tool to brand or 'sell' the 'sober self' as an 'expert' in recovery (McRobbie and Thornton, 1995; Petersson McIntyre, 2021).

3.3.1. “I FAILED”: drawing on ideas of failure to construct a new and improved ‘sober self’.

Posts shared by members within the community platforms and by sobriety influencers on Instagram convey that women draw on contemporary ideas of failure to construct a ‘new’ and ‘becoming’ ‘sober self’, whereby sobriety is an embodied process of inevitable failure but an opportunity for self-growth. This is evident in two ways.

First, women in early sobriety reflect upon their past drinking selves as failures and describe their recovery as a form of redemption, with a heavy focus on lessons learned, self-compassion and growth. This is often shown visually through sharing photos of their past drinking selves, when inebriated. For example, an old photo shared by Beth (a sobriety influencer), shows herself on the floor of a bathroom, near a toilet, whilst eating a bowl of nachos with an unfocussed gaze. I have not reproduced it here in order to protect her privacy. The photo is accompanied by text that says:

When photos pop up on your phone as ‘memories’. Reminder to stay sober more like. This is a tame one but the vacant look and nachos on the bathroom floor is not one I fancy repeating.

Indeed, it can be assumed from other research (Goodwin et al., 2016) that photos such as these are likely to have been omitted from SNS when these women were drinking; they were under ‘pressure to perform ‘ideal’ and narrowly defined femininity’...and to ‘maintain an overall attractive online self-display’ (Atkinson and Sumnall, 2016:52). Now, however, it is part of a contemporary trend by influencers to ‘inspire and empower followers by sharing information about one’s own failures and transformations, and about matters previously excluded from public domains’ (Petersson McIntyre, 2021:1075).

This representation of the drinking self as a failure closely mirrors the (now-controversial) drink awareness campaigns from the 2000s which show similar representations of women’s appearance after drinking large volumes of alcohol. For example, Figure 9 is a past Drink Aware campaign poster from 2011 which sought to shame women into drinking less.



Figure 9 (Left): 'Dance floor – toilet floor', Drink Aware campaign, 2011. Available at: https://www.flickr.com/photos/raver_mikey/6546376911 [Accessed 2 November 2023].

This suggests that women, who would have been drinkers during this era of awareness campaigns, may have internalised the shame that was cast on women's drunken failure in femininity and reputation and subsequently reproduce it through choice feminism as a 'reminder to stay sober' (Beth) – 'to regulate and police the boundaries' of the female body (Winch, 2015:234). Therefore, sober women draw on photographic representations of failure to construct the 'sober self' as an empowering choice of respectable womanhood (Skeggs, 1997). In contrast, their past drinking selves are shown to be failing and lacking in this regard (Day et al., 2004; Mackiewicz, 2015).

An alternative mediation on the same theme is evident when members of online sobriety communities share comparative selfies²⁰ that document their sobriety journey – day one versus day ninety of sobriety, for instance. The selfie taken earliest in the sobriety journey or prior to sobriety, often displays the woman looking tired, with minimal grooming in terms of hair, cosmetics, and clothing. She is not smiling and has a puffy, blotchy complexion. The photo is taken with poor lighting, no photographic filters, at an unflattering angle (usually from below the chin), whilst she is slumped on the sofa. This is then contrasted with a picture of the woman in established sobriety. This version of the same woman displays her very differently. It is often the case that she has washed and styled her hair, applied make-up and is dressed-

²⁰ A selfie is a photograph taken of oneself, usually with a smart phone or portable device.

up ready to go out. She is smiling directly at the camera with bright eyes, even skin tones (sometimes smoothed by filters), and is positioned underneath soft lighting. She appears healthy, vibrant and happy. These photographs are usually accompanied by captions such as 'Different lighting but I think I can see subtle differences. 100% feeling better', or 'my skin is better than it's been in decades'. (Again, I have sought to describe the trends observed within the images shared within online sobriety communities, rather than providing actual images, in order to protect members' privacy).

Women highlight the differences in their appearance and how they felt, ultimately positioning their first photo (of their past drinking selves) as the more unfulfilled, and less successful, version of themselves and craft a sense of progression, change, development, and growth over time. This reflects ideas of redemption that have historically featured within spiritual recovery narratives – now it is tied to the 'religion of the body' (Juvin, 2010:94). Dworkin (2000:77-8) argues that the 'healthy lifestyle movement' that has emerged since the late 20th century 'provides a rational account of [people's] sufferings and excites the kind of hope and optimism that religion once did'. As such, the recovering body – arguably a constituent part of the 'healthy lifestyle movement' - is being used to represent 'the healed self' (Winch, 2013:159). The comparative selfies shared within these communities offer a contemporary, graphical recovery narrative of redemption; they evidence the 'sober self' as the product of a self-improvement journey.

However, in order to draw on ideas of failure, and thus be successful in framing sobriety as a journey of self-development, women have to demonstrate considerable vulnerability. They are compelled to 'hold up the[ir] female body for analysis and scrutiny' (Winch 2013:9) under the 'girlfriend gaze' (p.8-10) of the community. This facilitates surveillance and policing by other women within the community, in order to help prevent themselves from returning to the failed state evidenced in the first selfie – to remain within the confines of respectable femininity and by conforming with social expectations and norms of what the female body should look like. This alludes to the complex pleasures and punishment of neoliberal sisterhood - 'girlfriendships' (Winch, 2013:3) – within online sobriety communities, but also the process of how sharing personal trauma and intimate stories has become additional labour expected of women because it is required to earn capital in the 'attention economy' – vulnerability is profitable (van Dijck and Poell, 2013; see also Petersson McIntyre, 2021).

The second scenario in which women draw on ideas of failure to construct the 'sober self' is when they are doing the 'work' of self-development and seek to imbed other habits or practices. This is evidenced within Hilda's post below:

I 'FAILED'. Last night I found myself in bed and it wasn't until I turned the light out that I realised I hadn't meditated...I woke up this morning with a pretty bad headache and earache. It's useless to practice meditation when you aren't feeling well so I have decided to accept this little bump in the road...By not beating myself (yourself) up because I 'failed'. The reality is I learned something.
(Hilda, community founder).

Hilda's experience of 'failure' here is certainly not one with long-term or even short-term ramifications; the very fact that a failure to meditate whilst unwell could even be conceived of as 'failure', and Hilda has to develop 'resilience' to not 'beat herself up' about it, speaks to the wider imperative to construct the sober 'self as an entrepreneurial project that should be constantly worked upon' (Winch: 2013:3) – to be always 'on' and aware of opportunities for self-growth, but also to document and evidence those opportunities for self-growth (no matter how mundane) to other people. Indeed, 'making better use of time' (Katie), to be spent on 'worthy' endeavours, was a sentiment shared across the data. As such, women draw on ideas of failure to construct the 'sober self' as a 'productivity hack', which increases the value of bodies within a neoliberal society; bodies that 'do' more, are perceived to be better and of greater worth (Nicholls, 2021).

It is this drive for more – to do and be more – that Hilda is 'selling' through the positioning of the 'sober self' within discourses of failure. Findings from fieldwork suggest that there seems to be a significant drive to maximise every minute in order to achieve more, expand interests, and invest in the 'sober self' as a project – to 'make' the self (Giddens, 1991). Sobriety is experienced as an aspirational pathway to becoming the 'enterprising self' (Nicholls, 2021: 775) – to accruing more recovery capital (Cloud and Granfield, 2001) – which in the context of neoliberal feminism would lead to their advancement. Thus, for these women, recovery becomes a 'body task' of production – it is predicated on the condition of their body (Ettore, 2007:30).

Hilda's post can be situated within a recent western trend, arguably furthered with the publication of Elizabeth Day's (2019) book *How to Fail*, that seeks feminist empowerment through telling stories of women's failure. This trend could be interpreted as a middle-class, liberal feminist rejection of unrealistic expectations of femininities and womanhood, and a desire to show the mess-ups of life, particularly when social media displays only the 'highlight reel'. However, McRobbie (2015:16) analyses this trend to be a compulsion for 'perfection...through the transformative power of individualisation' which is a key foundation

of neoliberal feminism (Ortner, 2014). Constructing the 'sober self' within discourses of failure draws on neoliberal ideas of *becoming* rather than *being* – that we are in a process of 'perpetual training' (Deleuze, 1992:7). Indeed, the 'failure' only exists as a result of striving for perfection. It is a 'competitive', comparative process that 'supports individual ambitions' (McRobbie, 2015:7) and is perpetuated by posting under the 'girlfriend gaze' (Winch, 2013:8-10).

Drawing on discourses of failure to construct the 'sober self' requires that women possess 'a dark vein of self-hatred, physical obsessions, terror of aging, and dread of lost control' (Wolf, 1991:10). This is also evidenced within Winch's (2013) findings of online weight loss support groups and blogs. This process traps women into dangerous and unnecessary cycles of self-flagellation, more work, and aspirations for illusive or unsustainable goals of idealised femininity and womanhood (that are often constructed by men, or by brands owned or managed by men), which in Hilda's case includes serenity through meditation. It is reinforcing and strengthening anti-feminist messages that women are not good enough and need to keep working and labouring on themselves.

Beth, a sobriety influencer, suggests in this Instagram post that constructing the 'sober self' on SNS and submitting to the network of surveillance of contemporary women's recovery culture results in feeling unhappy when she compares herself to others:

...Sometimes I find myself feeling down, deflated, unmotivated and in a rut. It's easy to look at what other people are doing and think that they have some magic secret to success and happiness.

(Beth, sobriety influencer).

It is evident here how 'the [girlfriend] gaze is intricately bound up with feelings of envy, desire for status and identification' (Winch, 2013:26). Indeed, neoliberal feminism utilises the girlfriend gaze to harness and exploit the emotions of envy and comparison in order to encourage women to participate. The online sobriety community was very aware of how these sentiments played a role in how the friendship of Holly Whitaker and Laura McKowen ended in 2018 and is something that McKowen has since spoken about, in depth, (2022, 2023b). In the data collected, however, Beth was one of few sobriety influencers who are acknowledging and speaking of these feelings, which are typically suppressed for their 'ugliness' and contradiction of femininity.

A strategy frequently used by sobriety influencers to manage these feelings was to 'take sustained breaks for...mental health and wellbeing' (Clara) in order to reduce the power or presence of the digital 'sober self' in their daily lives. This could be interpreted as a form of temporary abstinence in order to renegotiate their relationship with SNS and their digital 'sober self'. In 2023 *The Guardian* reported on the development of a growing 12-step fellowship called Internet and Technology Addicts Anonymous (Paul, 2023) wherein individuals are seeking to set 'healthy boundaries' to increase the 'manageability' of technology use. While connections could be drawn between sobriety influencers' current Instagram use and their former substance use, this was not something that had been identified by the influencers themselves within their public posts.

Mirroring the sobriety journey once more, after a temporary absence (or abstinence!) from social media for a few weeks or months, the sobriety influencer would subsequently return to Instagram. For some, their return would be accompanied by 'lessons learned' and a narrative about bouncing back with a new 'branded self' (Goodwin et al., 2016), ready to 'show up' (Rita) for those who need them, as evidenced by Rita's post below:

After a long(er) than expected social media hiatus I am back on the 'gram! I have some life lessons and updates for you!... I have had a little rebrand as a self-love & empowerment coach (this just felt right and I will be sharing more soon)... I am fully ready to show up and serve in both self-love and sobriety as I know this is how I can help people the most!

(Rita, sobriety influencer and community founder).

Rita's post reflects a pattern identifiable in the data whereby her return to SNS echoes the redemption narrative in recovery (McIntosh and McKeganey, 2000). It alludes to the idea of experiencing a low – or a rock bottom – which serves as a turning point for self-growth. This process of self-growth is then used as a justification for the return to SNS and the turning point is represented aesthetically as a 'rebrand'. By framing their struggles with SNS as an 'inner journey' (Elliot, 2003:35) to be worked at and learned from – a form of self-development – sobriety influencers seek to re-claim the authenticity which is imperative to their success of their 'sober self' (van Driel and Dumitrica, 2021).

Similar to Banet-Weiser's (2021:19) findings from influencer case studies however, such narratives 'hide privilege: the privilege to experience this kind of vulnerability' on SNS without fear of substantial risk to their social and physical capital. They possess sufficient recovery

capital to be able to profit from the commodification of using these emotions as a ‘therapeutic self-reflexive tool’ (Illouz, 2007:26), which in turn is used to build and evidence more human capital in the form of emotional skills and resilience (Bogg and Bogg, 2015:240). Sobriety influencers do not experience a social penalty from the women who are surveilling them on SNS because these narratives of the healed self and the process of becoming provide them with ways in which to reconcile their own similar experience of constructing the branded ‘sober self’ in these spaces.

By utilising failure as a ‘social strategy’ (Bogg and Bogg, 2015:240) in recovery, it assists women with the accrual of cultural capital. Therefore, women may continue to draw on these discourses, despite the competitive labour involved and the vulnerability required, as a way to build their recovery capital. Furthermore, the extent to which women of non-privileged identity categories can build recovery capital through drawing on such discourses of failure is limited – it is reserved for middle-class and white women. The existing social capital of this demographic means that sobriety can be positioned as a form of ‘failing up’ (Ruiz, 2018) – a feminised embodiment of Michelle Obama’s theory that men consistently ‘fail up’, i.e., many men, often in public positions of power, still seem to succeed and be promoted despite consistent failures or scandals, which comparatively women would be socially and economically penalised for. The findings shared in this sub-section suggest that white women of higher socioeconomic means are able to frame sobriety as a form of ‘failing up’ – a catalyst to *becoming* a more aware, learned and improved self. Yet these spaces may not provide less privileged women with sufficient confidence and safety to share their sobriety journey within discourses of failure. The ‘idea of complete perfection’ that underpins this framing may be ‘elusive, unviable, and beyond reach...for non-white women’ (McRobbie, 2009:70-71). Therefore, the process of constructing the ‘sober self’ through discourses of failure functions as an exclusionary barrier to the accrual of recovery capital.

Thus, within recovery culture of online sobriety communities women draw on discourses of failure to create an alternative redemption narrative whereby sobriety is a process of *becoming* and self-improvement that is intimately entwined with respectable, white femininities and a competitive quest for perfection within a neoliberal marketplace (McRobbie, 2015). This process is contingent upon a network of exchange whereby women demonstrate vulnerability by sharing their own failures in return for the surveillance and policing of others.

3.3.2. “Who actually am I on Instagram?”: women’s use of Instagram to construct a digital ‘sober self’.

Data collected from Instagram and interviews alluded to how Instagram is used as a prominent tool in the construction of a particular recovery narrative of the ‘sober self’. For example, Francesca uses her Instagram profile data to reinstate herself as ‘teetotal’, thus positioning the self in relation to one’s drinking status and creating an alignment between her digital and material identities:

I changed it to “teetotal veggie, great fun at parties” or something like that. So for some reason I decided, I don’t know why, I wanted to make that [sobriety] more prominent on my social media again.
(Francesca, 35, 4 years sober).

In doing so, Francesca affirms the recovery narrative that she embodies (‘teetotal’) and uses Instagram to label the ‘sober self’ with her preferred recovery terminology. Indeed, it is a common practice of those within the online sobriety community to use Instagram profiles to state their preferred identifiers such as ‘AF’ (alcohol-free) or ‘Sober’. These are typically followed by the date on which they stopped drinking, for example: AF 4.2.2018.

Francesca’s comments also suggest that she uses her Instagram profile to construct the ‘sober self’ as a healthy, perhaps also ethical (with reference to being a ‘veggie’), and sociable. This could be interpreted as attempt by Francesca to reclaim and rebrand the historic recovery terminology of ‘teetotalism’, discussed previously in this chapter, and works to mitigate the stigmatising effects of labelling (Becker, 1963 [1991]). However, this construction of her ‘sober self’ can also be located within the desire to be perceived as a ‘good consumer citizen’ that still participates in neoliberal socioeconomic expectations of consumption (Nicholls, 2021). In order to succeed, and build recovery capital, she uses Instagram to evidence how the ‘sober self’ still conforms with social norms. She has used Instagram as tool of self-branding to construct ‘a meta-narrative and meta-image of the self through the use of cultural meanings and images’ (Hearn, 2008:194).

Jo, who has been sober for ten years, explained how she had ‘recently’ started to dedicate more consideration to how she uses Instagram in the construction of her ‘sober self’:

Actually, I’ve started to recently... I was thinking “who actually am I on Instagram?”
(Jo, 29, 10 years sober).

Jo's language suggests that she views her Instagram account as an extension of self – a 'digital self-construction' (Chen, 2016:232). Such thinking would suggest that there is a pressure to have a personal brand on Instagram that is tied to the 'sober self' (Atkinson et al., 2023:1). Jo's experiences allude to the operation of online sisterhood whereby women feel a sense of requirement or imperative to submit to the surveillance and gaze of other women through creating an Instagram account that provides a deeper insight into one's sobriety (Gill, 2017). Jo felt that Instagram was an important and useful place to signify her sober feminist positionality; it was a medium through which she wanted to share her political views.

In some ways, the online sobriety community on SNS has worked to make her feel that she must construct a digital 'sober self' – a neoliberal commodification of the feminist 'sober self'. In this way, the 'sober self' and feminism becomes entwined with the 'regime of the branded self' (Goodwin et al., 2016) in an 'attention economy' (van Dijck and Poell, 2013; see also Banet-Weiser, 2012; Marwick, 2013), whereby the 'biographical project of self-realization' (Goodwin et al., 2016: 11) is evidenced on social media to generate forms of recovery capital. 'Who am I?' suggests a questioning of self-worth; that Jo can *be someone*, i.e., someone of note, someone of importance, someone of recovery capital if she participates in the neoliberal feminist marketplace of bodies.

Instagram data collected from six sobriety influencers suggested that there was a mental or emotional cost to the construction of the 'sober self' as an authentic, 'personal brand' (Banet-Weiser, 2021) on the platform. This Instagram post by Sandy alludes to the toll that presenting a digital 'sober self' on Instagram incurs:

I'm taking a break. I often talk to clients about protecting space, slowing down, having boundaries, staying in our own lanes as noise reduction.

I need to regroup.

(Sandy, sobriety influencer and community founder).

As such, while there may be financial and social benefits to constructing a digital sober identity, it is clear that the reality differs from the airbrushed version of recovery that is portrayed; the 'constant maintenance of authenticity proves to be too much' (Banet-Weiser, 2021:19) for some sobriety influencers. Indeed, influencers interviewed by Petersson McIntyre (2021:1066) 'emphasized the importance of keeping a distance between one's actual self and one's blog self. These two identities...should not be confused with each other because doing so could lead to problems' such as these experienced by Sandy and Beth (explored in the previous section).

Sandy alludes to the way in which the branded 'sober self' blurs or erodes the boundaries and space of self – that it subsumes one's identity and the only way to address it is to pull the plug on the app. However, there was no evidence to suggest that either Beth or Sandy (nor others) connected these negative experiences of SNS to the marketing of their sober selves as a commodity. She also suggests that by disconnecting to 'regroup' it will also disconnect the treadmill of *becoming* and of self-growth that women find themselves on in an attempt to construct the 'sober self'. Therefore, Sandy's experiences suggest that SNS play a role in pressing the 'go' button on this treadmill and that in order to step off she has to remove herself from the platforms. Thus, the process of forming or becoming 'the sober self' is seemingly dependent on the use of Instagram.

These extracts establish that the construction of the 'sober self', as a project of self-realization, is still ongoing within longer-term sobriety. Instagram offers a modality by which individuals can engage in an ongoing process of reworking and reframing the 'sober self'. Compared to tattoos on the body (previously discussed in section 3.2.), Instagram provides a malleable and editable means of re-writing one's 'sober self' in response to a changing identity in recovery. Therefore, women's Instagram usage and content may facilitate and reflect the 'ongoing dynamic process' (Witkiewitz et al., 2020) of recovery.

This ongoing process of change in the 'sober self' (both digitally and materially) is also evident regarding the extent to which women want their digital 'sober self' to be visible to others. When constructing her digital 'sober self' on Instagram, Violet sought to navigate a balance between her public performance of the 'sober self' and her desire for anonymity:

Yeah so it was anonymous, it was under [handle] to start with, because I thought that was maybe the crowd I was looking for...after a while I de-anonymised it because I felt like I was safe enough...I had all sorts of names – I had a thing of changing it every week because I didn't realise that an Instagram handle is like an ID...but again I changed it yesterday for the radio because it was another stupid one, but I've left it now...I suppose now I've kind of set myself up as a sober ambassador it makes sense for people to be able to find me as that...

I think when I made it public I did go back and delete a couple of posts because I didn't know who was going to find the account... but I've tried to leave bits on because I want it to be honest and authentic, so I've

only taken off the bits that were a bit too much really for public consumption.

(Violet, 30, 1.25 years sober).

From elsewhere in the interview, Violet refers to feeling 'safe' in the context of being undiscoverable by her existing professional and social networks. Violet's experience of utilising an anonymous Instagram handle conveys how women are precariously balancing their desire for engagement with others – to be *seen* as their sober selves – whilst preventing self-exposure, in order to avoid gendered social stigmas associated with recovery. This balance is facilitated by technology platforms which enable women to cycle through fake or anonymised online accounts (Turkle, 1996). Violet subjugates the other facets of her self-hood (such as name, location, occupation) to construct a digital 'sober self' within the online sobriety community.

As Violet's sobriety progressed and she became publicly associated with an online sobriety community (as an ambassador), this prompted her to edit her Instagram account – including her handle – 'for public consumption'. In turn, her digital 'sober self' becomes a free advertisement for the brand of online sobriety community that she volunteers for – she represents an embodiment of the recovery capital they assist women to build. This reinforces Banet-Weiser's argument that online 'performances of authenticity...depend on artifice and manipulation' (2021:6). Furthermore, Violet's comments allude to how transient and unstable the 'sober self', and its associated authenticity, can be; merely by changing her Instagram handle Violet shape-shifts her digital 'sober self' to 'target' a particular audience, thus evoking the idea of a branded self once more (Goodwin et al., 2016) and a strategic approach to building connections with others (Winch, 2015).

Managing these stigmas can be imperative for women, who already experience disproportionate economic precarity compared to men and disproportionately experience moral judgement for 'problematic' drinking behaviours (Blackman et al., 2015; Day et al., 2004), particularly during motherhood (Lyons and Willott, 2008; Waitt and Clement, 2016). I observed at social events that some women worked to minimise the risk of stigma by operating separate Instagram accounts – by constructing 'multiple digital selves' (Chen, 2016:232) – one that shared their everyday life items, and another which was solely focussed on their experiences in sobriety. This could be read as an attempt to prevent brand contamination. As Winch (2013:193) highlights, 'the more that individuals buy into self-branding, the more they will consume [and use]...social networking sites in order to extend and personalize their social

profile' which thus creates new forms of, and ways of building, recovery capital than was originally conceptualised by Cloud and Granfield (2008).

It is this relationship between consumption, SNS, and social capital, that Stephanie sought to reject when she deleted her Instagram profile. During her interview she explained how she felt she needed to delete her profile and content upon entering sobriety in order to distance herself from her past:

Every picture I'm there with a cocktail in my hand and, or pictures of drinks, and oh they look pretty, and if you're going out you've got to be doing those things and drinking those things.

(Stephanie, 49, 2.75 years sober).

Stephanie's former use of SNS to complement drinking practices is reflected in existing research (Bancroft et al., 2014; Goodwin et al., 2016). During this conversation with Stephanie, I ascertained that her digital self was intimately connected with her former identity as a drinker, and so in order to construct her 'sober self' she felt she needed to erase her digital self. When deleting her Instagram profile, Stephanie rejected her former drinking self, but she is also rejecting the imperative to consume that Instagram perpetuates (Chen, 2016), and the 'attention economy' (van Dijck, 2013) that fuels and rewards it. Thus, to some extent, the construction of Stephanie's 'sober self' is constructed by dismantling her representations of post-feminist drinking practices online – of 'pretty' drinks (Atkinson et al., 2021), the independent, fun-loving 'party girl' (Jackson and Tinkler, 2007), and the rejection of consumption practices (Cherrier and Gurrieri, 2012). Stephanie's experience suggests that women's use of Instagram to construct the 'sober self' may be dependent upon the extent to which their use of SNS was entwined with their former drinking practices.

3.3.3. "It reinforces this life of expansion and joy": airbrushing recovery in representations of the 'sober self'.

Findings from online data collection and participant interviews suggest that members of online sobriety communities and sobriety influencers were more likely to share positive representations of sobriety on SNS, particularly Instagram, compared to the negative experiences or challenges they faced in recovery. During my conversation with research participant Monica, she explained to me why and how she utilises Instagram's 'sober sphere' in this way:

I've been on Instagram for three years and actively engaged in the sober sphere there which has been lovely, because I realised "oh you can actually just curate your content, this is great"...

I've never used Instagram if I've had a wobble or if I've needed – or I've felt a craving or anything... I like it because I use it for, you know, I do a lot of morning runs and I'll take a sunrise picture...it's low stakes so I know I'm not going to be judged by anybody....

So I do like that, and it reinforces my choice. The fact that sobriety is a choice and that...as I said before, a lifestyle choice, as opposed to this awful thing that I'm going to be living a life of denial and misery. It reinforces this life of expansion and joy I think.

(Monica, 51, 4 years sober).

It is evident from this discussion that Monica 'curates' the content that she shares; her 'sober self' is constructed through depictions of beauty and accounts of pleasurable experiences. This construction of the 'sober self' – as much by omission as by commission (Scott, 2018) – reinforces emerging research that shows how women's contemporary alcohol refusal is situated within discourses of 'choice' and self-empowerment (Atkinson et al., 2023; Hirschman, 2006). In turn, the act of viewing other women's content, through the 'girlfriend gaze' (Winch, 2012), serves to 'reinforce' (Monica) this construction of the 'sober self'.

Monica was not alone in how she utilised Instagram's 'sober space'; across all Instagram posts that I collected and analysed from sobriety influencers, there was only one post, by Georgie, which sought to 'recover out loud' (her words) by disclosing a relatively gritty representation of 'problematic' drinking and recovery:

I think most people know someone who died from an alcohol related death. The first for me was a guy from my school, a friend of my bro and part of my wider friendship group, he slipped and fell from a roof whilst drunk. He was 21. I was 17...

Shame, secrecy, silence...

I know when I was struggling with a problematic relationship with alcohol I felt SO alone. In my trauma history too. I often felt like there was no answer and felt despair and incredible, incredible shame.

(Georgie, sobriety influencer and community founder).

This reluctance by sober women to share the more challenging or negative experiences may be a strategy to mitigate gendered forms of shame and stigmas that are associated with women's problematic drinking that would rupture performances of respectable femininities. Therefore, social stigmas coerce women into performing additional gendered and emotional labour (Hochschild, 2012), in order to 'curate' representations of recovery that distance the 'sober self' from associations with messy, leaky, emotional bodies (Commane, 2020; Shildrick, 1997). Within online sobriety communities, women police the 'myth...of purity' whereby the body is 'forbidden to be what it is – tired, dirty, wrinkled, addicted' (Juvin, 2010:101). This digital construction of the 'sober self' erases or air-brushes experiences of recovery which leaves 'little space...for depictions of the 'lows' of sobriety or discussion of thorny or contentious issues' (Atkinson et al., 2023:10). These airbrushed portrayals of women's embodiment of sobriety on SNS reinforce Lauren Elkin's (2023:276) feminist analysis that:

The opposition between speaking up and being silenced is a false one; some of us, even when we think we're speaking up, are at the same time being silenced...when we let their [the patriarchy's] way of looking at our bodies shape the art we make.

While she is speaking here of art, specifically art made by feminists of 'unruly bodies', the same could be applied to the visual and literary content that sober women share on SNS to convey their experiences of recovery. This extract makes me think instead that women, who share curated and joyful representations of sobriety on SNS – either of landscapes or selfies - are, in fact, gagged from speaking the truth. In this context, SNS is the master's tool, the alco-centric patriarchy is the house, and 'the master's tools will never dismantle the master's house' (Lorde, 1984:103).

A painful or messy portrayal of recovery would possibly undermine efforts by some sobriety influencers or community founders to sell their services. Instead, these women often draw on discourses of health and wellness to construct the 'sober self' on Instagram. This is evidenced in Suzy's Instagram post below which affirmatively posits sobriety as an anti-ageing solution:

What if I told you that I had the solution to ageing backwards? That it works for everyone and that it's free.

What if I told you I have a treatment that within 90-days your skin will glow and you would have considerably less wrinkles. That friends would notice and ask you what you had 'done?' And in a few months of daily use, you will look at least 5 years younger! What if I told you

this treatment for beautiful glowing skin was free. It literally has no cost! Could such a thing be possible you may exclaim?...

Would you want it?

Are you sure?

Well, here it is.

It's an alcohol-free life. That's it. The absolute worst thing you can do for your skin, for your appearance, for your looks is to drink alcohol. Even small amounts. Drinking will age you.

One of the best side effects you can have from an alcohol-free life is glowing beautiful skin.

I see women (and men) spend a fortune on skin creams, treatments and procedures to look fresh and youthful. And then drink a glass or two of wine every night. They are literally reversing everything you just tried to do.

Alcohol ages you. And alcohol is not in any way ever compatible with a healthy and wellness lifestyle. No matter how much green juice you drink alcohol will undo it all. Don't let anyone ever tell you otherwise.

(Suzy, sobriety influencer and community founder).

Suzy unequivocally argues that sobriety is a sure method to achieve beauty and youth, 'intent on struggling against a misfortune that [i]s mysteriously disfiguring and deforming' (de Beauvoir, 1949 [1997]:595) – the process of aging! In doing so, she perpetuates and reinforces the 'terror of aging' constructed by neoliberal capitalism (Wolf, 1991:10) that urges women to spend on beauty hacks to increase their worth. It is clear that even in the 'autumn and winter of life' women are not 'freed from [these] chains' as de Beauvoir argued (p.595). Representations of the 'sober self' are curated and air-brushed (sometimes literally through filter technologies) to appeal to the gendered neoliberal imperatives for health, youth, and beauty which supposedly results in happiness (Pilgrim and Bohnet-Joschko, 2019). By drawing on images of skin creams and treatments Suzy positions sobriety as a commodity for individualised self-care to achieve such aesthetic transformations (Spicer, 2019). In doing so, she seeks to strike the 'right balance between body hatred and the desire for transformation' (Winch 2013:190), reproducing the objectifying misogyny of the male gaze (Mulvey, 1975:808).

Despite her years of experience working as an addiction specialist, Suzy chooses to 'sell' the 'sober self' as an anti-ageing skin-care regime, using her face and body as the advertisement. Thus, Suzy's value is in what her body sells, not in the expertise that she has; she is part of a contemporary trend of 'new occupations' that 'commodify gendered bodies, experiences, and emotions in specific ways' (Petersson McIntyre, 2021:1061). This may be because sobriety influencers are more likely to be socially and financially rewarded for 'attractiveness and relatability' than 'perceived expertise and trustworthiness' (Yuan and Lou, 2020:143). Implied in her message is that her clients' value is also rooted in their appearance.

Unfortunately, in the context of neoliberalism, Suzy's female client base may also be more likely to engage with sobriety if positioned in relation to the social value of their (re)productive health (Courtenay, 2000:11). In the context of women's contemporary recovery culture on SNS, whereby sobriety is being packaged and sold through representations of the female body, sobriety is positioned as a way to achieve and control 'erotic capital' (Winch, 2013:21). It is a way of marketing 'ideal' femininities, as Winch explains:

In the hypervisible landscape of popular culture the body is recognized as the object of a woman's labour: it is her asset, her product, her brand and her gateway to freedom and empowerment in a neoliberal market economy. (p.21)...Erotic capital – in the context of girlfriend culture – is not about having sex. It is about promoting a normative sexual self who is control of her sexuality and who appears not too slutty and not too dowdy (p.25).

Therefore, the photographic evidence of women's labour on the 'sober self', such as good skin and weight loss, serves to emphasise their erotic capital. Thus, women's bodies have become a form of recovery capital - in ways that the male body cannot participate. However, in order to build and access this form of recovery capital, women must submit to the surveillance of SNS (Gill, 2017). In turn, founders and influencers like Suzy similarly feel that they have to submit their erotic capital to this gaze in order to be accepted as an 'expert'.

The findings shared in this sub-section emphasise the prominent role of Instagram in assisting women to control the way in which the 'sober self' is perceived, and manage the brand of the 'sober self', through airbrushing their experiences and drawing on discourses of wellness. As such, in the recovery culture of online sobriety communities, women draw on positive framings of sobriety that emphasise individual choice and empowerment, in order to alleviate gendered

stigmas. However, these positive framings can be manipulated by influencers and founders to position sobriety as a commodity to increase women's erotic capital, ultimately entrenching women's value in the (young and beautiful) female body. Thus, erotic capital is an additional pillar through which recovery capital can be generated and understood within the contemporary context of online sobriety communities.

3.3.4. “My experiences with alcohol led me to the work I do today”: branding the ‘sober self’ as the expert in recovery.

Instagram posts and some participants described the ‘sober self’ as someone who started their journey needing help from others, to now being the person who provides help to others – the ‘expert’ (McRobbie and Thornton, 1995). In some instances, this was formalised by participants through changing their career in sobriety to roles within the recovery industry, such as a counsellor, therapist, or recovery coach. Similar to (sobriety) influencers, these participants ‘use their personal experiences as a resource for entrepreneurship’ (Pettersson McIntyre, 2021:1061,1063). As such, a ‘new’ ‘sober self’ is created through retraining and a change in job title and becomes integral to how these women earn money and present themselves professionally. Lisa’s experience below shows how sobriety became a progressively bigger part of her identity once she transitioned from her previous career to recovery coaching:

I wanted to see being sober as a smaller part of my life which is ironic now because it’s absolutely the biggest part of my life...or one of the bigger parts of my life.
(Lisa, 44, 2.5 years sober).

The positioning of the ‘sober self’ as the expert in recovery and addiction is not unique to online sobriety communities; many recovery services utilise a peer-led model based on ‘lived experience’ (Eddie et al., 2019). For women within online sobriety communities, it may be a way to ‘live a feminist life’ by being ‘a feminist at work’ and improving the lives of other women (Ahmed, 2017:89), particularly within the context of neoliberal feminism whereby women utilise their bodies as an asset to fuel entrepreneurship and consumption which they believe will assist overcoming any residual structural barriers (Pettersson McIntyre, 2021).

However, this pattern is resonant of contemporary society that an individual must constantly be reflexive and align entrepreneurship or money making with a sense of self-hood

(Walkerdine, 2003), and apply economic thinking to all aspects of their lives (Scharff, 2016). In other words, if women's values or allocation of meaning change in sobriety, they may feel that their choice of work or career must also shift to more 'worthy' endeavours – creating an alignment between human and physical capital (Walkerdine, 2003). In a capitalist society, the value of the self is inextricably linked with money-earning labour, and thus a change in the way that money is earned may act as a validation of one's sobriety.

Some sobriety influencers, and those who lead online sobriety communities, utilise their recovery capital (Cloud and Granfield, 2001) to directly and explicitly generate more physical capital through selling their experience and support to those who want to stop drinking. This is further evidenced in Tunde's Instagram post below:

It's important for me to share this because my experiences with alcohol (and other drugs) are what led me to the work I do today. I started this account on DAY 1, [Tunde's sobriety date]. All the early posts are still here.

(Tunde, sobriety influencer).

This 'sober self' is constructed as an expert by 'truth telling' about personal experiences and perspectives, and by positioning these as universal truths – not as one version or perspective on an individual's truth. A popular phrase used by Anna (sobriety influencer and community founder) in her Instagram posts is 'T R U T H 🍷'. In 2021 US-based sobriety influencer, Laura McKowen (2023), released her new podcast titled 'Tell Me Something True', and subsequently published a book containing 'nine essential truths to get you through sobriety'. Constructing the 'sober self' as an expert through 'truth-telling' evokes the idea that the 'sober self' is a prophet, community leader, and wise elder within a community of practice (Paechter, 2005). This leads women to trust these 'leaders' and accept their 'truths' as facts – as tried and tested shortcuts to accruing recovery capital and *becoming* the healed, 'sober self' (Deleuze, 1992). Women within the communities become the followers who are learning how to construct their 'sober self' from the 'truth telling' posts of community founders and influencers.

These women of relative celebrity status within the online sobriety community are using their platforms to structure the rules of success, based upon 'self-mastery and control' (Pettersson McIntyre, 2021:1074) thus (re-)structuring the pathways to obtaining recovery capital. In turn, their own 'success is based upon the performance of their expertise' (Winch, 2013:55) through truth telling which enables them to profit from 'the therapeutic narrative of self-realization' (Illouz, 2007:48).

Such 'truth telling' is arguably a strategy of 'artifice and manipulation' (Banet-Weiser, 2021:5) in order to appear authentic and thus gain visibility and identity as an expert in the field. This 'contrived performance' (Banet-Weiser, 2021:5) of authenticity creates a precarious vulnerability between the expert and their followers. This intimacy is subsequently being used strategically by community founders to 'sell' sobriety in return for social and cultural capital that are the currency of SNS within the attention economy, but also physical capital. Linda, a research participant, brought my attention to how this is becoming increasingly explicit and predatory in ways that I proceed to outline. At the end of the interview, when I asked Linda (58, 1 year sober) if there was anything else she wanted to share, she told me:

Linda: I don't know how relevant this is, but I was thinking about [how] they were advertising their coach course for [community]. And I was thinking about doing it but when I found out how much it was for what you got, I thought actually no. It's fourteen grand.

Claire Davey (CD): Fourteen thousand pounds?! Oh my goodness.

Linda: For 6 months and then you can call yourself a trained coach [under their brand] which I think in America you'd get the business but, in the UK, possibly not [laughs].

It seems that the community Linda used had spotted an opportunity to generate physical capital by training its participants into 'experts', for a substantial cost. She received the email after she had completed their abstinence challenge. While the advertised training programme was branded and 'accredited' by the online sobriety community, Linda felt that this meant little regarding healthcare provision – as a former GP she was concerned regarding the lack of supervision requirements and governing body. Since data collection, based on my own participation and observations within some online sobriety communities, I have seen this strategy adopted by other communities too. I have received emails and seen social media posts that are marketing community-branded courses for those who want to become recovery coaches.

Evidently, there is now a financial incentive for online sobriety communities to turn their members into 'experts' – to convert recovering bodies into entrepreneurial assets (Pettersson McIntyre, 2021:1063) – which poses ethical dilemmas on multiple fronts. In the first instance, there needs to be more governance and oversight regarding who can position themselves as an 'expert' for recovery services. In addition, the communities are seeking to make sales from

a cohort of individuals who could be deemed vulnerable and unable to make informed choices (particularly if they are still drinking ‘problematically’ or seeking other treatment for mental health), and then allow them to operate as ‘experts’ under their brand. As a result, the ‘expert’ seems to be an increasingly viable identity positionality for sober women who use online sobriety communities – if they have the physical capital to pay for this elevation in status. While Winch (2015:244) has previously identified the phenomenon that ‘everyone is an expert’ within women’s online peer support groups, it seems that within online sobriety communities women can now pay to be perceived as experts.

Emerging research is starting to highlight the prevalence of predatory practices within the recovery industry and there are calls for greater regulation (Farmer et al., 2022 and Plante, 2018). However, examples are largely drawn from the USA wherein their health insurance system provides a large profit-making opportunity for those who wish to market recovery services and instances of fraud are more common. Clearly there is a need for greater regulatory focus on non-residential, non-medicalised, behavioural change programmes within the UK if they are supporting individuals who may be vulnerable to exploitation.

In sum, there exists a neoliberal imperative for the ‘sober self’ to become part of an individual’s professional ‘rebrand’ – aligning labour for capital with the labour on the self. In doing so, online sobriety communities and SNS have facilitated the emergence of ‘experts’ in recovery who draw upon ideas of ‘truth telling’ to position themselves as leaders within these communities of practices. It has been argued that this elevation in status is informed by, and informs, the recovery capital of individuals, sometimes at the cost of other, more vulnerable individuals within the community.

This section has critiqued how women curate and construct the ‘sober self’ as an individual, personal brand using Instagram (Pettersson McIntyre, 2021). It has been shown how Instagram provides some women (particularly those of privileged social positions) the opportunity to edit and update the ‘sober self’ throughout the recovery journey and negotiate gendered stigmas. In turn, women perform additional gendered labour to improve the self that they are made to feel is not good enough by the patriarchal, neoliberal order and the girlfriend gaze (Winch, 2012). This additional, sometimes competitive labour performed by women to edit and manage their sober selves sometimes comes at a cost to their mental health and wellbeing. Yet even when sobriety influencers buckle under the pressure of performing such representations of the ‘sober self’, this is often constructed as part of the branded self and within discourses of failure and self-development (Day, 2019; McRobbie, 2015). This process

is held together by a precarious, unwritten contract between women within the online sobriety community that assigns authenticity and social capital to these representations despite the widespread airbrushing and omissions. The persistent themes of re-working, curation and deletion emphasise the fragile and transient nature of the digital 'sober self' and its authenticity (Banet-Weiser, 2021). It is evident that the relationship between the 'sober self' and the 'branded self' facilitates potential opportunities for exploitation and abuse of power by those women who do recover and rise to the top using this model of self-construction. In turn, it also subjugates women by assigning value and recovery capital on the basis of the commodification of the embodied, female 'sober self'.

3.4. Practicing sobriety as a form of embodied self-care.

Engaging with feminist theories of self-care (Ahmed, 2017; Lorde, 1988 [2017]) and critiques of its neoliberal ties to wellness/wellbeing (Cederström and Spicer, 2015; Juvin, 2010; Tokumitsu, 2018), this section explores how the 'sober self' is embodied and practiced by women, who use and lead online sobriety communities, as an act of self-care for their physical, menstrual, and mental health (Levin and Idler, 1983; Warner, 2017). I draw on illustrative examples from interview transcripts, Instagram posts by sobriety influencers, and digital ethnographic observations from community platforms, with support from feminist studies of self-care (Lavrence and Lozanski, 2014), self-help (Dudley-Shotwell, 2020), and feminist literature of the body (Criado Perez, 2019; Taylor, 2022; Wolf, 1991) to do so.

3.4.1. "I know that my cancer is increased with alcohol": sobriety as self-healthcare.

Within the safe and confidential environment of a one-to-one interview, research participants shared stories of how sobriety has become a practice of self-care to manage their physical health. The below example from Susan shows how she positions sobriety as a strategy of self-managed care for her chronic conditions:

I was born with arthritis; I've had it all my life. And the chronic fatigue, that was about ten years ago....and that's where it became a step by step, becoming more aware and more conscious and more healthy. And deciding to stop drinking it just felt like it was completely right...there's so many reasons why I have chronic fatigue but I don't

think drinking alcohol will help. So I think it's a help to not drink alcohol rather than a hindrance, and I think that my inflammation and my arthritis is so much better. I still have arthritis but again I see it as a help not to drink. I see it as preventative.

(Susan, 48, 2.5 years sober).

Susan's application of sobriety as self-care aligns with how self-care is conceptualised within healthcare and clinical settings whereby 'individuals undertake [activities] in promoting their own health, preventing their own disease, limiting their own illness, and restoring their own health' (Levin and Idler, 1983:181; Warner, 2017). Susan performs daily actions of alcohol refusal (psychologically, verbally or physically) to emancipate her from the long-term pain and discomfort of her conditions. This expectation of self-care is particularly prevalent in contemporary UK society whereby preventative measures and investments are increasingly positioned as the responsibility of the individual to avoid being a 'burden' on the state-funded National Health Service. As a result, the government can justify less funding, and for funds to be focussed on treatment rather than prevention.

None of the research participants for this study suggested that medical professionals had advised sobriety as a strategy of self-care to reduce pain or the severity of a condition which conveys the pervasiveness of the UK's culture of intoxication. Participants arrived at the realisation that sobriety can assist in the self-care of physical health conditions through their own research or experiential knowledge. In this way, practicing sobriety as a radical feminist act of self-care allows Susan (and others) to 'reinhabit' their own bodies (Ahmed, 2017:30). When asked, Susan identified her sobriety as a feminist act of 'questioning' authority, and saying 'no, that's not good enough, and that's not acceptable'.

Even for Nicola, a participant undergoing breast cancer treatment, she felt that she received 'ambiguous' messages from the doctor regarding alcohol (non-)consumption:

Last June I stopped drinking completely when I got a cancer diagnosis...I pretty much came to that decision [alone] because unfortunately a lot of the breast cancer literature that the NHS send out is fairly ambiguous, and ok I haven't really looked enough into it, but I know that my cancer is increased with alcohol. But when I received the diagnosis, the doctor didn't say very much.

(Nicola, 56, 0.5 years sober).

Indeed, this experience may be more prevalent for women, whose sex-based differences in physical health conditions are often overlooked: 'Historically it's been assumed that there wasn't anything fundamentally different between male and female bodies other than size and reproductive function, and so for years medical education has been focused on a male 'norm', with everything that falls outside that designated 'atypical' or even 'abnormal'. (Criado Perez, 2019:196). Even now, despite that researchers have found sex differences across tissues and organ systems of the human body (Keitt, Fagan and Marts, 2004) as well as in the 'prevalence, course and severity' (Karp et al., 2017:23-5) of the majority of human diseases (Criado Perez, 2019:198), sex-based research on women's physical health remains limited. For example, it is known that women are three times more likely to develop an autoimmune disease – like Susan - and yet it is not fully known why (Cimons, 2016). Thus, for some women, including Nicola, sobriety was said to be affirmatively linked to feminism as an 'empowering' choice, that meant 'our long term health will be better'.

Therefore, in the context of this lack of consideration for women's physical health, it is unsurprising that 'being a woman may, in fact, be the strongest predictor of health-promoting behaviour' (Courtenay, 2000:5). Women are forced into the position of 'healthy deviant' by 'violating society's norms' of drinking practices through sobriety, in order to care for their physical health. As such, it becomes 'political work' (Lorde, (1988 [2017]:128). These examples provide additional weight to Lorde's (p.53) view that 'survival isn't some theory operating in a vacuum. It's a matter of my everyday living and making decisions'. The same could be said here; the 'sober self' as a form of self-care is not merely a theory or popular social phenomenon; for some women sobriety is a practical item in their 'feminist survival kit' (Ahmed, 2017:236).

Nicola's experience somewhat echoes Audre Lorde's (1988 [2017]) sentiments regarding her cancer diagnosis and treatment journey documented in *A Burst of Light*. In response to a lack of options presented by healthcare specialists, none of which provided many guarantees regarding longevity or quality of life, Lorde independently researched and pursued holistic alternatives. Neither Lorde nor Nicola rejected professional medical care altogether but utilised their own self-care strategies to minimise the extreme discomfort and maximise their chances (or length) of survival. Nicola's decision to not drink could also be framed within Lorde's discourse of agency, self-control, self-determination, and agency over the fate of one's own body and legacy; an attempt to have some influence in a situation whereby medical professionals are authoritative, and cancer is indiscriminate.

From fieldwork it was found that sobriety is sometimes framed as a more superficial means of physical self-care and constructing the self. Within online sobriety community posts, one of the most common techniques that women use to convey sobriety's impact on their physical health is the comparison of selfies taken before and after they stopped drinking, as discussed in the previous section. Women use these photographs as a tool for accountability and motivation – spurred on by the physical benefits of alcohol-free living. The dominant focus on skin and its appearance within these community posts conveys whether one is 'ageing well' (Peel, Bartlett and McClure, 2004), or 'ageing backwards' (Suzy, sobriety influencer and community founder). Indeed, the skin is often interpreted as the representation of what is underneath (Juvin, 2010:102). This framing of sobriety as an alternative, anti-ageing, self-care regime aligns with Nicholls' (2022a) recent research findings which suggest that midlife can act as a stimulus for women to renegotiate their drinking practices in order to mitigate the appearances of ageing. This is because in a patriarchal society value is assigned to women in a 'vertical hierarchy according to a culturally imposed physical standard' (Wolf, 1991:12). This means that women are socially incentivised to share graphical representations of sobriety that emphasise health, youth and heteronormative femininities – and 'unnaturally compete' (p.12) on this basis.

Consequently, the sober body is portrayed as a valuable commodity which can be used to accrue social, and sometimes physical, capital, in a Western economic context whereby health and self-care has been commercialised (Juvin, 2010; Cederström & Spicer, 2015; Spicer, 2019). This additional labour of, and investment into, self-care and the performance of self-care, is part of a neo-liberal trend towards wellness as a signifier of class and aspiration (Cederström and Spicer, 2015; Lavrence and Lozanski, 2014). As part of the neoliberal drive towards 'perfection', sobriety as a form of self-care 'replaces the idea of 'domestic labour'...and acts as a tool of 'social mobility' (McRobbie, 2015:9). Arguably second-wave feminism liberated women from viewing the domestic as a site of their aspirations (Frieden 1963 [2010]), only for women's focus to be turned inwards – towards labouring on the self for social advancement.

However, this performative practice of self-care for physical health is primarily conducted by white women who are less likely, compared to women of colour, to experience consequential damage to their reputation and respectability as a result of sharing pictures that evidence problematic drinking and failings of femininity (Atkinson and Sumnall, 2016). 'Privilege can reduce the risk of vulnerability' (Ahmed, 2017:238) in these situations. Therefore, engaging in performances of sobriety as self-care may be 'elusive, unviable, and beyond reach...for non-white women' (McRobbie, 2009:70-71). Furthermore, women were less likely to share their

'before' and 'after' selfies within a LGBTQ+ sobriety community that formed part of my study. This suggests that LGBTQ+ women are less likely to frame and perform sobriety as self-care, potentially due to the aforementioned, intimate connections with heteronormative femininities, which poses another barrier to LGBTQ+ women's engagement with online sobriety communities, in addition to those identified within existing research (Dimova et al., 2022; Cochran, Peavy and Robohm, 2007). The exclusionary nature of this framing supports existing research that suggests SNS reinforces the 'direct and explicit' (Wolf, 1991:11) link between beauty, whiteness and (hetero)sexuality in neoliberal Western societies (see Marwick, 2013), and shows how the liberatory potential of sobriety as self-care is inhibited in its association with this.

These findings also highlight the interdependent relationship between self-care and recovery capital; when women experience a reduction in human capital, through poor physical health, they may turn to sobriety to change this. In turn, good health assists to accrue recovery capital. It also suggests that accessibility to self-care as a *practice*, versus a *performance*, of physical health has different relationships with women's accrual of recovery capital. While the *practice* of self-care may assist with building human capital due to improvements in physical health, the *performance* of self-care serves to increase social, and sometimes physical, capital. This means that inequalities arise between the recovery capital of individuals, and thus serves as a barrier to those who are in less privileged positions within society. Once more, 'being poor, being black, being of colour puts your life at risk' (Ahmed, 2017:238). In consideration of the typical socioeconomic demographic of online sobriety communities, more work needs to be done to establish whether self-care is an accessible discourse and practice through which people can frame sobriety and construct the 'sober self'. Furthermore, health inequalities will persist if there is no robust communication to patients regarding the impact of alcohol on physical health conditions and support to change drinking behaviours.

3.4.2. "I'm much more able to cope": caring for the menstruating and (peri)menopausal body.

Of the 25 women interviewed for this study, seven were entering menopause or were perimenopausal, and four of these had specifically chosen to stop drinking as a strategy to care for their bodies and mitigate the turbulent symptoms. A further two of these seven had found that there was some alleviation to symptoms once they stopped drinking. Donna was one of the four women who utilised sobriety as a self-care strategy to cope with the perimenopause:

I started having quite bad perimenopausal symptoms and drinking was just exacerbating those really badly, so they were kind of like, two things together that were just not helping at all so you know – poor sleep, and palpitations and hot flushes and all magnified – they were all so much worse when I was drinking.

(Donna, 45, 0.6 years sober).

Similar to Susan's experiences shared earlier, Donna identified the positive impact of sobriety, as a strategy of self-care for the menopause, without any guidance or assistance from medical professionals. In fact, like others that were interviewed, it was a final-straw attempt to feel better when no useful answers or suggestions were forthcoming from doctors. In Donna's case, it took months of pursuing tests and for her GP to declare that she had 'ovarian failure', a term which she then translated to the menopause. None of the women I interviewed said that their GP or gynaecologist had suggested alcohol moderation or abstinence to be a useful tool to mitigate menopausal symptoms and thus it became a self-prescribed practice of self-care that was usually subsequently combined with medical prescriptions of Hormone Replacement Therapy (HRT). In this way, the 'sober self' and the (peri)menopausal body are intimately entwined.

Women can feel isolated and alone in the self-care of their (peri)menopausal bodies but are utilising online sobriety communities for support. Donna, a self-proclaimed 'signed up feminist' suggested that she purposely found a community in which she was able to 'relate' in this way. Some participants who use Community I told me of a specific support group that had been created to offer dedicated time and space for women who were struggling with, or wanted to discuss, their experiences of (peri)menopause. As such, it is evident that the boundaries between online support communities are blurring; while women joined online sobriety communities to establish sobriety, they have developed into broader support for women's health and strategy of self-care. Furthermore, sharing of (peri)menopausal stories within these communities contributes to consciousness raising across the membership: two participants suggested that whilst they were not currently experiencing (peri)menopausal symptoms, they had learned from the experiences and stories of those who were older than them within the communities and felt better prepared to cope with the symptoms in the future. Jules explains below:

Yes, there are a few of my friends on [Community] who are five to ten years ahead of me and they've been going through the menopause and from that I have naturally read more and experienced through their

eyes what they're going through and they all say '100% glad I stopped drinking because I'm much more able to cope with the psychological and physical aspects of it'.

(Jules, 45, 6 years sober).

This growing discussion by women regarding (peri)menopause, and the role of alcohol in exacerbating symptoms, echoes the feminist consciousness raising and self-help circles during the Women's Liberation Movement. These sought to provide women with knowledge of their own bodies (particularly their cervixes), and to resist the monopoly that men in medical professions had on reproductive health (Dudley-Shotwell, 2020). Lorde (1988 [2017]:117) further advocated the feminist importance of sharing 'with each other the powers buried within the breaking of silence about our bodies and health'. Yet unlike the self-help movement of the 1960s, there is little evidence to suggest that women within online sobriety communities conceptualise their self-care of menopausal symptoms as a form of politicised collective action. They did, however, frequently speak with discontent and despair about the medical attention they received for this issue, and in one instance connected this to the patriarchy's dismissal and 'demonisation of women's ageing bodies' (Smith, 2023; see also Greer, 1992): 'there's an awful lot of stuff around the menopause which is historically about men saying "you're no use to me anymore because you're a menopausal woman so I'm abandoning you. You are an old hag"' (Jules). Therefore, similar to Hanisch's (1970 [2006]:4) surmise of participating in 'personal' or 'therapy' groups during the 1960s, 'one of the first things we discover in these groups is that personal problems are political problems'.

Unfortunately, possibly due to the social shaming of women's ageing, messy, menopausal bodies (Shildrick, 1997), there was only one sobriety influencer (Sandy) who framed sobriety as form of self-care for the menopause on her public social media account. In doing so, she off-set the stigma by shrouding her advocacy of self-care within post-feminist discourse that emphasises femininity, empowerment, and self-responsibility (Ortner, 2014; Rottenberg, 2014); she posted a holistic 'recipe for supporting yourself in the menopause like a boss' to 'love your badass goddess'. This choice of language makes a taboo topic more palatable for a contemporary Instagram audience that is less likely to engage with political posts (Caldeira, 2021), whilst simultaneously reinforcing and reclaiming the femininity and power of the ageing woman's body in light of the patriarchy's derision.

Despite the public awakening and verbalisation of the (peri)menopause that was taking place in the UK at a similar time to data collection, as a result of Channel 4's documentary *Sex, Myths and the Menopause* that was aired in May 2021, these accounts show that women's

experiences and non-medical strategies of self-care are still confined to private online spaces. The role of the 'sober self' as a means of caring for the (peri)menopausal body remains hidden; the forbidden knowledge is retained within the cloistered walls of online sobriety communities. The discussions within online sobriety communities about caring for the (peri)menopausal body through sobriety do not seem to be entering mainstream discussion, or even feature within many public social media posts. Public engagement with, and awareness-raising of, the connection between sobriety and the menopause are rare.

Across research participants who were interviewed for this study there was a general sentiment that, once sober, they had a greater awareness of how their bodies were feeling in relation to the menstrual cycle and associated mood fluctuations. As such, the 'sober self' has assisted in the 'demystification' of the body that women sought from feminist self-help circles in the 1960s (Dudley-Shotwell, 2020:7). While menstrual management has been critiqued by Spicer (2019) – a male researcher – as part of the neoliberal drive towards self-discipline and productivity optimization, Bobel and Fahs (2020) 'argue that feminists must challenge generations of silence and shame that obstruct quality menstrual health education. We must also promote a culture of curiosity and informed decision-making about caring for our bodies'. Based on the findings of this study, sobriety is one way that women can do this.

Periods have typically been an issue for women to care for themselves – privately - due to the patriarchal pathologisation of menstruation (Taylor, 2022) and the ensuing stigma of bad/dirty femininities (Commane, 2020). This is evident from digital observations of content posted within online sobriety communities; despite the high participation of women within these spaces, discussions of periods and the menstrual cycle were largely absent from the posts. Therefore, women's unwillingness to frame the 'sober self' as a form of menstrual self-care within the communities may be influenced by the shame and stigma surrounding a bodily function over which there is limited control, and a desire to maintain respectable femininities (Skeggs, 1997). Arguably this silence is perpetuated and reinforced by the policing by many women of other women, through the lens of misogyny (the gynaeopticon (Winch 2013: 21)), regarding what representations of the body are allowed in these spaces.

In the case of research participants in this study who needed further medical assistance for menstrual health issues, the greater bodily awareness of the 'sober self' provided impetus to push medical professionals to take their symptoms seriously. Katie explains how sobriety alleviated the self-doubt she had regarding her experience of heavy periods which ultimately led to a diagnosis of Polycystic Ovarian Syndrome (PCOS):

My periods were so heavy I would be vomiting and stuff, and for the last ten years every time they'd do these blood tests, they'd come back negative and they'd be like 'you're fine'...I think sobriety helped me tackle that situation head on and persist, you know. Kind of having the confidence to say, 'actually, I've known this. This has been part of my experience of life now for the last ten years like I know the blood tests are coming back negative but is there anything more you can do?'. And low and behold I had a scan and that's when they discovered this [PCOS], so like, yeah. I mean, and those two things really did happen in terms of giving up drinking and being diagnosed did happen in conjunction with each other. I think also like before I gave up drinking, you know I felt like it might be because I was drinking and so I didn't really feel like I had a leg to stand on, and it's like you know, I think I got to a place where actually I've improved my health on my own as much as I can, this is still not working, what's next you know? So yeah, it definitely gave me the confidence to pursue that further.

(Katie, 29, 2 years sober).

Katie's experience reinforces earlier analysis that the 'sober self' facilitates women's information gathering about their own embodied experiences of illness and makes them feel more empowered to challenge medical authorities. In her interview, Katie identified the relationship between sobriety and feminism as enabling women to 'communicate their wants and needs', no doubt grounded in her experiences outlined above.

Based on my own lived experience and those of other women in my life, it is not unusual for women to seek medical assistance for symptoms which turn out to be gynaecological but are dismissed as other conditions by clinicians who have received medical training biased towards the male body (Criado Perez, 2019:197-8). In my case, I was admitted to A&E on the basis of a potential appendicitis, only to be discharged 24 hours later with no further knowledge. I had to lobby my GP to book a separate appointment for an ultrasound scan which ultimately showed an ovarian cyst the size of an orange and subsequently endometriosis. A similar story is shared by Rachael in Caroline Criado Perez's (2019:224) *Invisible Women*. Women have to keep pushing in order to be listened to and believed when it comes to menstrual health issues.

However, Katie's anecdote also serves to highlight that women have to consistently push to convey the limitations of self-care to an increasingly neoliberal model of state-funded

healthcare (Tokumitsu, 2018). They have to evidence how hard they have ‘worked’ at self-caring – including giving up alcohol – before they are deemed worthy of further resources (Cederström and Spicer, 2015) in order to transition the responsibility away from the self towards the state-funded healthcare system. Katie’s reflections suggest that her drinking self was less worthy of asking for help. This echoes Metzl’s (2010) arguments within *Against Health* that those who do not conform with the neoliberal ideology of wellness experience stigmatisation. In times of the ‘healthy lifestyle movement’, a disregard for personal wellness – including alcohol consumption – offers ‘a new explanation and justification for why people become ill and suffer’ (Dworkin, 2000:77). Once Katie had stopped drinking, and gained more human capital, she felt morally able to utilise state resources and be a trustworthy source of embodied knowledge. Katie’s account shows that while the ‘sober self’ can be experienced as a form of radical feminist self-care that empowers women to trust their embodied knowledge and challenge the patriarchy, they still have to navigate the neoliberal socioeconomic institutions by operating within the dominant ideologies and unofficial ‘rules’ regarding individual responsibility and health and wellbeing in order to pass checks and gatekeepers.

3.4.3. “Goodbye mindless drinking and hello mindful living”: mental healthcare.

The ‘sober self’ is also framed as a strategy to manage mental health. Reflected across digital observations and Instagram sources, the ‘sober self’ is portrayed as having less feelings of anxiety, depression, loneliness and suicidal ideation. Jamie – cofounder of Community B – told me during fieldwork that mental health had replaced weight loss as the most common driver for women’s engagement with her online sobriety community. Interview participants also frequently commented on the improvement to mental health in sobriety, similar to Louisa’s experiences below:

Feeling depressed a lot of the time. That low level anxiety was there far more all of the time. Definitely. And that definitely definitely stopped and shifted when I stopped drinking. That made a huge difference to be honest.

(Louisa, 49, 4 years sober).

During interviews and within online posts, some references were made to anti-depressants and therapy, but few said that they had consulted their GPs about their drinking – the rest pursued help from online communities independently, purposefully rejecting the idea of speaking to their GP. Louisa, who identified as a feminist, said that she ‘is not interested in

being spoken to by men' and instead wanted to hear, and receive help from, her own 'tribe' who have 'similar' lives to hers – 'with a family and all the rest of it'.

As such, sobriety (particularly though online sobriety communities) is one way in which women are seeking to address their mental health whilst operating outside of the medicalised mental health care system that disproportionately diagnoses women with disorders and medicates them (Riecher-Rössler, 2017; Taylor, 2022), prior to providing them with support, despite the fact that:

most mental health research largely ignores sex (and gender) differences...In a study of 768 trials on ClinicalTrials.gov, 89% reported recruitment of male and female participants, but less than 1% reported an intention to analyse results by gender...Even when sex is considered, gendered risk factors such as intimate partner violence are rarely included as covariates or moderators in studies of the epidemiology or treatment of mental disorders, and gender-specific barriers to participation are not addressed, including practical considerations of childcare. (Howard et al., 2016:10)

From this explanation of the approach to mental health research in the UK, whereby there is general disregard for, and a lack of understanding of, women's physiological and social experiences, it is unsurprising that women sought to use sobriety as a strategy to care for their mental health. Indeed, some participants linked their former mental health challenges to previous experiences of abuse or assaults by men and felt that sobriety had helped them to identify and process these experiences; five of 25 participants shared experiences of men's violence, and seven shared their experiences of childhood trauma from their fathers' drinking. As such, through pursuing sobriety as self-care, women were able to improve their mental health whilst avoiding or minimising the gendered, classed, and racialised stigmatisation attached to mental health struggles (Taylor, 2022) and 'problematic' alcohol consumption (Lyons and Willott, 2008). In this way, sobriety can be framed as a feminist self-care strategy that rejects the patriarchal pathologisation, victim-blaming and control of women through mental healthcare services and the stigmatisation that it perpetuates (Taylor, 2022).

Within online sobriety communities, the 'sober self' is also framed as the mindful self. Mindfulness, 'a state of hyper-awareness tempered with disciplined calm' (Tokumitsu, 2018:9), is a Buddhist practice that has been reappropriated by western capitalism as a form of wellbeing and self-care, particularly for mental health. The direct positioning of sobriety as

a precursor to mindfulness and subsequent good mental health was more prevalent in public content and community marketing and events. This Instagram post by Rita, provides an example:

Being sober allows me to prioritise my self-care, make better choices and have clarity in my life. Goodbye mindless drinking and hello mindful living.

(Rita, sobriety influencer and community founder)

It must be recognised that three of the 25 women interviewed for this study entered sobriety partly because they wanted to remove the dissonance between alcohol consumption and their practice of Buddhism. Linda, Gina, and Susan all felt that drinking conflicted with the Eightfold Path which contains the primary teachings of Buddhism, including 'right mindfulness'. Sobriety was considered to be an act of self-care that supports the spiritual practice of mindfulness.

However, the association between mindfulness, sobriety and self-care presents a more mainstream, saleable, fashionable angle to teetotalism, and echoes similarities to the 'social and spiritual activism rooted in bodily improvement' that Lavrence and Lozanski (2014:77) identified in lululemon athletica's branding. Tokumitsu (2018:9) also interprets mindfulness as 'fundamentally anti-revolutionary' for its ability to ensure internalisation of social issues (such as alcohol and mental health) and reduce any feelings of discontent about these social issues: it 'head[s] off any mutinous stirrings before they have a chance to gain momentum'. As discussed earlier in this chapter, 'mindful drinking' offers a contemporary re-branding of the controversial term 'moderation' that assigns responsibility back on the individual to self-care for their mental health in light of pressures created by the neoliberal society and an addictive substance (Yeomans, 2013).

Arguably, however, alcohol refusal could serve to 'liberate us from the sources of our anxiety and depression' (Tokumitsu, 2018:11) – the source being the addictive substance, but also the neoliberal ideology that individuals can work hard, play hard, and have it all, particularly as women (Brown, 1982). The growing memberships of online sobriety communities, and posts on social media about this topic, also suggest that there is a growing collective consciousness regarding the impact of alcohol on mental health.

Through illustrative examples from fieldwork, this section has shown how women draw on discourses of wellbeing to frame the 'sober self' as an embodied practice of individual self-

care whereby they experience improvements to their physical, menstrual, and mental health, particularly when medical assistance is not forthcoming or lacking. The stories and experiences shared by the women featured in this section suggest that when women feel empowered regarding their own bodies, and are equipped with self-knowledge, they feel more able to resist against what is deemed accepted knowledge and practices regarding women's health and bodies. The feminist and socio-political tensions that arise in constructing and embodying the 'sober self' as a form of self-care have also been reflected upon; examples of 'everyday feminism' (Abrams, 2019:205) have been identified within their practices of self-care whilst acknowledging the limitations of these as sources of organised, collective, and political action (Hanisch, 1970 [2006]). Yet it would be too reductive to interpret these experiences as merely individualised, neoliberal investments in wellbeing; based on the findings shared in this section, the role of the sober-self in women's self-care is tangible, life-changing and long-lasting – often a radical choice in moments of desperation. There is clearly a disparate relationship between women's embodied practices of sobriety as self-care, and the marketing or performative content that promotes sobriety as self-care, however. The latter has been shown to exhibit stronger connections with neoliberal ideologies and commodification of health and wellness.

3.5. Chapter Three Conclusion.

This chapter has drawn on data collected during participant interviews, online observations, and from Instagram, to present the process through which women, who use and lead online sobriety communities, conceptualise and construct a new self-hood in recovery: the 'sober self'. It has explored three constituent parts of this process: selective engagement with recovery narratives, the curation of a digital and branded self, and practicing sobriety as a form of embodied self-care.

Findings shared in this chapter evidenced that women who use or lead online sobriety communities located a sense of agency and self-determination in the ways in which they constructed and embodied sobriety. They selectively interpret and rework parts of recovery narratives from a range of recovery communities that they feel to be the most empowering for their 'new' 'sober self'. In a few instances, these narratives were embodied from a feminist standpoint – rejecting the patriarchal roots of the language that had come before. These words allowed women to 'get closer to' their experiences – to become 'retrospective witnesses' of their becoming as a sober woman (Ahmed, 2017:32). This is an ongoing process whereby women consciously and proactively edited and curated their digital, branded, 'sober self'

(Atkinson et al., 2023; Banet-Weiser, 2012, 2021) as a method of personal identity formation and determining the self, which changed over time – a form of (sometimes feminist) DIY self-assembly (Ahmed, 2017:27). This construction of the ‘sober self’ on Instagram has contributed to the ‘re-brand’ of sobriety and the commoditisation of recovery. In order to ‘sell’ the ‘sober self’, there was strong engagement with gendered, heteronormative, contemporary discourses of health and wellness (Crawford, 2006; Lavrence and Lozanski, 2014) that perpetuate the neoliberal feminist idea that women have to engage with this ‘work’ in order to be successful. Yet women also discussed and portrayed the ‘sober self’ as a form of radical self-care (Ahmed, 2017; Lorde, 1988 [2017]); an embodied, daily strategy to counteract and prevent physical and mental health symptoms (Levin and Idler, 1983) that they sometimes shared with other women. In some instances, it was a feminist strategy of self-care; to reduce pain or discomfort when public health provision is failing to address women’s needs and women’s bodies (Criado Perez, 2019).

CHAPTER FOUR

Forming ‘sober sisterhood’ among women who use online sobriety communities: sharing ideological foundations, practicing everyday feminist lifestyle politics, and creating space for women,

4.1. Introduction.

Chapter Four continues the construction of an inductive, conceptual, grounded theory (Charmaz, 2006 [2014]) to understand how contemporary recovery culture within online sobriety communities assists women to navigate sobriety and argues that ‘sober sisterhood’ is a key constituent process within this recovery culture. Specifically, this chapter shows how ‘sober sisterhood’ is a part of women’s subjectivity in recovery, in addition to being a shared, non-drinking practice through:

1. Shared ideological foundations of sobriety;
2. Practicing sobriety as a form of ‘everyday feminism’ (Abrams, 2019:205) and ‘lifestyle politics’ (Portwood-Stacer, 2013:5); and,
3. Creating a space for women in which they can share their sex- and gender-based experiences, and consciousness-raise about them.

These are explored sequentially in this chapter through drawing on illustrative examples from across the data segments collected. Throughout, I engage with feminist theory (from second, third and fourth waves), and existing research regarding women’s DIY initiatives and online communities, to construct this argument whilst identifying and critiquing the feminist tensions that arise within the formation of the ‘sober sisterhood’.

4.2. Exploring the ideological foundations of the ‘sober sisterhood’.

Building on Atkinson et al.’s (2022) research of sober women’s ‘management, negotiation, and countering of alcohol marketing in the UK’, and existing understanding of alcohol refusal as anti-consumption (Cherrier & Gurrieri, 2012; Portwood-Stacer, 2012), this section explores the ideological foundations of the ‘sober sisterhood’. Specifically, I utilise illustrative examples from participant interviews, digital ethnographic observations, and Instagram posts from sobriety influencers, to consider sober women’s feminist critiques of the feminisation of alcohol and women’s drinking practices, and secondly, their critiques of the intimate relationship between UK government and the alcohol industry. These critiques are contextualised within

literature of women's historic drinking practices (Beckingham, 2021; McErlain, 2015), cultural references to women's drinking practices (*Sex and the City*, 1998-2004; *Bridget Jones's diary*, 2001), and practices of the alcohol industry (Atkinson et al., 2021; Gallage, Heath and Tynan, 2020; Maani Hessari and Petticrew, 2017), and I draw on a range of feminist theorists and activists (Ahmed, 2017; Frieden, 1963 [2010]; Hanisch, 1970 [2006]; Peroni and Rodak, 2020; Walter, 2011 [2015]) to support my feminist analysis of these critiques.

4.2.1. “The ways marketers sell drinks to women can be patronising – and damaging”: Sober women's feminist critiques of the feminisation of alcohol.

Within online sobriety communities there was a strong awareness of the strategies used by alcohol brands to sell alcohol products to women. The below text from a post by an anonymised community member speaks to this issue:

This completely winds me up...pink, glitter, 'mummy wine time'...how the ways marketers sell drinks to women can be patronising – and damaging.

There was a sense of anger by members and founders of online sobriety communities that women are marketed to in this way, particularly for a harmful product. 'Mummy wine time' is deemed 'patronising' for its infantilisation of women through the use of child-like language. These objections are a critique of the resurgence and 'investment in an almost kitsch domesticity' that 'runs along-side a new glorification of the perfect wife' in the post-feminist era (Walter, 2011 [2015]:223). Through women's critique of the corporately sponsored pairing of wine and motherhood, the research participants were also disrupting the re-branding of motherhood through forms of hyper-feminine, allegedly glamorous consumption. Furthermore, the use of hyper-feminine colours and materials – pink and glitter – could be perceived as simplistic stereotyping (Perkins, 1979). Feminist critique was used by these women as a 'tool' to 'help...make sense of the world' that they are coming up against (Ahmed, 2017:15). Indeed, when participants were asked about the connections between their sobriety and feminism, this topic was often raised in response. As such, there is a growing awareness within online sobriety communities that gender stereotypes are entrenched by the alcohol industry, and that such stereotypes can detrimentally affect women's abilities and ambitions (Walter, 2011 [2015]:207). These critiques suggest that gender stereotypes are a hidden alcohol-related harm that are not often considered within alcohol research, and that the alcohol industry entrenches the inequality of women.

While sharing pictures of alcohol was generally not permitted within online sobriety communities, this rule seemed to be relaxed for posts such as these when the member was evidencing and critiquing alcohol marketing practices. Sharing pictures of alcohol products in order to shame alcohol brands enabled women to share their experiences and knowledge with a group of people who were likely to empathise with them. While it was not purposefully requested or co-ordinated by the communities – it was a spontaneous form of activism which created cohesion and purpose. In these instances, women are showing how they are ‘messed over, not messed up’ by such strategies, and take ‘the focus of individual struggle’ and relate it to the ‘group’ experience/struggle (Hanisch, 2006:2). It also served to raise awareness among women within the communities, some of whom may still be drinking or considering a return to drinking, regarding the ways in which they were being targeted – that the alcohol industry is seeking to profit from entrenching heteronormative femininities (‘pink, glitter’) and traditional gender roles (‘mummy wine time’). Once again, it can be seen how the ‘sober sisterhood’ is reflecting second-wave strategies of consciousness-raising among women, but within a fourth-wave context of providing ‘hubs for women’ via social media (Peroni and Rodak, 2020:6; see also Blevins, 2018). Such practices facilitate a sense of sisterhood through the identification of shared experiences amongst women and enables women to contextualise their past drinking behaviours within a broader, macro-level, capitalist context, as explained by Hanisch (2006:2): ‘Understanding that our oppressive situations were not our own fault – were not, in the parlance of the time, “all in our head”- gave us a lot more courage as well as a more solid, real foundation on which to fight for liberation’. In drawing and ‘calling out’ these connections women are ‘challenging the contemporary neoliberal paradigm of citizenship’ (Peroni and Rodak, 2020:7).

Specific critiques of ‘mummy wine time’ marketing messages abounded within interviews too. Mel, a research participant who is a grandmother, said that she felt sorry for women who are entering motherhood today due to the marketing messages they receive:

I have thought about all the mummy wine culture, you know, and how immoral it is really, how utterly immoral it is. Yeah. So, I do feel quite strongly about that. You know, the goods that you can buy: ‘mummy drinks wine’ and all of this is just pervasive, and it normalises it doesn’t it?

(Mel, 59, 0.5 years sober).

This question of morality, raised by Mel, suggest that historical connections between anti-consumption, morality, and motherhood remain (see also Portwood-Stacer, 2012). Such questions of morality have typically been associated with women's drinking practices that breach social expectations of femininity and women's gender roles - most starkly during the British temperance movements when women's drinking was positioned as a threat to children's health and the success of the nation (Beckingham, 2021; McErlain, 2015). However, Mel, when answering my question regarding feminism, subverted the use of the term 'immoral' to describe the practices of the alcohol industry who are marketing alcohol to women based on their role (and challenges) as mothers when formerly immorality was ascribed to the woman who succumbed to drink. As such, the 'sober sisterhood's' increased awareness and articulation of these structural issues is disrupting persistent historical discourses regarding women's morality and alcohol.

Some sobriety influencers used their Instagram accounts to criticise marketing connections between motherhood and alcohol. Georgie's post below critiques an advert for Champagne which features a woman wearing a t-shirt that says 'Maman a besoin de Champagne' which translates from French to English as 'Mum needs Champagne':



Georgie uses her Instagram post to affirmatively challenge the structural issues associated with the marketing of alcohol to mothers. She frames those responsible for the advertisement as drug pushers who are abusing vulnerable people and in doing so echoes arguments made by Betty Friedan (1963:288) 60 years prior regarding the over-prescription of Valium to stay-at-home mothers and wives as a way to cope with the 'housewife trap'. The language that Georgie uses conveys a sinister undertone and intention behind this commoditisation of drinking practices. This presents an emotive, stark re-reading of the marketing; Georgie is creating a counter-narrative of the untold messages of feminised alcohol marketing that

emphasises the pressures on women's mental health caused by motherhood and the lack of structural support.

As Ahmed (2017:35) contends, 'to name something is sexist is not only to modify a relation by modifying our understanding...it is also to insist that further modification is required'. With thousands of followers on Instagram, Georgie's use of her platform to offer a feminist critique of alcohol marketing could be interpreted as a form of digital activism (Mann, 2014) and part of the 'culture of call out' (Peroni and Rodak, 2020:5); arguably, Instagram offers women the ability to 'displace culturally established, male-oriented narratives' (Caldeira, 2021:6) regarding alcohol, and increase feminism's accessibility (Kanai, 2020). However, Georgie's critical engagement with a Champagne advertisement which features a picture of a happy, relaxed, young, slender, white woman does not speak to the diversity of women's experiences with alcohol (or of motherhood). Yet it does work, to some extent, to deconstruct Instagram's privilege of the white, heteronormative female aesthetic (Kanai, 2020; Marwick, 2013) by confronting the false representations that underpin it. Georgie was one of few sobriety influencers who used their platform to critically engage with alcohol-related issues from an overtly feminist standpoint - to do so may risk being perceived as a 'feminist killjoy' (Ahmed, 2017:11); Instagram followers are less likely to share, 'like', or comment on posts which convey serious or political messages (Caldeira, 2021), including about alcohol (Atkinson et al., 2023).

Critiques of marketing messages were not limited to alcohol itself, but the consumer culture (Arnould et al., 2005) predicated upon women's alcohol consumption that locates women's identities and value within household goods:

'you can't buy a card for somebody without alcohol on it. It's on babygros for babies, it's on tea towels'.

(Donna, 45, 0.6 years sober).

Such critiques also suggest that participants were rejecting a form of 'girlfriend consumption' that is facilitated through such gifts. Whilst Winch (2015:99) suggests that 'girlfriend consumption is constructed through the luminosities of sentimental dating' achieved through a shared shopping experience, here I posit that these goods offer a form of 'girlfriend consumption' whereby they are intended to foster intimacy between women regarding a shared love for alcohol or the illicit nature of drinking whilst parenting. Participants expressed their frustration that these practices of friendship and intimacy (i.e., gift- and card-giving) had been hijacked by the alcohol industry's influence on popular culture.

This feminisation of the marketing of alcohol, which draws on stereotypes of womanhood, was deemed pervasive yet 'insidious' by participants, as explained by Jules below:

It's only when you stop drinking that you just kind of go, "holy shit, I had no idea that that was happening". I think it's so insidious that we didn't even see it coming.

(Jules, 45, 6 years sober).

Suggested in Jules's words above and in other interviews too, is the sense that women felt duped – that they were 'in the alcohol matrix' (Atkinson et al., 2022). This anger is, in part, an anger at themselves for having believed, and embodied, the marketing messages, or having been oblivious to them. Indeed, Jules conveys a sense of realisation regarding the marketing practices which in turn could also be interpreted as a feminist awakening – or what Ahmed (2017:187) calls a 'feminist snap'. 'Snap: when she can't take it anymore...A snap is a moment of a longer history of being affected by what you come up against' (p.190). This snap is a causal factor in prompting sober women to see how they are coerced and subjugated via marketing practices; a realisation that, in Jo's word's, 'we're being told that it's [alcohol consumption] part of being a woman'.

Jules's realisation regarding the reality of the alcohol industry's manipulation of women echoes how Monica, during her interview, explained her realisation that her partner was abusive after she stopped drinking – that in many ways the alcohol industry engages in predatory behaviour through their practices, but women typically only identified the patterns once they stopped drinking. Indeed, Holly Whitaker (American sobriety influencer and founder of Tempest (a US-based online sobriety community which is no longer operational), was reported in the *Guardian* making a similar point:

"Very smart people with assloads of money, power and access benefit from...our believing that drinking is an act of empowerment for women, instead of what it is: a drug designed to keep us down, no matter how much we drink...there's a very large industry run by men where women and other demographics are targeted specifically...(Lee, 2020; see also Whitaker, 2020)

As part of this feminist awakening, discussed above, research participants persistently critiqued past cultural representations of women's drinking as feminist, as shown in the extracts below:

That was the *Sex and the City* generation then. So that really dovetailed quite nicely into Bridget Jones and her cigarettes and her counting her units of alcohol along with you know, Carrie Bradshaw and her writing and her beautiful outfits...And I feel that we shared it. Oh my god, we bought into it, hook, line and sinker.
(Monica, 51, 4 years sober).

It was just positioned as something glamorous for young women, or women of my age when we were young, to sort of aspire to. And in the media you had people like *Sex and the City*, and people like Bridget Jones and you had all these characters who are all probably 10 years older than me, and living these cosmopolitan lifestyles and we all thought we could do it. And we all thought we could drink the same as our male partners, because that's feminism – it's not.
(Emma, 49, 2 years sober).

Bridget Jones's diary (2001), and *Sex and the City* (1998-2004) were the most commonly cited examples of cultural representations of women's drinking as feminist which was likely informed by the average age of research participants; those in their 30s and 40s at the time of interview would have come of age during the 1990s-2000s period when these series were most popular. Some participants also referred to the ladette culture (Jackson and Tinkler, 2007) of this era and critiqued their own past beliefs that drinking as much as their male partners, and spending their time in pubs or pool halls, had been a feminist act.

Some research participants suggested that these representations falsely framed women's drinking as a symbol of post-feminist empowerment, choice, and independence (Ortner, 2014; Walter, 2011 [2015]) with their 'cosmopolitan lifestyles' (Emma) and 'beautiful outfits' (Monica). Typically, participants felt uncomfortable about their past identification with, and embodiment of, these representations because they felt that they had been 'suckered in' (Lisa): 'we bought into it hook, line and sinker' (Monica). In sobriety women changed their positionality to reject these depictions of women's drinking as feminist; in a few instances (such as Emma above), participants disputed that the convergence of drinking practices between men and women is an act of feminism or equality.

Whilst not explicitly confirmed by participants, these examples suggest that some women experienced a shift in their feminist ideologies away from the consumption of 'lifestyle feminism' (Dow, 2002) in the post-feminist era towards a politics of anti-consumption in the

fourth-wave feminist era (Portwood-Stacer, 2013). Quite understandably, it may also be the case that women use these cultural reference points to challenge ideas of individual responsibility for 'problematic' drinking due to the popular and feminised nature of these influences. To say that they were 'suckered in' (Lisa) to these ideas of glamour, sophistication and liberation works to offset gendered and classed stigmas associated with women's 'problematic' drinking.

The persistence and frequency with which these cultural references were recalled across the data confirms Emma and Monica's assertions that these representations became a 'shared' experience of women's drinking culture amongst their generation: 'we all thought we could' (Emma). In turn, these iconic depictions of women's drinking have served as a shared reference point over which women in sobriety can locate a bonding commonality in their experience and facilitate in 'getting rid of self-blame' (Hanisch, 1970 [2006]:4). In a sense, this 'strange stirring' and 'dissatisfaction' is a similar response to that articulated by Betty Frieden (1963 [2010]:5) regarding women's awakening in the mid-20th century to a problem that was 'buried, unspoken, for many years' regarding the oppression of traditional gender roles. The feminisation and feminist-ising of alcohol, and aggressive marketing towards women, is something that was just accepted and bought into by many women during the post-war period. Alcohol's 'woman problem' or, alternatively, women's 'alcohol problem', is now being identified and its history unpicked.

4.2.2. "Alcohol needs its 'cigarette moment": women's shared critiques of 'Big Alcohol' and government.

When research participants were asked to discuss their sobriety in a macro-level context many talked of the fiscal relationship between government and the alcohol industry. Erin's sentiments shared below were echoed by a number of participants:

So the government will never ever totally come out against the alcohol industry due to the tax and everything else. I think maybe there should be a bit more positive spin on, you know, a sober lifestyle, if you like... But I don't think the government ever will. I don't think the government ever will - there's far too much money for them.
(Erin, 56, 4 years sober).

Erin suggests that the UK government's attitude towards 'non-drinking practices' (or a 'sober lifestyle') is heavily informed by the revenue that they receive as a result of alcohol duty (HMRC and HM Treasury, 2020), corporation tax from alcohol-related industries, and lobbying from the industry. Mel goes so far as to say that she feels the 'truth' has been 'silenced' as a result of the power generated by money, suggesting that sobriety has awakened her to a conspiracy:

I just think it's shocking really when I actually think about Big Alcohol...it's almost like it's been silenced - the truth around alcohol has been silenced because there's so much power in Big Alcohol.
(Mel, 59, 0.5 years sober).

It is evident that women within online sobriety communities are cognisant of the capitalist connections between government and the alcohol industry and speak passionately in opposition to it. 'Big Alcohol' is a term that appears frequently across data sources, used by those within the online sobriety community, in a relatively derogatory way, to refer to the largest companies in the alcohol industry and their practices. Of those who discussed this topic during interview, it was apparent that this issue had been considered or discussed before because they expressed relatively formed thoughts and opinions. The 'sober sisterhood' moves beyond the 'politics of personal experience' (Dill, 1983:132) to inhabit a collective ideological position regarding the macro-level politics of the government's intimate relationship with the alcohol industry and their reluctance to take action, despite the prevalence of alcohol-related harms. As Ahmed (2017:2) argues, 'to live a feminist life is to make everything into something that is questionable' – including taken-for-granted assumptions regarding the relationship between the UK government and the alcohol industry.

Both Jules and Alice critiqued softer forms of influence and power that are generated at the macro-level and are disseminated through organisations such as Drink Aware, a 'corporate social responsibility' initiative funded by the alcohol industry:

The dichotomy between the alcoholic and the normal drinker: there's a lot of interest in keeping that going because if most people are normal drinkers then most people can carry on drinking and that's good for them [government and Big Alcohol] obviously so it's kind of ...there's a lot of kind of interest in perpetuating that, and you even see that with kind of like organisations like Drink Aware where they are funded primarily by the alcohol industry and they're all about moderation and normal drinking and sensible drinking.

(Alice, 45, 5 years sober).

Although less explicit than Erin, Alice alludes to how government power is exerted through hegemonic practices and discourses of alcohol consumption (Althusser, 1998; Williams, 2011). She suggests that there is a subtle form of control in which the public *consent* to adopting the ideas and values perpetuated by the social institution, Drink Aware, which has been encouraged by government as a public health strategy whilst entirely funded by 'Big Alcohol' (Gallage et al., 2020). Through this organisation they have perpetuated the ideology of 'responsible' drinking behaviours, 'moderation' and 'sensible' drinking (Alice). Alice questions the motives of government and Big Alcohol in using this language and disagrees with the focus on the responsibility of individuals (Yeomans, 2013; McCambridge et al., 2013; Maani Hessari and Petticrew, 2017). Thus, her alcohol refusal as a form of anti-consumption (Cherrier & Gurrieri, 2012) which is not only 'personally motivated' but conveys 'activist motivations' through ideological dissent to discourses of power and promoted practices (Portwood-Stacer, 2012:95-97).

Since research has concluded, but drawn from my insider knowledge and public content on social media, it is evident that one online sobriety community has overtly started to move away from providing an online community and instead is working with Drink Aware to deliver content and courses regarding NoLo drinks and to sell the products themselves. In light of the views shared by participants above, and widely reflected within the online sobriety community, this will not be well received by insiders to the community. Concerningly, it now positions this particular online sobriety community as an 'alcohol industry social aspects/public relations organisation (SAPRO)' (Petticrew et al., 2019:313) and re-emphasises the need for greater transparency and regulation of online sobriety communities, their funding sources, and any conflicts of interest that they may have.

In several instances participants drew comparisons between tobacco and alcohol to argue the case that a change in public health strategy regarding alcohol could and should be done: it needs its 'cigarette moment' (Monica). This was explored further by Stephanie during her interview:

You sort of think, "how much do they want people to stop drinking because of how much money?" And it's a very similar situation with cigarettes and it [alcohol] is so engrained in our culture, but then you could say that cigarettes were really engrained in our culture...you could smoke everywhere. I think the turning point for cigarettes was the

government banned smoking indoors, and certainly within my friendship group that made a huge difference actually. If you're in the pub, you don't want to go and stand outside in the freezing cold and the rain, and miss all the conversation to go outside and have a cigarette, so that did prompt a lot of people to give up smoking. So, what's the equivalent going to be for alcohol? What's going to be the thing that the government needs to do something? What's going to be the catalyst to turn drinking around?

(Stephanie, 49, 2.75 years old).

Here Stephanie reflects on the Health Act 2006 which prohibited smoking in indoor public spaces. However, pairing the 'corporate interests of alcohol and tobacco' within a politics for change is not a new strategy by those who position alcohol-refusal as a form of feminism – it was also a strategy employed by the straightedge subculture (Haenfler, 2004:425). In utilising tobacco as a comparative example, the participants of this study were situating their anti-consumption within a historic precedent of campaign for change in public health policies, as if to signpost 'this is what has been done before, this is what is possible, and what we want to achieve with regards to alcohol'. Drawing on a macro-level public health policy regarding tobacco provides greater understanding of the political motivations and aspirations of the 'sober sisterhood'.

The extent of change desired by women within the 'sober sisterhood' is also conveyed by the language they use:

It [sobriety] flies in the face of the onslaught doesn't it, that we've got from all directions. It feels like almost a bit of a war I'd say.

(Donna, 45, 0.6 years sober).

Donna expresses the idea that sobriety is a battle waged against the 'onslaught' of societal pressure to drink – perhaps referring to marketing, government, peers, or family. Donna feels like one of many foot-soldiers within a sisterhood prepared to fight for their identity, beliefs, or values regarding non-drinking. A post observed within an online sobriety community platform echoed this by suggesting that members were 'leading a sober revolution'. This suggests that women within these spaces feel like they are part of, or leading, a collective momentum towards social change regarding (non-)drinking behaviours.

Such 'solidarity' Walter (2011 [2015]:xxi) argues, is the 'first step to creating change, and the process of creating change is currently at the forefront of what it is to be feminist' (see also

Durkheim, 1893 [1933]). Indeed, Donna's language conveys that the 'sober sisterhood' is founded on a collective political ideology that is focussed on an 'issue-specific concern' (Schuster, 2017:648), commonly associated with fourth-wave feminism, but that their objective is not merely to practice sobriety as an act of 'everyday feminism' (Abrams, 2019:205) through self-identity and anti-consumption – but to generate collective action. Similar to Peroni and Rodak's (2020:7) summation of fourth-wave feminist networks, to some extent 'there is a clear second wave type of interaction between women around a common defined goal ...which involves a kind of alliance and complicity in the interactions'. Within the 'sober sisterhood', however, this 'common defined goal' is less defined and rather abstract – it has not yet been consolidated into a single-issue campaign towards a policy or law change, for example.

These findings evidence that women, who use online sobriety communities, have considerable and 'collective awareness' (Bates, 2014:366) of, and political opposition to, the inequalities of power that are entrenched through, and evidenced by, the feminisation of alcohol, and the relationship between the UK government and the alcohol industry. It is evident from participant interviews, which offered the space for conversational depth and exploration, that women experienced an awakening regarding the marketing and cultural representations of alcohol once they entered sobriety. This facilitated a shift from embodiment to rejection of dominant cultural representations of women's drinking, which suggests that women may experience an evolution in feminist ideologies in sobriety. These findings also suggest that women extrapolate their personal experiences to national, political circumstances that perpetuate societal harms, and locate themselves ideologically within a collective call for social change. References to, and comparisons with, the tobacco industry provide a strong indication of the strength and purpose of the ideological foundations of the 'sober sisterhood'. However, it is important to note that the most overt and challenging critiques were shared by research participants within the confidential setting of an interview – not on SNS which effectively worked to silence critiques of patriarchal power and the neoliberal socioeconomic model.

4.3. Sobriety as everyday feminist lifestyle politics.

Spurred by Ahmed's (2017:1) determination that 'feminism is about how to live, about a way of thinking how to live', this section primarily utilises participant interviews, supplemented with digital ethnographic observations and Instagram posts from sobriety influencers, to explore how women embody and 'do' sobriety as an individual and collective practice of 'lifestyle politics' (Portwood-Stacer, 2013:5) and 'everyday feminism' (Abrams, 2019:205).

This section engages with feminist literature to critique how sobriety is positioned by women as method of rejecting oppressive gender roles (Friedan, 1963 [2010]; Greer, 1970 [2012]), gaining self-empowerment (Ahmed, 2017; Winch, 2013) and protecting their bodies (Bates, 2014, 2022; Lorde, 1988 [2017]). It is also discussed how sobriety is practiced as a form of anti-consumption (Mukherjee and Banet-Weiser, 2012; Portwood-Stacer, 2012) to reduce the profits of the alcohol industry and engage in feminist politics. Sites of tension and inconsistency (Hanisch, 1970 [2006]; Petersson McIntyre, 2021) within this relationship between feminism and sobriety are considered.

4.3.1. “We’re being told that it’s part of being a woman”: practicing sobriety to reject gender roles.

Developing from section 4.2.’s exploration of how women discursively critique and reject the feminised marketing and cultural references to alcohol, conversations during interviews with participants suggested that sobriety was one way in which they reject the stereotypical gender norms and roles assigned to women through such feminisation of alcohol, summarised by Jo below:

I also think non-drinking, especially as a woman, is a resistance to so much more than just a resistance to the industries that try to make money from selling us the alcohol. I think it’s a resistance to wider structures in society, in terms of a woman and her identity – being the mother who cooks with wine and drinks with wine, balancing her job and balancing motherhood, and “look at her how great she is”...I think it’s crap but it takes a lot to stand up against things that are telling us to do something differently. We’re being told that it’s part of being a woman.

(Jo, 29, 10 years sober).

Some of the women interviewed felt similarly to Jo, because they perceived women’s drinking practices to be intimately entwined with women’s subordinate roles in society more generally. In her interview, Violet explains how:

Society wants us to drink, it wants us to drink wine, mostly white wine and gin. Mostly pink gin. Glittery gin. But it doesn’t want us to drink too much. It wants us to be socially dependent on alcohol – drink if your

kids are annoying you, drink if you want to go out, be on your husband's arm occasionally whilst he drinks. You can have one or two, but society doesn't want us to get drunk.

(Violet, 30, 1.25 years sober).

Here, Violet is drawing on similarities to Friedan's (1963) critique of Valium's role in the suppression of women, which renders them 'anonymous biological robot[s] in a docile mass' (p.248-9). Violet's sentiments suggest that alcohol can also be used to 'seduce women into an illusion about their roles as women in society and allow them to stay within that image' (Henderson and Gardner, 1996:256). Women are encouraged to be 'socially dependent' (Violet) on alcohol, but should not undermine respectable femininities through a loud, drunken display of the messy body (Day et al., 2004); women are meant to remain quiet (Herridge et al. 2003:275), in control of their body (Holland et al., 2004), and be able to perform their role in service of men (be that reproductive or social) (Greer, 1970 [2012]:247-267).

Violet was not the only participant to draw this connection. When I asked Susan about the relationship between feminism and sobriety, she also reflected on the over-medication of women, with Valium and then alcohol.

There's was the whole 'mummy's little helper' wasn't it in the 60s and 70s and women were bored shitless and not being able to make choices in how they wanted to live their lives, well why not take Valium, or drink alcohol, or do a nice little combination. And then when I stopped drinking I just feel like I woke up. (Susan, 48 years old, 2.5 years sober).

Susan proceeds to affirmatively suggest that entering sobriety created a feminist awakening to this subjugation. Jo, who self-defines as a feminist, also thinks that sobriety is a way of 'stand[ing] up against' this inequality; she draws connections between women's alcohol refusal and the rejection of post-feminist narratives and dominant social expectations that women should be able to do it all – constantly juggling and looking great whilst doing so – perpetuated by Helen Gurley Brown (1982). In doing so, these women become, what Ahmed would term, 'feminist killjoys' – using their persistent 'wilfulness' to 'get in the way of other people's investments' (Ahmed, 2017:65). In this case, investments in male power, in the alcohol industry, and post-feminism. Sober women become another iteration of Ahmed's feminist figure, the 'wilful girl' (p.66), whereby sobriety becomes an 'act of disobedience' (p.84) – 'an insistence on going against the flow' (p.82) – they become 'feminist trouble' (p.255).

Donna, a 'signed up feminist', shares this radical feminist identification with sobriety when she argues that alcohol is used as a tool of patriarchal control in order to keep women 'small' and minimise their power:

I feel like we're just sleepwalking now into...I just feel like we've got a massive societal issue where we're [women] being kept small by alcohol. We would be able to do so much more as a gender if we stopped being heavily marketed to and we released ourselves from this thing, and met our full potential everywhere – as parents, at work, everywhere.

(Donna, 45, 0.6 years sober).

Her phrasing that 'we would be able to do so much more as a gender' suggests that collectively women could be stronger or more powerful without alcohol. At first glance this could be read as a suggestion by Donna that women could achieve greater equality without the sedative effects of alcohol. However, she then specifically identifies women's roles as parents or employees as areas in which they could do 'more', or perhaps do 'better'. This was echoed by Nicola:

I think it is a form of feminism because we'll probably perform better at work and exercise and family life and then our long-term health will be better. For me personally, it feels more empowering not to drink, and my friend Dee said she feels it's a lot more empowering not to drink.

(Nicola, 56, 0.5 years sober).

As such, while Jo ascribes sobriety to be the rejection of the idea that a woman can 'do it all' (Brown, 1982) – and do it looking good – it seems that other women align with sobriety as a form of neoliberal feminism; they feel that sobriety empowers women to do more through improved performance or productivity – they are more able to harness market forces in order to achieve equality (Ortner, 2014), and they can do this more effectively and efficiently through working on themselves as a project of self-improvement (Gill, 2017). Therefore, sobriety is negotiated and experienced individually as a strategy to challenge gender roles and inequalities. Yet what the feminist standpoints within the 'sober sisterhood' have in common is that they reject Brown's (1982) post-feminist trope that women can drink or party hard *and* perform all their other roles (often glamorously) - just like powerful and independent characters from *Sex and the City* (1998-2004) and *The Good Wife* (2009-2016) who manage to juggle highly successful careers, and body images, whilst drinking copious amounts of alcohol.

4.3.2. “It’s about them being in their own power”: practicing sobriety as self-empowerment.

When speaking of sobriety and the resulting change to their self-worth, community founders or influencers drew on neoliberal feminist discourses of self-empowerment (Schuster, 2017). The below quotation from a video made by Anna (sobriety influencer and community founder), that was shared on Facebook, provides an example of this discourse:

one of the things we were talking about was love for yourself...you are the fucking cake and the revelation and liberation I felt when I realised that I was it. I was what I had been looking for, for 40-odd years – I was here all along - what a twat...I realised I didn’t need anyone else to do anything and the whole of my life I’d been waiting for the man to come along and whisk me away, the man to travel away with, the man to get a mortgage with, always waiting for someone else...When I changed the love I felt for someone else into love for myself it changed everything.

(Anna, sobriety influencer and community founder).

Anna’s use of the term ‘liberation’ and the evocation of financial independence, in the context of speaking about heterosexual relationships, suggests an alignment with feminist ideology – a rejection of post-feminism which had positioned men, and the supposed happiness of a heterosexual relationship, to be the ultimate prize for women who, otherwise, ‘had it all’. Instead, there is greater identification with discourses of fourth-wave feminism regarding female independence, engaging with its contemporary reframing of singlehood as an empowering, meaningful choice (Traister, 2016; Gray, 2018). . Once more, a shift in feminist positionality is evident as a result of sobriety.

In this post, Ahmed’s (2017:194) theory of a ‘feminist snap’ also re-emerges; Anna describes how sober living has resulted in her perception of, or approach to, life as a single woman. Anna conveys that her increased sense of self-worth has led to her rejection of the submissive gender role traditionally ascribed to her sex: she is no longer passively ‘waiting’ for a partner to facilitate life experiences. In many instances across the interview and online data, sobriety is conveyed as a turning point in women’s value of self, particularly in the context of heterosexual relationships; participants spoke of their heightened expectations of potential partners, and their decisions to end problematic marriages. The ‘snap’ is experienced as

'being pulled out of something that was difficult to survive' – the 'start of something' new (p.194). To 'snap is to say no to that history, to its perpetual re-enactment' (p.202).

Indeed, in the context of women's recovery culture within online sobriety communities, where recovery capital is accrued and assigned based on the commodification of one's 'sober self' to the gaze of other women, it is unsurprising that men's roles (not only their gaze) is deemed rather redundant (Winch, 2012). If women are able to accrue recovery capital through the sisterhood of online sobriety communities, it removes the power of the physical and social capital typically associated with having a husband or male partner. Instead, Anna's sober body becomes 'her gateway to freedom and empowerment' and 'dependency on a man is represented as a high-risk scenario' (Winch, 2013:21-22).

Below, Louisa suggests that 'a lot of women are choosing not to drink...because it's about them being in their own power':

I do think now that a lot of women are choosing not to drink also because it's about them being in their own power and about them being...and making those choices instead of just following on from the crowd. I think the same mindset that used to set me off drinking is very similar to the mindset that stopped me drinking. You know, it is that voice that [says] 'I'm not putting up with this anymore, this is not who I am'.

(Louisa, 49, 4 years sober).

By 'being in their own power', Louisa evokes the idea that sobriety is a form of independent thinking by women and a rejection of the status quo. She positions sobriety as a form of agentic feminist rebellion and a refusal to follow the crowd - a 'badass choice' (Monica, 51 years old, 4 years sober). These sentiments work to develop the notion of the 'sober rebel' identity presented by Nicholls (2021); the 'sober rebel' is not merely a representation of 'healthy deviance' (Romo and Donovan-Kicken, 2012) or anti-consumption (Portwood-Stacer, 2012), but is a way in which women are conceptualising sobriety as a form of everyday feminism to ultimately reject gender inequality. Sober feminists like Louisa and Monica draw on similar feelings of agency that they experienced during the post-feminist ladette culture of the 90s, wherein 'personal choice' to consume is elevated to a way of performing resistance' and self-determination (Pettersson McIntyre, 2021:1074).

For the most part, content shared within online sobriety communities, or by sobriety influencers, utilised themes of self-empowerment to allude to sobriety as a feminist act. This was communicated via marketable (pretty and catchy) memes, mantras and quote cards, an example being:

They asked her, 'how did you free yourself?'

She answered, 'by embracing my own power'.

The language in this post reflects similar themes to those that appeared within Monica and Louisa's interviews: the idea of taking back, or finding, one's own power in order to achieve freedom. It could be assumed that based upon where this text was posted (within an online sobriety community Facebook group), there is an underlying implication that women are not free in a society where alcohol is consumed – that women give away their power to others, or to alcohol, when drinking, and that sobriety is an act of individualised self-empowerment. However, it was not posted with any feminist analysis by the member which suggests limited engagement with the emancipatory role or ideology behind 'self-empowerment' and instead suggests that it can be located within the 'culture of transformation' (Winch 2013:181) towards that illusive perfection again (and the capital it represents) (McRobbie, 2004, 2015). The limited engagement with feminist ideology on community pages or on influencers' Instagram profiles suggests that women are less confident in explicitly stating that sobriety is a practice of everyday feminism - perhaps in the knowledge that radical feminism does not market well on social media (Caldeira, 2021) and instead remain within the 'safe' discourses of neoliberal feminism in which self-empowerment has been structured by neoliberal socioeconomic forces as a way of coercing individuals in engaging with the project of the self in the drive towards capital (Petersson McIntyre, 2021).

4.3.3. "Sobriety is part of how I keep myself safe": protecting women's bodies.

Male violence against women in the UK is currently at astounding levels: one woman is murdered, by a man, every three days in the UK, 'one in four women in the UK will experience domestic abuse and 85,000 a year will experience rape or attempted rape' (Bates, 2022:61). It is in this context that it was suggested by a number of participants that sobriety plays a role in keeping women safe. For example, on multiple occasions during her interview, Monica drew direct links between her sobriety and her awareness of, and ability to walk away from, the domestic abuse she experienced from her male ex-partner:

I think back at all the times I gave away my power with the gaslighting and the coercive abuse. That would have stopped. I thought it [drinking] was a feminist choice but I was really doing myself a disservice, and I lacked agency, and I think it was down to the drink, I really do. So I think, for me, I think this is the most feminist thing I could do – not drink – because I’m actually making a stand.

(Monica, 51, 4 years sober).

It was only in sobriety that Monica was able to recognise her lived reality and formulate a (secret) plan to establish financial independence. Sobriety enabled Monica to start a ‘pursue of her own’ – key to the freedom of women, according to first-wave feminist Susan B. Anthony (1853) – in order that she, and her children, could leave these circumstances.

Here, Monica is navigating a tricky tight-rope within her feminist narrative; she positions her sobriety as a form of empowerment (Gray and Boddy, 2010), while expressing sentiments of self-victim-blaming (Bates, 2014) that she was somehow responsible for the continuation of the domestic abuse. To some extent, her positionality runs counter to feminist discourse that men are entirely responsible for male violence against women. However, this dichotomy between victim-blaming and sobriety as a feminist choice was rampant across many participants’ narratives, grounded in their lived experiences, and aligns with recent sentiments shared by sobriety influencers (Atkinson et al., 2023).

Alice, who at the time of interview was writing a book chapter called ‘sobriety is a feminist issue’, also discusses her sobriety through the lens of a past experience of sexual assault:

I’m coming at it from a survivor’s perspective, and I’d certainly never say that women should not drink to keep themselves safe. I think that women should be able to do whatever they want. But I feel like we do live in a world at the moment where women are not as safe as they have been, and for me sobriety is part of how I keep myself safe.

(Alice, 45, 5 years sober).

Here, Alice suggests that until women can live in a society without fear of assault or murder then sobriety is a feminist strategy that she deploys to keep herself safe from men. Alice was one of a few women interviewed who had survived traumatic experiences of male violence, and these were likely brought to the fore during interviews which took place in the context of several high-profile incidents. For example, in March 2021 Sarah Everard was abducted, raped, and murdered by Police Constable Wayne Couzens (Morton, 2021). Women were

subsequently wrongly prohibited from, and arrested for (Topping and Dodd, 2023), peacefully protesting against such crimes (Grierson, 2022). This brought an ensuing wave of allegations and charges pressed against other police officers regarding violence against women (Dodd, 2023; see also Bates, 2022:82-94), and raised the profile of subsequent cases whereby women were murdered by men, such as Nicole Smallman, Bibaa Henry, and Sabina Nessa. This forced the Metropolitan Police (2023) to recognise that more needs to be done to protect women and girls from male violence. As such, while the women interviewed wanted to live in a world that was free from male violence against women, they were realistic in understanding that it was not the case.

Gina, a younger participant, spoke of how the dangers to her safety was one of the factors that led to her sobriety:

We know how dangerous it can be for women, especially drinking, and there can be the victim blaming as well if something was to go wrong. And I know that there have been times when I haven't been looking after myself how I should. It wasn't massive, but it was one of the contributions.

(Gina, 25, 0.5 years sober).

It is evident from Gina's experience that she has adopted ideas of individual responsibility to keep herself safe. She went on to say, 'I don't want to be seen. I don't want to be an attraction to the male gaze'. Thus, she felt that sobriety served as a protective cloak of invisibility against the danger of men in society. Unfortunately, Gina is not alone in this individual practice of everyday feminism; according to a YouGov poll conducted in 2019, one in three women consciously take steps to avoid being sexually assaulted (Smith, 2019). This may be particularly relevant in the context of the aggressive NTE (and travelling home from this space) wherein women's risk management practices (of friends and calculated intoxication) has been documented (Bancroft et al., 2014; Barnett, 2017). This study, however, informs how sobriety is now being embodied or adopted as an alternative strategy. Women's fear for their safety, and the role of sobriety in avoiding male violence, is largely absent from existing studies of young people's absence, yet Gina's experience suggest that it was at least a contributing factor, albeit not the sole factor in her sobriety.

Thus, it seems that both older and younger women view non-drinking as a way to keep themselves and their bodies safe from male violence – both in the home and in public spaces – which adds further context to Atkinson et al.'s (2023) emerging findings that women are

'gaining control of their personal safety through abstinence'. Sobriety is, unfortunately, a form of radical self-care reduced to its most basic goal: survival. It is a 'political decision as well as a life-saving one' (Lorde, 1988 [2017]:130). It serves as part of women's feminist 'survival kit' (Ahmed, 2017:240) in the most literal sense. Yet, unfortunately, 'when we end up...telling young women that this is the world they will have to navigate...we leave them with nowhere left to go' (Bates, 2014:358). It is a poor indictment of UK society, and men's behaviour within it, when sobriety is one of the remaining tools that women have left to feel safe on the streets and in their own homes.

4.3.4. Reducing the profits of 'Big Alcohol' through (anti-)consumption.

During fieldwork and interviews it became apparent that some women intentionally aligned their sobriety with forms of anti-consumption (Portwood-Stacer, 2012). These acts of 'lifestyle politics' (Ibid, 2013:5) were individually negotiated and uncoordinated but were sometimes shared among women. One example of this was observed at a social event hosted by Community E; there was a small group discussion in which all four women concurred that they refuse to buy alcohol as gifts for other people because such an act conflicts with their values in sobriety. Due to the prevalence of 'gift giving practices of alcohol commodities' (Cherrier and Gurrieri, 2012:232) within alco-centric society, to opt-out of this mainstream cultural practice is an overt act of anti-consumption that is noticeable to others (Williams, 2011). This practice goes beyond ideas of 'lifestyle feminism' (Dow, 2002) and personal product consumption preferences. Instead, it is targeted to impact the profits of the alcohol industry through reduced sales, and also serves to reduce the alcohol consumption of others. It may, in turn, spark conversation about their anti-consumption and its ideological foundations. This suggests that the social imperative of gift-giving is an opportunity to extend practices of alcohol refusal as everyday feminism to others outside of online sobriety communities.

NoLo drink consumption was prevalent among women who used online sobriety communities; members frequently shared images of, or talked about, NoLo drinks on the community platforms, and there are multiple instances of marketing or promotions of NoLo drinks by online sobriety communities. This substitution of alcohol for NoLo alternatives could be interpreted as a form of 'commodity activism' (Mukherjee and Banet-Weiser, 2012), whereby individuals purchase and consume commodities as a solution to a larger problem, i.e., that of alcohol-related harm. They can be perceived as a signifier that a sober individual is a 'good consumer citizen' (Nicholls, 2021) and mitigate the stigma associated with anti-consumption (Cherrier and Gurrier, 2012) or with being a 'healthy deviant' (Romo, 2012). Furthermore, the growing

consumer engagement with NoLo drinks by those who ordinarily consume alcohol or are 'mindful drinkers', suggests that practices of lifestyle politics within online sobriety communities are 'finding acceptance among people who would not necessarily identify with the movements themselves' (Portwood-Stacer, 2013:150).

There were very few objections raised by participants, or within community platforms, to alcohol-free products produced by the alcohol industry. Indeed, when conducting participant observations, I overheard one community founder say that a large, multi-national brewery paid them 'so much money' to feature their NoLo drinks that they could not refuse. At the time, I felt shocked and somewhat misled. I also estimated that many others within the online sobriety community were unaware of the extent of the financial relationship between the two parties. Furthermore, no one raised concerns regarding the potential conflict of interest that online sobriety communities face when accepting money from the alcohol industry to promote or sell their NoLo products.

Most women that I interviewed felt that it was a positive development if there were more options for non-drinkers and were resigned to the profit motive attached to the products. This suggests that the enhancement of individual experience, or the experience of sober people, is more important than the capitalist and public-health consequences that result from increasing the revenues of the alcohol industry. It also suggests that many were accepting of this reliance upon neoliberal market forces to shape behaviours (Mukherjee and Barnett-Weiser, 2012). A few exceptions included Jules, who admitted that she had not really considered the issue until the interview, and felt this may change her buying patterns going forward:

I've never really thought about how I feel about it. I probably should feel....Yeah, I probably shouldn't give them more money should I? And now I start thinking about it actually, yeah, maybe I don't want to give them my money.

(Jules, 45, 6 years sober).

However, it is evident that the interview questions or interview process had some bearing on Jules reaching this decision; she feels that she 'should' do it. My position as an 'insider' to the community may have made Jules feel like an 'outsider' because she had not formerly had a strong opinion on this issue, as if she was being 'called out' (Portwood-Stacer, 2013:88), and consequently felt a sense of pressure to conform to such anti-consumption practices of everyday feminism (Abrams, 2019:205).

Violet's positionality was particularly nuanced yet dichotomous, as evidenced in our conversation below:

Violet (30, 1.25 years sober): I'm more and more conflicted about some of them. I am conflicted about non-alcoholic wine which is probably very hypocritical because I like the beers, but there's something about the wine in the wineglass, maybe it's the smell as well? You don't really smell the beer in the same way. I don't know, that seems too much to me.

Claire Davey (CD): Do you mean you're conflicted from a personal perspective - you find that concept quite triggering? Or do you mean you disagree with the concept of alcohol-free wine?

Violet: I think I disagree with the concept, which is why it's deeply hypocritical.

CD: And why is that [wine] different to beer?

Violet: Exactly, I don't know. Maybe it is because I find it triggering and I don't like that so maybe I criticise it because of that, quite possibly. I mean but you could also just drink grape juice, you know.

CD: ...you said about the wine glass. Do you think it adds more of like a...that you're still buying into that concept of wine for relaxation or something?

Violet: Yeah, I mean you are. You are buying into...You are buying into that a bit I think, but you also are with beers admittedly. If you walk into a pub and someone's got a Heineken 0.0 with the bottle turned round, you can't tell at a glance. So I do understand that. I think perhaps because some of the beers like Big Drop Brewery are a purely a non-alcoholic venture, not like Heineken who are a big brewery who've done a spin off, and I am conflicted about them because as much as a Heineken 0.0 is a really good one and Stella Artois 0 is also very good, you are funnelling money into the alcohol industry, whereas Big Drop Brewery and other ones like that, it's purely non-alcoholic so I think that's easier. And with wine maybe I feel that a lot of the wines you're doing the same thing; you're funnelling money into the wine

industry, because realistically wine has to be made from the same vineyard, you know, they've just removed it [the alcohol], but then you do the same with beer...

Violet negotiates anti-consumption (Cherrier and Gurrieri, 2012) and commodity activism (Mukherjee and Banet-Weiser, 2012) through which brands of NoLo drinks she chooses, but also which types of drinks. For example, she advocates for beers instead of wines – and particularly beers that are made by breweries which do not sell alcoholic products. When she mentions the glass, and the act of wine consumption as a reason to reject alcohol-free wine, she conveys a rejection of the idealisation of wine and what it represents within established drinking practices – she does not want to perpetuate this further, either to herself or to others. It is clear, however, that her positionality is intimately intertwined with her own emotional or psychological response to wine, which she finds to be 'triggering', and she struggles to articulate the differences between NoLo beer and wine whilst admitting that she perceives her views to be 'hypocritical'. This reflects the messy nature of everyday feminism whereby it is informed by concurrent personal, moral, and political motivations, yet at least provides the flexibility to 'meet people where they are at' (Portwood-Stacer, 2013:128). The NoLo product segment is also rapidly shifting, with substantial growth and development in recent years, which creates ever-moving landscape in which to position oneself. In contrast, Jo refused to consume NoLo drinks altogether because she felt that they were all, on some level, seeking to replicate and promote alcohol or drinking thus removed any ambiguity regarding her anti-consumption politics.

Whilst conducting observations at Club Soda's pop-up alcohol-free 'off-licence' I performed the miscellaneous duties of a shop assistant which included sorting stock and refilling shelves. During this time, I was able to interact more closely with bottles and labels of NoLo drinks. In a few instances I noticed that brands were practising 'commodity activism' (Mukherjee and Banet-Weiser, 2012) by leaning into ideas of rebellion and lifestyle politics with their slogans and products. For instance, Oddbird, a wine producer, applies their slogan of 'Liberated from alcohol' to each bottle as can be seen in an example image below:

The story behind the brand's founder, Moa Gürbüzler, is that she was a family therapist and social worker who worked with families experiencing alcohol-related harms and so founded Oddbird 'with a vision to question and change the alcohol norms of society' (see Oddbird, n.d.). 'Liberated from alcohol' is used within a branding context to explain how the alcohol is removed from the product, but it can also be interpreted that consumers themselves are 'liberated from alcohol' through choosing the product – there is a sense of freedom that they

gain through refusing to imbibe. The term ‘liberation’ has further connotations and associations with freedom movements, such as Women’s Liberation Movement, which may particularly endear female consumers to the products and make them feel that in selecting this wine they are freedom fighters – part of a sisterhood.



Figure 10 (Left): Oddbird’s ‘Low Intervention Organic Red No1’. Instagram Post. April 15, 2021. Available at: <https://www.instagram.com/p/CNugHRyADGW/> [Accessed 30 November 2023].

Brewdog’s branding for their alcohol-free beer provides another example:



Figure 11: Brewdog’s ‘PUNK IPA’. Product image. No date. Available at: <https://www.brewdog.com/uk/punk-af-12-pack>. [Accessed 30 November 2023].

The choice of name of this 0.5% beer evokes images of ‘sticking two fingers up’ to the establishment and alcohol – it leans into themes of the ‘sober rebel’ (Nicholls, 2021) through its association with punk culture – and may also be evoking connections between straight edge culture’s lifestyle politics of abstinence (Wood, 2003). Undeniably, this calls upon a more stereotypically masculine tone to combat the gendered stigmas associated with men who do not drink, and partners its alcohol-free range with ‘#IAMWHOLE, a mental health campaign

ostensibly to reduce the stigmas associated with mental health and alcohol. (I must, however, acknowledge their somewhat shaky track-record regarding ethics and corporate social responsibility (Sweney and Davies, 2022)).

By promoting, selling, or sharing these products, online sobriety communities and the women within them are, to some extent, using consumables to explicitly communicate their political ideology regarding sobriety, although there were limited instances whereby NoLo product consumption was directly tied to women's feminist positionality. While sobriety is seen by many as a form of everyday feminist lifestyle politics, as discussed throughout these data chapters, this feminist positionality did not strongly inform which brands and drinks they consumed. While some branding leans into these themes, further research is required to understand the extent to which such branding influences women's choices of NoLo product consumption.

4.3.5. Tensions and inconsistencies regarding sobriety as everyday feminism.

The aforementioned data reflects the multitudinous ways in which sobriety is practiced an act of everyday feminist lifestyle politics by women who use or lead online sobriety communities. However, not all women ascribed sobriety with such meaning. During her interview, Francesca sought to unpick the role that feminism played in her sobriety journey whilst ultimately determining that her decision was prompted by her own health:

In some ways I would say there's elements of it being a free-thinking radical choice or conscious choice to do something outside of a particular norm or expectation but I don't know I would go so far as to say that for me it feels like a feminist act or feminist behaviour...I identify as a feminist, I think it's definitely part of who I am...But when I stopped drinking I definitely did not see it as an act of feminism at all. I think it was an act of self-care...It was much more about doing something for me, that is very much an individualised choice. (Francesca, 35, 4 years sober).

Francesca concedes how sobriety is a 'radical choice' that conflicts with social norms but rejects the idea that her alcohol-refusal is tied to her feminism. Instead, she suggests that her need for self-care was the driving factor and thus positions sobriety as an 'individualised choice'. This was shared by a number of participants, including Emma who said, 'I think my

sobriety is about looking after me, and that's the only thing'. Aspects of 'choice feminism' (Hirschman, 2006) are being echoed in these statements - particularly individualistic, 'all the while emphasizing women's rights to choose and play with these [patriarchal] structures as empowered subjects' (Petersson McIntyre, 2021:1062).

It is important, however, to 'listen to what so-called apolitical women have to say' (Hanisch, 1970 [2006]:5), regarding their feminist actions and motivations, such as sobriety. From these, more can be learned about the ways in which feminist ideologies and positionalities are embodied. For example, these sentiments reveal the insidious nature of neoliberal discourses, particularly regarding alcohol consumption; refusing alcohol is perceived and internalised by sober women as an 'individualised choice' rather than being open to join the dots regarding macro-level trends (Hirshman, 2006). Furthermore, it shows the success of discourses of resilience, self-care, and wellbeing in pushing the responsibility for health back on to the individual (Ahmed, 2017:236; Tokumitsu, 2018), all the while government and industry is pushing alcohol. As discussed in section 3.4., ('Practicing sobriety as a form of embodied self-care'), self-care was originally conceptualised by Audre Lorde (1988 [2017]) as a radical feminist tool in the fight against heterosexist, racist healthcare systems - 'how we care for ourselves becomes an expression of feminist care' (Ahmed, 2017:237). Alas that seems to be missing from the way in which some women, like Francesca, draw connections between feminism, sobriety, and self-care – if at all (Spicer, 2019).

Furthermore, while sobriety is framed by these participants as, above all, an individual experience, it is clear that they sought to learn this self-care, and embark upon sobriety, as part of a collective experience – with the company and support of mostly – sometimes exclusively - women. Therefore, while they perceived sobriety as a gendered experience that they wanted to share with other women, they did not ascribe it to be a political act of everyday feminism. Perhaps they conceptualised their participation in these groups as more 'therapy' than 'politics', i.e., 'that someone is sick and that there is a cure, e.g., a personal solution' (Hanisch, 1970 [2006]:3). This version of 'sober sisterhood' alludes to Winch's idea of 'strategic' sisterhood (Winch, 2013:2-3) whereby women selectively invest in homosocial and women's spaces as a 'network of exchange' (p.67) for the advancement of the self – in this case the 'sober self' – without broader considerations of the (potential) political implications of personal experiences of sobriety.

This section has explored the ways in which sobriety is sometimes practiced as an act of 'everyday feminism' (Abrams, 2019:205) and 'lifestyle politics' (Portwood-Stacer, 2013:5).

Findings suggest that some women, who use online sobriety communities, conceptualise sobriety as a meaningful daily practice that is primarily grounded in their individual experiences of being a woman, with a focus on protecting the body and increasing self-empowerment. While it was not suggested that individuals had entered sobriety as a collective action to reject traditional gender roles and society's increased expectations of women, there was evidence to suggest that women shared some of these ideological motivations and that it was a collective lifestyle practice which was felt to be a constituent part of their feminism.

4.4. Online sobriety communities: a space for women.

This section draws on feminist theories of sisterhood (Ahmed, 2017; Dill, 1982; Peroni and Rodak, 2020) and girlfriends (Winch, 2012), whilst engaging with other examples of women's support communities (Coreil et al., 2014; Dudley-Shotwell, 2020; Sanger et al., 2019a), to offer a feminist critique of the way in which online sobriety communities provide spaces for women. In doing so, it is argued that women seek out online sobriety communities and value them for their ability to centre women's sex-based experiences (Erol and Karpyak, 2015; Hanisch, 1970 [2006]). They facilitate the sharing of these personal stories among women (Bates, 2014; Sinclair et al., 2017) and provide female representation (Bates, 2022; Caldeira, 2021; Petersson McIntyre, 2021). It is also contended that the 'sober sisterhood' is racially and socioeconomically exclusive in its membership which results in limited participation and representation of women of marginalised identities (Dill, 1982; Galvani et al., 2023), and is problematically sustained on the unpaid (often gendered) labour of women (Ahmed, 2017; Bogg and Bogg, 2015). This is grounded in data collected from participant interviews, supplemented with online observations and Instagram posts from sobriety influencers.

4.4.1. "It would be very unlikely for me to be able to relate to a man in that space": Selecting communities based on the female experience.

Findings from fieldwork reinforce Sanger et al.'s (2019a) research of AOSGs which found that users wanted to meet 'someone like me' – members of online sobriety communities wanted to meet other women who had similar (problematic) relationships with alcohol and who share similar personal stories. Thoughts shared by Donna during her interview, shown below, suggest that such relatability and intimacy among women led her to purposefully seek out female-led sobriety support based upon the 'female experience':

I mean I'm pretty much you know a signed-up feminist so I would have gone out of my way to find that [female-led groups]. Because I would only...well I'd be able to relate so much more, I relate so much more to that female experience... It would be very unlikely for me to be able to relate to a man in that space.

(Donna, 45, 0.6 years sober).

Donna's experience of sobriety, and decision to be part of an online sobriety community, was shaped by how she relates to the sexes. However, this may be particularly prescient for women like Donna who primarily entered sobriety to manage perimenopausal symptoms, previously discussed in Chapter Three. It was also evident from interviews with women who had children and long-term partners, that women valued the ability to share and hear lived experiences of drinking and sobriety that were informed by women's roles and responsibilities as mothers and as partners, and that had been shaped by the feminised marketing of alcohol (Atkinson et al., 2012; Atkinson et al., 2021) and women's gendered drinking practices (Emslie et al., 2015; Lyons & Willott, 2008; Waitt and Clement, 2016). This provides common ground over which they can relate to one another as women – in ways that they feel they cannot relate to men. Further, when discussing friendships that they had made in sobriety through online sobriety communities, not one participant mentioned men which suggests that women were more likely to establish intimacy with women within these communities. Therefore, it is important to women within online sobriety communities that they can discuss sobriety in the context of their gendered roles in society, which may not be facilitated by other recovery modalities (Sanders, 2010; Whitaker, 2020). If 'feminism [is] how we pick each other up' (Ahmed, 2017:1), online sobriety communities provide the space in which women pick each other up from their experiences of problematic drinking (further detailed in Appendix One), and their experiences of recovery.

Sharing personal stories was a way in which information was shared among women, echoing practices within recovery modalities such as AA (Humphreys, 2000) and TAIs (Carah et al., 2015). This dissemination of embodied gendered knowledge based on lived experience could be interpreted as a form of consciousness raising amongst members (Blevins, 2018), which has a long-standing tradition or history amongst Women's Liberation Movement groups (Hanisch, 1970 [2006]), regarding women's reproductive health (Dudley-Shotwell, 2020), and within online communities that focus on women's issues such as breast cancer Coreil et al. (2004), motherhood and weight loss (Winch, 2013, 2015). Similar to these groups, women within online sobriety communities are sharing information with their peers that can be sensitive and stigmatised (about alcohol's impact on the menopausal body, for example) and

thus it provides a safe (possibly anonymous) environment in which they can do so. It is at 'this point', according to Hanisch (1970 [2006]:4), that it becomes 'a political action to tell it like it is...instead of what I've always been told to say'. It enables women to recognise that their experiences are 'not isolated but a series of events: a series as a structure' (Ahmed, 2017:30), which is particularly prescient when women's experiences of 'problematic drinking' include (but are not limited to) male violence, domestic abuse, and gaps in female healthcare. In doing so, they reach a 'feminist account, as an account for oneself with and through others' (p.30).

This construction of, and participation in, a 'sober sisterhood', by sharing personal experiences of drinking and recovery within online sobriety communities, is somewhat complicated by the individually defined and negotiated anonymity that is desired by some women. While online sobriety communities may offer greater possibilities for building a 'sober sisterhood' because they do not mandate anonymity (unlike AA), it was evident from observations and interviews that women navigate visibility/anonymity on their own terms. This desire for anonymity echoes findings from other research projects that have explored alcohol online support groups (Sinclair et al., 2017) and online patient forums (Dosani et al., 2014), however it may impact the extent to which women feel a sense of sisterhood within online sobriety communities. For instance, it has previously been discussed how women use anonymous tags on Instagram to avoid damaging their social, physical, and human capital as a result of gendered social stigmas associated with problematic drinking. Yet this cycling through (Turkle, 1996) of identities creates a sense of transience. Alison, a research participant, uses her real Facebook profile within her community but preferred people not to 'see' her and 'remain anonymous' on their Zoom support calls which suggests a reluctance to be 'seen' in her embodied form - to show a moving, living, breathing version of her face and body. This may serve to alleviate feelings of shame or embarrassment which are perhaps 'written' on the body but creates an intentional disconnect between Alison and other women. Furthermore, the recently adopted functionality which enables anonymous posts within some online sobriety community Facebook groups prevents women from relating to a particular individual – there is no continuity to the posts or assignment to a particular woman's experience. Therefore, those with the most recovery capital – who are most able and willing to expose their identities and submit to the 'gynaeopticon' (Winch, 2013:21) of surveillance by other women - may be most able to access and draw a sense of sisterhood from other women.

Violet was the only participant who expressed discomfort at the disproportionately female presence within online sobriety communities and any associations they may have to feminist spaces. Indeed, she would probably most likely reject the idea of participating in a 'sober sisterhood', despite identifying as a feminist:

I don't want to connect it with feminism. I think that's dangerous. It works for women...I get a little bit uncomfortable when I see the amount of women in [Community] because I think "well, how are the men in the group feeling?" Because there are men - not many - but they never post...I think that's something I've learnt with online communities, they're very female dominated which I'm sure is why you're doing this but when I have been to like in-person recovery services there were a lot more men and I don't know where the men are getting lost, I don't know. I suppose I worry that I play a part in it...this is why I would never join [another Community] – I don't want to be part of that. I don't like it, it's exclusive and equally I would call myself a feminist, and I work on gender so...it's not that I don't think that's important, it's not that I don't understand the importance of safe spaces for women, I think this is bigger than that. And I don't want it to become identified with that. (Violet, 30, 1.25 years sober).

However, Violet does not reflect on, or consider, the sex differences in alcohol use (Erol and Karpyak, 2015) or structural inequalities between men and women which may have resulted in 'a lot more men' at in-person recovery services even prior to the existence of online sobriety communities and consider what this means for women's access to recovery within the healthcare system or traditional recovery pathways. As such, while Violet self-identifies as a feminist, she could possibly be associated with the contemporary framing of 'guilty feminism' whereby women feel guilt or apologetic for practicing feminism, or for the (sometimes contradictory) ideologies and positionalities that one inhabits as a feminist (Frances-White, 2020).

4.4.2. "I feel safe with women": The need for, but limited provision, of safe spaces for women.

It became apparent during the course of interviews that, to some extent, women value the large female membership of online sobriety communities because it serves to provide a safer space in which they do not have to encounter many men. For example, Bobbie shared Donna's sentiments, outlined previously, regarding a preference to recover among women, but did so from the standpoint of having survived sexual assault perpetrated by a man. During our conversation, she disclosed:

I mean to be honest with you, my opinion of men is not great. I've been through things and they just turn my stomach actually, so I have a really bad experience with men, and feel safe with women, some of them are mums and there's other relatable things that we can talk about. I don't mind men being in the group, but actually being all women it's so empowering to have each other's backs and just to relate to each other, because it's not just about sobriety, it is that they're mums and they have relationship problems or whatever, and people relate. And yeah, it's really nice to have women supporting other women, it's really uplifting.

(Bobbie, 41, 2 years sober).

It is evident that Bobbie values the feeling of safety that is created through the larger numbers of women who participate in online sobriety communities compared to men. As discussed previously in this thesis, Bobbie was not alone in her experiences; five of 25 participants shared experiences of men's violence, and seven shared their experiences of childhood trauma from their fathers' drinking, which may have created a preference for recovery amongst women. Women are connecting the dots between their experiences of drinking and their sex-based experiences of womanhood, such as domestic abuse (Fox and Berg, 2022), and thus want to address their drinking within a 'sober sisterhood' which considers the sex-based needs and experiences of women.

Despite the feminised marketing of some online sobriety communities, which sought to target their recovery services at women, there was no evidence within the data to suggest that online sobriety communities provide safe, single-sex spaces in which women can discuss themes such as male violence without the risk of men being present in these spaces. It is clear that online sobriety communities avoid specifically assisting women to build recovery capital in the form of safety and associated needs of those fleeing and processing domestic abuse – which Bogg and Bogg (2015) and Neale et al. (2014) perceive to be a form of physical capital. This could be because the psychological trauma created by male violence would create a greater duty of care by online sobriety communities towards the women – to provide licensed, regulated professionals to support members' needs, which the communities do not currently provide. The harsh and emotive realities of male violence against women would jar against the dominant positivistic, neoliberal, and internal-focussed discourses of wellbeing that are deployed by online sobriety communities (see also Atkinson et al., 2023). Perhaps online sobriety communities feel it is 'better for us women to put up and shut up than to risk offending anybody...than piss people off by questioning how unsafe we are made to feel' (Bates,

2014:357). In this way, the 'sober sisterhood' operates a 'system of mutual governance' (Winch, 2012:1) to 'regulate and police' (Winch, 2015:228) what is shared regarding women's bodies and experiences in order to avoid a degradation to, or contamination of, the group's social capital, the value of which is dictated by a patriarchal society.

In order to address this gap in support, and challenge pervasive stigmas, I invited Dr Sarah Fox from Manchester Metropolitan University to talk about the links between alcohol use/recovery and domestic abuse on Club Soda's 'Meet the Scholar' webinar series. It was a livestream that could be watched anonymously on their Facebook page or YouTube channel and contained many signposts for women who may need assistance. While it is not possible to establish the impact of this webinar, this may be an apt approach that online sobriety communities can continue in order to use their platform to raise awareness of women's specific needs in recovery and offer support without providing the specialist resources themselves.

4.4.3. "I'm here to inspire people": The power of, and desire for, female representation.

Many participants cited particular female sobriety influencers, community founders, or authors that they had seen on TV talking about their work. I asked some participants how important it was that these individuals were *women* speaking about sobriety. Resoundingly, participants said it was crucially important to see a woman – whether young or middle aged – talk about their relationship with alcohol from the perspective of being a woman and all the roles that a woman adopts. During her interview, Katie emphasised that 'seeing strong, powerful women spearheading that [sobriety] in some pockets is really great'. Some participants referred to this representation and leadership by women as a form of feminism itself.

I would suggest that some of the contemporary online sobriety community founders, influencers and authors are part of the fourth-wave 'kick-ass role models' that are inspiring 'a new generation' of women and girls (Bates, 2014:378). Indeed, the 'need for strong female role models' has been highlighted in Hood's (2003:72) study of women in recovery. However, the present findings show how the recovery role model is increasingly being sought from 'micro-lifestyle influencers'/celebrities (Petersson McIntyre, 2021:1061), rather than someone they can personally interact with on a regular basis, akin to a sponsor within AA, and aligns with the general trend towards women's aspiration for celebrity culture (McRobbie, 2015:3) fuelled by social media (Berryman and Kavka, 2017). In this instance, the 'expert' plays a role in the formation of the 'sober sisterhood'. Indeed, the ways in which participants spoke of these

women – and I see it in my own thoughts and words – is that of celebrities whereby they are idolised as ‘experts’ and with whom women feel they have a level of presumed intimacy that is manufactured through the construction of the branded ‘sober self’, as discussed within the previous chapter.

In her Instagram post below, Clara (a sobriety influencer) alludes to the impact of representation on other women who may have similar lived experiences.

Insta contains a wonderful #sober #community....I’m here to #inspire #people. I know I have personally inspired 5 people, because they have messaged me and told me so. It’s things like this that make my day, that lift me up.
(Clara, sobriety influencer).

Clara perceives her role within the ‘sober sisterhood’ to be one of evidencing representation through consciousness-raising - part of the fourth-wave’s growing trend towards building ‘moments and spaces of self-awareness, starting from oneself’ (Peroni and Rodak, 2020:8). Arguably it is a contemporary continuation but reimagination of the rich history of storytelling in temperance movements and AA communities (McGowan, 2014). Yet this modality of storytelling within the sisterhood is much less ‘anonymous’ than other recovery communities which provides a specific type of highly visible, public, commoditised display of recovery that dependent upon ‘an intimate friendliness’ performed by influencers to increase relatability. (Winch 2013:2).

However, in using social media as the platform for telling one’s story, it may serve a larger audience than those who are in a specific recovery meeting or geographic location. It broadens the boundaries of the ‘sober sisterhood’ and makes it more accessible to those who may identify with different recovery cultures; ‘feminism is bringing people into the room’ (Ahmed, 2017:3). Similar to the legacies of television shows from the post-feminist era that portrayed women embodying ‘lifestyle feminism’ (Dow, 2002), such as *Sex and the City* (1998-2004), and *Ally McBeal* (1997-2002), there are evidently limitations to the structural inequalities that can be dismantled through the digital activism of individual influencers sharing images, reels, and accompanying text (Caldeira, 2021). In providing a form of feminist representation and iconography, they have contributed to the feminist struggle, but sharing this content ‘cannot substitute’ for feminist struggle (Dow, 2002:263).

The low-commitment nature of feminism on SNS has led to the term 'hashtag activism', which is a form of 'visibility politics' that creates the 'perception of political potential' (Caldeira, 2021:5). Indeed, there is a more public, performative angle to this form of politics that is focussed on the hypervisibility of the 'sober self' rather than on those who they are serving; the idea that sharing one's personal story is an act of helping others when arguably it serves to increase the teller's social and recovery capital too. However, it would be incorrect to assume that because such 'everyday feminism' (Abrams, 2019:205) can be executed with ease that it is 'low-stakes'. The women who share their experiences risk significant social gendered stigmas as a result of publicly sharing their histories of problematic drinking beyond the cloistered walls of a recovery meeting. Furthermore, this may be a contributing factor as to why women with less social privilege are lacking in representation within online sobriety communities – because they cannot afford to take such a risk with their reputation and are therefore provided with less role models and representation (Staddon, 2015).

It is important to recognise here that very few participants spoke of male sobriety influencers, community founders or authors who had informed their experience of sobriety. Susan and Lisa initially joined an online sobriety community that was founded by men. In both instances they left or joined other communities within six months due to experiences that they attributed to its male leadership and its marketing efforts to attract more men. Lisa felt that the community had a keen focus on extreme exercise or physical challenges as part of the sobriety journey, which she felt to be too much to take on in addition to the other challenges inherent in sobriety. This may mean that online sobriety communities led by men focus on areas of recovery capital that are less preferred or less relevant to women – extreme exercise to build human capital seems unnecessary if they would like to focus on emotional resilience, for instance. In turn, Susan said that she felt the community was 'very inundated with business'. When I asked Susan to explain her meaning, she said that she felt like she was merely a number, part of the business model, which stood in stark contrast to the 'gentler' experience she felt when there was 'more female presence' in a group 'led by women'. This suggests that communities led by women may be more likely to use feminised discourses, such as wellness and self-development, to camouflage their commoditisation of recovery, which ultimately serves to tie market forces to the capital of the female body as opposed to financial capital (Wolf, 1991). These experiences convey how women's ability to build recovery capital may be influenced by the sex of online sobriety community founders, and the extent to which they centre female voices in recovery.

4.4.4. An exclusive, white, middle-class 'sober sisterhood'.

While the previous subsections argued that women sought to share their sex-based experiences of drinking and recovery with other women, it is clear that the 'sober sisterhood' is rooted in homogeneity of characteristics beyond that of sex, such as socioeconomic means and race. Snippets from the conversations I had with Erin and Jules during their respective interviews enable a closer examination of their preference to embark on sobriety with 'someone like me' (Jules) :

It made me understand that there are so many women...and men...out there like me, that are not on the park bench drinking out of a brown paper bag and that kind of drinker where you go to work, raise your family, you do all this, but it's become just a problem for you.
(Erin, 56, 4 years sober).

I think it was very very important to see someone like me and whether that was female or educated or I was going to say middle aged...not stereotypically what you would consider someone with an alcohol problem.
(Jules, 45, 6 years sober).

It is clear that Jules and Erin (among many others) wanted to address their own drinking or thought they would be more successful at doing so, in an environment where women's social, physical, and human capital was already well established in the forms of finance, education and family. This may be because a community of women with such resources, and track records of being (re)productive contributors to society, would work to mitigate any class- and gender-based stigmas (Goffman, 1963 [1990]) associated with problematic drinking.

Therefore, it could be interpreted that women of socioeconomic means ascribe value to building recovery capital amongst women who already have socioeconomic means. This socioeconomic dimension of sisterhood is not unique to online sobriety communities; Dill (1983:132) argues that the form of 'politics of personal experience' that has persisted through feminist waves means that 'sisterhood is restricted by the experiential differences that result from the racial and class divisions of society'. As such, Dill argues from a third-wave feminist standpoint that the centring of women's personal and embodied experiences of recovery within online sobriety communities serves to make the sisterhood exclusive; it serves to exclude women with differing experiences informed by their marginalized identities. In reflecting similar affordances to second-wave sisterhoods which focused on women's personal, embodied

experiences, it perpetuates similar exclusivity and limitations. It also continues trends already identified by feminist academics Peroni and Rodak (2020:7) regarding 'how unevenly female support groups develop, both those related to the ideology of feminism and to the everyday relations between women and girls'.

Based on data collected from digital and material ethnographic observations, only two communities listed in Table 2 ('Online sobriety community platforms where digital ethnographic observations took place') were actively and consistently engaged with diversity work to ensure representation of people of different sexualities, genders, races and neurodiversity within their discourses of sobriety and at their events. At one in-person panel discussion I asked a sobriety influencer and online sobriety community founder, 'What can be done by communities to increase diversity and representation?'. In response, she suggested that the government should do more to reduce cultural-related stigmas associated with alcohol and recovery whilst acknowledging that her positionality and lived experiences mean that her community seems to appeal to (peri-)menopausal women. Her surprised facial expression and somewhat limited answer, in response to my question, suggests that awareness of, or desire for, diversity in women's recovery culture within online sobriety communities is lacking. It is dangerously close to Dill's (1983:133, 146) third-wave feminist assertion that 'these so-called sisters would ignore or abandon the cause of racial discrimination' in the pursuit of 'bourgeois individualism' that centres white, middle-class women. If 'feminism is bringing people into the room' (Ahmed, 2017:3), then this is impacted by a closed door, or the absence of a 'welcome: we're open!' sign, both of which seem to be limiting the feminist potential of online sobriety communities; 'a feminist project is to find ways in which women can exist in relation to women' (p.14). Indeed, the intersection of recovery and race was not well represented within the data collected for this study which raises the question as to whether UK-based online sobriety communities are able to help women of colour to navigate sobriety.

Payal, who is British Indian, was the only woman of colour who volunteered to participate in this study. She spoke to me about her experiences of online sobriety communities through the lens of her race and culture:

It suddenly dawned on me one day, I was like, "why am I the only brown girl in this sober space?". I literally suddenly [thought] one day, "there's nobody else, how weird is that?". And then I thought, "actually no it's not weird is it"...because for me to be openly talking about the fact that I had a drinking problem and now I'm sober, is very rare. You just wouldn't have it.

(Payal, 41, 2 years sober).

Payal feels a sense of isolation being the 'only brown girl' within her specific online sobriety community, and perhaps within online sober spaces more broadly. She is not alone in this experience; a recent study by Galvani et al., (2023:5), funded by Alcohol Change UK, which 'focussed on the lived experiences of South Asian women who use(d) alcohol (and other drugs), and explored their trajectories into problematic use and their engagement with support', found that their participants were 'often the only South Asian woman in the treatment service or groups they attended'.

Payal suggests that this is related to the cultural stigmas and challenges faced by women in South Asian communities or with South Asian heritage: 'you just wouldn't have it'. If people of Muslim and Hindu faiths, but women more specifically, are expected to not drink at all based upon religious teachings, then the disclosure of problematic drinking and embarking upon a recovery journey outside of their religious and cultural communities must be even more challenging (Al-Ghafri, Radcliffe and Gilchrist, 2023). Once again, her analysis is supported by the findings of the aforementioned research by Manchester Metropolitan University (MMU):

There are many taboos about women's alcohol use in South Asian communities. The women we spoke to were dealing with trauma from abusive experiences as well as the shame, stigma and condemnation relating to their alcohol use. This makes help seeking almost impossible....It simply isn't acknowledged. We repeatedly heard how women were kept quiet through concerns about family and community honour. We are failing these women and must do better. (Professor Sarah Galvani quoted in MMU, 2023).

This lack of representation spurred Payal to be more public about her experiences of drinking and recovery:

I thought, "right, I need to change this". I started to be a bit more vocal about it. I've been actually on BBC Asian network, on the radio a couple of times, talking about my experiences...in the local newspaper...but yeah I just haven't...I haven't met anybody else... that's a lie – there's one girl I know – but quiet.

(Payal, 41, 2 years sober).

She then proceeded to discuss how the absence of South Asian women within online sobriety communities or spaces may be unique to the UK; via Instagram she had encountered 'a few

Asian girls that are talking about being sober' in the USA. Indeed, in recent years online sobriety spaces in the US, such as Tempest, She Recovers, and Sober Black Girls Club, have been actively seeking to build sobriety communities that do not centre white or male voices in their recovery model.

I asked Payal whether she was aware of specific online sobriety communities or sober spaces for British South Asian women that she may be more likely to know of due to her shared ethnicity. She said,

I've asked the question and I've tried to get into...I've tried to speak to people who might know but...the answer I got was, "they will try and deal with it within the family or within the community"...or, "they just pretend it's not happening" as well.

(Payal, 41, 2 years sober).

A webinar panel discussion hosted by an online sobriety community that focussed on the experiences of first generation South Asian people in recovery echoed Payal's analysis; panellists suggested that women's ability or willingness to be public regarding their recovery was considerably shaped by their parents' attitudes towards alcohol-related stigmas, and whether they had already married. Panellists discussed the fear that South Asian parents felt if their daughter was known within their community to have a drinking problem because then a 'good' marriage was less likely to be secured.

It was clear from the data that British and American South Asian women found Instagram useful to connect with others who were both sober and shared racial/cultural heritage which suggests that due to the expansiveness of public SNS they may be more likely to connect women who share cultural experiences of recovery across geographic boundaries and thus support their attempts to build culturally informed recovery capital. SNS, such as Instagram, may work to democratise and diversify the 'sober sisterhood' beyond the digital walls of private online sobriety communities, more closely aligning with interpretations of fourth-wave sisterhood as a 'global connection' that facilitates 'analytical, practical and symbolic elaboration' and 'interaction among women' (Peroni and Rodak, 2020:6).

Only one white research participant (Violet) proactively discussed the 'limitations in encompassing the racial and class differences among women' (Dill, 1983:132) within the 'sober sisterhood':

I've only ever been in [Community] so I can't speak to anything else, but yeah...I wonder about a self-fulfilling prophecy in marketing. If you share a picture of a table of white people doing white people things is that going to put people off because they don't see themselves represented in the group dynamics?

(Violet, 30, 1.25 years sober).

These findings echo frustrations raised by bell hooks (1986:127) regarding first- and second-wave sisterhoods that elevated a few middle-class women but failed to 'live and work in solidarity' with women of colour. The diversity of online sobriety communities is, to some extent, predicated upon the individual agency of community volunteers like Payal and Violet to understand 'the needs and priorities' of other women (Dill, 1983:148), raise awareness and work to reduce any barriers to participation. It results in those of ethnic minority identities, such as Payal, taking on a disproportionate burden of labour regarding diversity work (Ahmed, 2017), as is evidenced by her additional consciousness-raising efforts, and thus further renders the 'sober sisterhood' an unequal feminist project. As is evidenced here, 'to do diversity work is to do work that is less supported' (p.96). In the context of those who are recovering, this disproportionate burden and 'overextension' may have 'devastating effects' (Lorde, 1988 [2017]:130) by undermining efforts to maintain sobriety.

Such low racial diversity within online sobriety communities suggests that the ability of the communities to address or mitigate non-western cultural stigmas towards problematic drinking is limited. UK-based online sobriety communities seem unable to assist people with building recovery capital outside of a white, western cultural framework, and lack understanding regarding the social roles and responsibilities expected of women living within families of non-western heritage. More research is required to build upon the limited understanding of the recovery experience of ethnic minorities within the recovery capital treatment model (Daddow and Broome, 2010; Gueta and Addad, 2014 and 2015; Hennessy, 2017); 'we have to keep pushing if we are to open up spaces to those who have not been accommodated' (Ahmed, 2017:114). These findings also raise questions regarding the applicability of the recovery capital model for women of ethnic minorities – or whether a new model is required (Galvani et al., 2023).

4.4.5. Spaces of sisterhood, founded on the backs of women's unpaid labour.

Findings from fieldwork suggested that online sobriety communities have constructed, and sometimes profit from, a 'sober sisterhood' that is founded on the backs of women's unpaid labour. This was evident in the ways that many women who were interviewed for this study spent considerable portions of their leisure time in service to whichever online sobriety or recovery community they were part of; they organised local events, moderated online communities, co-ordinated online threads, blogged, and mentored others. This sense of purpose has been identified as key to the leisure practices of women in recovery (Hood, 2003). However, this is typically work performed by women for free.

Online sobriety communities have essentially created new social roles for women in recovery - as peer supporters and accountability partners. These roles are occupied by members who use the platforms, and those members who volunteer to take on the unpaid labour of being a moderator or ambassador for the communities. These roles serve as an important resource that underpins and facilitates the 'sober sisterhood' within online sobriety communities. Yet as Bogg and Bogg (2015) highlight, women are already disproportionately burdened with social obligations due to traditional gender roles and economic inequalities. These additional social responsibilities of unpaid gendered labour, reflective somewhat of a 'close-knit family' (Coreil et al., 2004:912), within the 'sober sisterhood', may prove another source of stress, constraint and power imbalance which entrenches women's inequality. Furthermore, in the context of the neoliberal attention economy, women are compelled to perform the additional emotional labour of mining their own traumas and lived experiences for the benefit of the operability (i.e., profitability) of the communities, whilst acknowledging that this also serves to generate the individual's social capital (Pettersson McIntyre, 2021:1067).

One way to navigate (or avoid) this obligation of labour was to 'follow' the posts of other women on SNS. For participants in longer-term sobriety, such as Jo, Rachel and Tina, this provided useful feelings of validation but without a sense of social obligation – a low-stakes, low-investment sisterhood. While Peroni and Rodak (2020:5) argue that sisterhood through social media has created a 'new wave of feminist mobilizations', these findings suggest that intimacy between women is sometimes light and fleeting. Tina and Rachel's experiences of community engagement are largely based upon taking from others, in order to build or 'top-up' one's own recovery capital, without necessarily actively contributing to the community - a form of consumption rather than production. Arguably, it is a more manageable approach if women are time-poor, but it emphasises the problematic relationship between contemporary sisterhood and SNS.

It is also important to note that there are limitations to the support that the 'sober sisterhood' provides, perhaps informed by the fact that it is predicated on limited amounts of volunteer labour. There were a number of examples within the data, and from my insider knowledge, that conveyed this. For example, during her interview Linda critiqued the willingness of online sobriety communities to eject members without due consideration for their needs in recovery. She recounted that one individual, who had consumed alcohol during a temporary abstinence challenge, had been abruptly 'kicked off' the programme, which she did not feel to be the right approach. Furthermore, this created a difficult situation for Linda and the other members to navigate; they had formed a private instant messaging group (independently from moderator supervision) which included the woman who had been expelled and they kept her included and involved, lending support where required.

This has been further emphasised by the somewhat abrupt closure of some online sobriety communities that have occurred since data collection, whereby members have been left with little notice that the support community is being withdrawn and some members' comments suggest that the decisions have been made based on prioritising profitable revenue streams (such as no- and low-alcohol drinks) instead. While the causal factors are different between Linda's example and the community closures, they both convey the impermanence and fragility of spaces of sisterhood provided by online sobriety communities. As such, while Coreil et al. (2004) highlight the limitations of sisterhood *between* members within a breast cancer support group, these findings highlight that the limitations of sisterhood can also be seen in the actions of those who run online sobriety communities. Ultimately, (predominantly) women's labour is 'required to keep hold' of the communities that they 'have brought about'; 'if we cannot sustain the labour required for some things to be', either financially or in terms of energy and time, then 'they cannot be' (Ahmed, 2017:113). However, when the going gets tough the most efficient remedy for those who lead these spaces of sisterhood, is to press 'delete' on the individual or the community.

The findings shared in this section emphasise the need for, and value in, women-only recovery spaces (Staddon, 2015) and women-centred recovery models (Bogg and Bogg, 2015) that take into account women's preference to share their experiences among women, and without men present. Such findings strongly challenge suggestions by Peroni and Rodak (2020:8) that fourth-wave sisterhoods can only be understood as an 'anti-essentialist approach, which welcomes diverse experiences of all individuals...including also men'. It is also evident that women's experience of a 'sober sisterhood' is predicated on the almost exclusive presence of

white, middle-class women, thus highlighting the precarity and inequalities of sisterhood (Dill, 1983; hooks, 1982) created and entrenched by online sobriety communities, and the imbalance in labour relations that they sometimes expect of their members in order to sustain the sisterhood (Ahmed, 2017; Petersson McIntyre, 2021).

4.5. Chapter Four Conclusion.

This chapter has drawn on data collected during participant interviews, digital and material ethnographic observations, and from Instagram, to present a feminist critique of the process through which a 'sober sisterhood' is formed by women who use and lead online sobriety communities.

The 'sober sisterhood' is ideologically motivated by, and grounded within, feminist politics through women's awareness and rejection of feminised marketing of alcohol (Atkinson et al., 2022). The public identification and critique of such marketing content, enables women to raise awareness about its role in harming or 'patronising' women; it serves as a relatable, visual and shared representation of the broader structural factors that contribute to women's alcohol consumption. The 'sober sisterhood' is, to some extent, 'outward facing' and 'macro-oriented' (Williams, 2011:102), including in its engagement with anti-capitalist political ideology; women are thus 'challenging the neoliberal paradigm of law and citizenship' (Peroni and Rodak, 2020:7) and are reflecting a form of sisterhood that moves beyond the politics of personal experience (Dill, 1982) towards a common goal of social change that is no longer siloed as a 'woman's' or 'feminist' issue.

Findings suggest that the 'sober sisterhood' is also formed through women's embodiment and practice of sobriety as a form of 'everyday feminism' (Abrams, 2019:205) and 'lifestyle politics' (Portwood-Stacer, 2013:5). However, there are evidently tensions that reside in these sites of choice (Hirschmann, 2006), lifestyle (Dow, 2002), neoliberal (Rottenberg, 2014) and radical (Hanisch, 1970 [2006]) feminisms. While the findings suggest that there is, to some extent, a collective dynamic to the conceptualisation of sobriety as a practice and embodiment of everyday feminism, for the most part it is individually negotiated within a neoliberal society that emphasises consumption (Mukherjee and Banet-Weiser, 2012) and self-empowerment (Gill, 2017) as the main vectors for change. These tensions 'contest divisions between what counts as 'the personal' and 'the political' with regards to alcohol refusal (Portwood-Stacer, 2013:5).

Key to the formation of online sobriety communities was to provide spaces of sisterhood where women can share their embodied and social experiences of sobriety, feel supported, and consciousness-raise (Bates, 2014; Dudley-Shotwell, 2020) about them. The importance of female representation was also evident. Yet it is clear that substantial work is required to expand the 'sober sisterhood' to support a diversity of women's recovery cultures. It is clearly not the 'progressive version' of sisterhood that Peroni and Rodak (2020:8) ascribe fourth-wave sisterhoods to be and relies on the unpaid (gendered) labour of women to sustain it.

CHAPTER FIVE

Developing ‘non-drinking practices’: the ‘sober social’, Club Soda’s pop-up alcohol-free ‘off-licence’, and the consumption of no- and low-alcohol drinks.

5.1. Introduction.

Chapter Five presents the third and final overlapping process within this thesis’ grounded theory (Charmaz, 2006 [2014]). In this chapter it is argued that the development of ‘non-drinking practices’ is a key constituent process within this recovery culture, which, in turn, supports and enables the construction of the sober-self and the practice of sober-sisterhood. This takes place through the following processes:

1. The ‘sober social’, in which online sobriety communities reimagine the relationship between alcohol and friendship-making, adult drinks, and the NTE;
2. Club Soda’s pop-up alcohol-free ‘off-licence’, in which a traditionally alco-centric space was reworked to provide a supportive (and somewhat diverse) space of community and consumption; and,
3. Women’s individual and nuanced strategies of consumption of NoLo drinks as potential harm reduction tools and relapse triggers.

These are developed in turn throughout the chapter by drawing on empirical findings from fieldwork, primarily in-person ethnographic observations conducted at ‘sober socials’ and at Club Soda’s pop-up alcohol-free ‘off-licence’, in addition to participant interviews.

In this last data chapter I take a feminist standpoint to answer the third research question of this project and critique:

- the extent to which ‘non-drinking practices’ assist women to build recovery capital; and
- the applicability of the recovery capital model to women’s experiences, and specifically those within online sobriety communities.

In doing so, I seek to determine the extent to which ‘non-drinking practices’ help women to establish or maintain sobriety in the context of their embodied, lived experiences as women and their former drinking practices.

5.2. An ethnography of the ‘sober social’: reimagining drinking practices.

While studies abound regarding the role of women’s drinking practices as a form of leisure, such as the Girls’ Night Out (Nicholls, 2019), pre-loading (Atkinson and Sumnall, 2017), and ‘time-out’ (Emslie et al., 2015), few have addressed how women in recovery ‘do’ leisure – and how they ‘re-learn how to leisure’ (Hood, 2003:57; see also Harmon, 2016; Henderson and Gardner, 1996). This section seeks to address this inequity by presenting a feminist critique of the ways in which drinking practices are reimagined through the ‘sober social’ and the extent to which this supports women’s development of recovery capital (Bogg and Bogg, 2015; Cloud and Granfield, 2008; Neale et al., 2014).

In the first instance, an (auto-)ethnographic vignette (Merrill and West, 2009) is presented that I have constructed from field diary entries (Palmer, 1928; Wolfinger, 2002) taken during 17 periods of in-person ethnographic observations. This serves to render a ‘cradle to grave’ understanding of sober socials – from the point of invitation to the journey home – whilst providing the space to explore the nuance and depth of experiences. It is written in the first person to provide transparency regarding the ways in which I approached the field and subsequently played a role in constructing the research findings (Charmaz, 2006 [2014]). Thus, it provides a visible authorship (Charmaz and Mitchell, 1997:194; see also Coffey, 1999:127) of both my preparation for, and conducting of, ethnographic observations.

The proceeding sub-sections draw on the vignette to analyse how drinking practices are reimagined through reworking the relationship between friendship and alcohol, serving NoLo drinks, and the subversion of the NTE. The challenges and barriers to participation are then considered.

5.2.1. An ethnographic vignette, constructed from field diary entries, of sober socials organised by online sobriety communities.

Whilst working on my research project, I scroll through online sobriety community pages on Facebook, looking for opportunities to conduct some in-person observations. I scroll past members’ posts in Community H’s Facebook group but stop to hover on a promotion of their next monthly brunch. I check my diary and I’m free that Saturday morning if I miss triathlon training. The closest one to me is hosted in London – Central London – so I can get the train. It’s free to secure my place so I email the local organiser to confirm.

A week or so later I receive an email from Community E. They're planning a 'Cocktail Soiree' at a NoLo drinks festival hosted by Community A in East London. As (bad) luck would have it, it's on the same day as the brunch with Community H – the end of the month always seems popular for sober socials. Despite knowing that I struggle with back-to-back events on the same day, I'm keen to make new sober friends and make the most of my subscription so I buy a ticket for that too which is £10.

A few days later I receive an email from Community H:

Thanks for booking on to our July brunch – we look forward to seeing you! The booking has been confirmed for 10 people at *Carluccio's* Covent Garden. We are now fully booked, so if you need to cancel or change plans at the last minute, please let us know – we have a waiting list. The reservation is under my name for 10.30am. I understand that meeting people for the first time can be scary so if you would like me to meet you outside first, drop me a text. Can't wait to see you! Julie x

I've been along to one before, it tends to be in the same chain of restaurants and the process is fairly streamlined, thanks to the community volunteer. I don't worry too much. At a previous brunch Karen gave me her number so I drop her a text and ask if she's going too – it's a nice way to keep in touch and let her know that I remember her. We don't really message in between.

Two days before the social events I receive an email from Community E about their Cocktail Soiree:

Hello everyone! We absolutely CAN'T WAIT for this weekend's Cocktail Soiree at Community A's festival. Pippa [the founder] is a speaker on one of the panel discussions between 2-3pm so it would be great to see some faces in the audience if you can come along early. Between 3-6pm we've secured an EXCLUSIVE area in the venue, The Snug, and our delicious alcohol-free cocktails will be provided by the amazing *Lyre's* and *Everleaf*. You will receive one welcome drink of fizz and a voucher for one complimentary cocktail. You can then purchase more from the bar. Let's glam this one up, so come classy and dressed for the occasion. There'll be a professional photographer on hand to take photos of the memorable occasion.

We've created a WhatsApp group ([click here](#)) for the event so you can join and find us ok.

As a reminder, while you do not have to be long-term sober to attend our events, we ask that you do not consume alcohol before or during our event to respect the sobriety of others.

See you on Saturday! Lots of love xx'

I don't see any further information or chatter about the events in their respective Facebook groups – I don't know if any of the others are going that I've met before.

The Saturday arrives and I'm up by 7am to do a quick workout before I get ready for the day. I make an effort to do my hair and makeup, but I stick to more comfortable, jolly clothes that will suit the brunch and be passable for the 'classy' theme of the Soiree. This includes some presentable dark blue jeans, black boots (good for walking), and a colourful cashmere jumper with a leather jacket over the top. I then walk 10 minutes to the train station. It's a 45-minute journey into London from where I live so I take my laptop and book in a backpack, along with a flask of coffee, some water and some snacks. I'm ready for the possibility of train delays, and a long day.

Thankfully there are no delays and I arrive in London around 10am and wander casually from London Charing Cross up to Covent Garden. At this time, London is ever so quiet. I feel like I'm the only one walking around – I'm sure it wasn't that long ago that last night's stragglers fell out of the pubs and bars. I picture the streets how they usually are on a Friday night with city workers holding their pint glasses and drinking in groups outside. I used to be one of them. Now, I'm grateful to be the person walking through at 10am without a hangover. But I can still smell the stale alcohol, sometimes urine and vomit from the night before. Occasionally I get a whiff of detergent where a pub's cleaners have already addressed the fall-out from the night before. I feel like this is a secret London. I pass a few others who are clearly tourists out for a day of sight-seeing, with maps, backpacks, hats, and selfie-sticks. I wonder what they must be thinking: London is dead! I marvel how the shops, pubs and restaurants don't seem to be open yet and it's already 10am – half the day has already happened!

I arrive at the venue slightly early and provide Julie's name for the reservation. I grab a coffee whilst I'm waiting at the table. Gradually others arrive and take their seats. Julie has a list of who's attending but we all crack on and introduce ourselves, welcoming any new arrivals as they come in. There are some new faces, and a few that I have seen before. One woman

recognises me from when I volunteered in Club Soda's alcohol-free 'off-licence'. We struggle to recall names and laugh it off during re-introductions. Familiar topics to start conversation include where people have travelled from; it's rare that anyone lives in London. Perhaps it's an age thing; most live in the suburban counties outside of London, such as Surrey or Kent. Of the ten of us, there's eight women, two men, and only one person is black. Most are over 40 with children. Everyone at the brunch is dressed relatively casually, in jeans, with a bright or detailed top and trainers. The women are carrying small, fashionable, backpack-style handbags and have minimal makeup.

To my right is Kristina who's 6 months sober. She's most eager to find out everyone's sobriety stories and leads the conversation on the table by sharing her own experiences and asking people about theirs. She recalled her previous Christmas and how it descended into family arguments and a stonking hangover the next day. After having done a few dry spells previously she reached the conclusion that she needs to give up drinking. The morning after the party she logged on to Instagram, started following sobriety influencers and communities, and joined Community H.

I empathise with her 'pink fluffy cloud' enthusiasm of early sobriety – she's really enjoying it and seems to have so much energy. She talks about how her relationships with family members have improved, her recent wobble at a wedding, and admits that she's struggling to make one friendship work that was previously based on drinking.

I have the longest sobriety on the table - four years - and many of the others have around two years. Some gave up drinking with Community H and others found it after being sober. Hatti went to a treatment centre to address her substance use problems and now uses Community H for the social dynamic. She lives quite close to the local volunteer, Julie, in Surrey so they do coffee and bike rides together. I find that the men are positioned (literally and metaphorically) on the outskirts of the conversations, perhaps due to the excitement of some of the women. I also find that the men struggle to hear conversation within the acoustics of the restaurant.

Due to Kristina's early sobriety, and her location at the centre of the table, sobriety dominates the majority of the chatter, but the conversation eventually divides. Some start talking about the idea of sober raving, and how it's on their bucket list. I end up talking to Hatti about exercise and training – she's entered a few running races but is looking for her next goal. We talk about training regimes. I am conscious that this topic of conversation can be polarising; some women

find it intimidating and feel it is a form of bragging, but there are other people in sobriety who really engage with physical fitness as an alternative to alcohol. Hatti gives me her number.

After a few moments of confusion by the waiting staff regarding our order, everyone's food arrives and we tuck in – I am very hungry and am already two coffees in, which for me, is dangerous. Whilst we eat, I get talking to Julie and Hatti about their work; Hatti had changed career in sobriety and now works a low stress part-time job in a supermarket so that she could prioritise her recovery. Julie has just started her own business and explains how she's been getting to grips with social media.

At some point Julie gets up to take photos of the group for social media, so we smile and look at the camera. Those who are active on Instagram then go through a procession of taking their own photos of the group. They ask for everyone's Instagram handles; I seem to be one of few that doesn't use Instagram. Some of them have changed their handles or created handles specifically to signpost their sobriety and document their sobriety journey. There's a divide between individuals who use their account to exclusively talk about their sobriety journey, and those who merge sober content with other updates about their lives. It's amazing to hear the thought processes that occur – they really take the time and effort to think about, and curate, their online presence. With a delighted grin, Wendy makes a joke about how others in the restaurant would never guess that we're all sober and know one another through a sober community. I wonder whether she's thrilled about the idea of deviance – about the secret that we/she holds. I'm sure the customers of *Carluccio's* Covent Garden definitely wouldn't suspect this group of (largely) white, middle-class women to have had a 'problem' with alcohol.

Conversation soon turns to Community A's NoLo drinks festival which is on this weekend – most have heard about it, and a few are intending to go there after the brunch. As 1pm approaches we obtain the bill, pay and leave.

We amble through Covent Garden – I can tell that many are unfamiliar with the area as they look to me for directions of how to navigate through the main square. One woman admits that she has no idea how to get to her train home to Berkshire, so we advise her on the relevant tube lines – she looks nervous. Two women are meeting their partners to continue the day out in London, so they head off in opposite directions. I pair up with Olivia and Ruth who both said that they planned to go to the drinks festival – I get the impression they knew each other before today and had planned to go together. Everyone hugs goodbye, which I find to be slightly over-familiar, and we make our way to the tube to get to Bethnal Green in East London.

On the tube I ask Olivia and Ruth whether they are part of any other sobriety communities. Ruth says, “oh I’m in a few Facebook groups to hear about events, and I love the Facebook Lives of Simon Chapple, but Community H is the only one I pay for” – she is evidently part of the paid subscription tier of Community H which enables access to a full range of Zoom calls, fitness events, and book groups etc. Olivia said, “I originally completed the 30-day challenge with Community F and did that a couple of times – that’s how I met Ruth – then I needed something more, so I joined Community H, and follow Community I on Instagram and go to their events”. They had both heard about the NoLo drinks festival through lurking in Community A’s Facebook group but said that they didn’t post anything because the group was too big.

After a few tube line changes, we came up to ground level in Bethnal Green and used Google Maps to navigate our way to the festival venue. Upon arrival we were given a canvas goodie bag with a floorplan of the venue, a schedule of the talks, and a free bottle of *Square Root’s* Bloody Mary (an alcohol-free cocktail). It’s here that we part ways with a smile and a wave and a “nice to meet you”. As I made my way to The Snug, I struck up conversation with a woman called Izzy. She said she’d driven from Norwich. I asked her whether she was a non-drinker, and she said she’d been sober just over two years – she stopped before lockdown and was just now having to navigate sober socialising and finding sober friends. Izzy talked about a recent friend’s birthday party where she had to encounter people’s comments and questions about her non-drinking.

Before we could conclude the conversation, we arrived at The Snug, which was designed like a dark, speakeasy bar. We received a glass of *Lyre’s Classico* on arrival and entered the darkness, trying to make out faces and see whether we knew anyone. It was 3pm but music was pumping loudly out of the speakers. Pippa was greeting new arrivals and the photographic flash periodically lit up the room as guests were being snapped in conversation with one another.

I felt significantly under-dressed in my jeans and jumper. There were a lot of sequins on display, and some high heels. The average age must have been much lower than the brunch I’d just been to – this crowd was largely in their 20s and 30s, and there was a greater male presence. I eventually located a corner sofa, where five women were already sitting, some of which I had met at previous coffee socials. I said hello and sat down. Mabel, who I had seen a number of times, asked me about my training – remembering that I had run an ultra-marathon the last time I saw her. I asked her about her upcoming MA graduation, and we caught up about those events. Conversation then returned to a group chat about Club Soda’s

recent alcohol-free 'off-licence'. Most had a story to tell of their shopping experience there and were in awe at the choice of NoLo drinks that are now available. Generally, there was disappointment that it was a temporary shop, and we laughed at our shared experience of clinking all the way to the tube after going to the shop, conscious that our alcohol-free stash sounded like alcohol to an observer.

After a while I finished the bubbly and went to the bar to cash in my token for my complimentary cocktail. I shouted my selection to the barman, over the volume of music, and made polite conversation with another (male) guest at the bar. He was in a black suit, and a white, open collared shirt. We had good rapport whilst we watched the mixologists shake implements and crush ingredients. We talked about the venue and the drinks before he returned to his group of friends and sat in the midst of six women. This encounter prompted me to look around the room to see how many men there were, and what they were up to. There weren't many – men sat chatting in groups of women, vastly outnumbered. I suspected that most of the men had arrived with a partner.

I had ordered a *Lyre's Amaretti Sour*. I received a lot of ice, not much drink, in a cut glass tumbler with salt crusted around the rim. When I returned to the seating area, I found that a number of the women were standing up talking on the dancefloor. A woman was sat alone at a table, so I sat down next to her. Her name was Yola. She was doing Dry July, after having done Dry January earlier in the year, and had heard about this event and community through someone at Club Soda's 'off-licence'. I asked her how she was finding sobriety so far. She said that her skin had improved drastically, and she had noticed changes in her body at the gym. She said she was struggling on dating apps though, "I put not-drinking on my profile, and I start talking to guys, but once it comes up in conversation, I find that the connection fades – there aren't many non-drinkers out there". I empathised with this challenge but advised not to try and do so many things in early sobriety, like trying to find a new partner.

Another woman, called Maggie, joined us. They were both in their 40s and were asking me how old I was – that I looked too young to be sober. I said I stopped drinking at 27 and that was four years ago. They spoke to me about their desire to be long-term sober but said they struggled to string more than a month together – they enjoyed wine to relax in the evenings after a stressful day and didn't have the time to go to AA meetings. Maggie had a partner who attended meetings, but she felt she picked up the domestic responsibilities, such as cooking, to enable this to work. I find this a difficult conversation. I like to listen, be sympathetic, and share my experiences, but there's no right way to sobriety. After half an hour of this conversation, and secure in the knowledge that they were now familiar with one another, I

made my excuses to leave. I was struggling to hear what people were saying over the music. I'd had two cocktails, both of which were too sweet for my palate, and I was exhausted from the day. I thanked them for their company, wished them well, said thank-you to Pippa and headed out into the evening.

From Bethnal Green there are no easy tube routes to London Bridge station, so I walked for a long while through London, thanking my earlier preference for sensible walking shoes. London was now buzzing; the early evening crowd were searching for dinner at fashionable venues after a couple of drinks. It's a completely different place to the London I saw at 10am this morning. I don't feel like I belong here. I look like the day-dweller who overstayed her welcome. There were a few women zigzagging down the street in high heels, short dresses, and laughing hard with their friends. I wonder at my life as one of them. I miss the short-cut to connection and laughter that alcohol brings. But then I think about how the rest of their evening will unfold – how they'll feel tomorrow – and I know I made the right choice for me, despite its challenges.

I'm exhausted. A day of socialising and purposefully engaging with people, asking questions, has left me feeling depleted. The caffeine and the sugar are wearing off, and I'm getting hungry again. I walk away feeling like I connected with some people, I caught up with some, I obtained one person's number, I supported some people. I don't know whether I'll see some of the people ever again. I don't feel I really scraped through surface-level conversation with some. But I'll keep trying, keep attending - just maybe not two events in one day.

I finally get on a train at London Bridge and head back to Kent. I open my social media and find that photos from the day are already on Instagram. I'm not in many of them. There's a lot of people tagged in group photos along with captions that tag the names of the venues and online sobriety communities. There's arty, staged pictures of drinks, food, and venues. Somehow it makes me feel like I wasn't there – that I didn't have the same, glamorous experience that is shown in these photos. There's a detachment from what I experienced. It suggests that these women had a more intimate experience together than I was part of. I turn off the phone and sit back and read my book.

5.2.2. Reworking the relationship between friendship and drinking.

A wealth of drinking studies have documented the relationship between alcohol and friendship building practices (Nicholls, 2019; Niland et al., 2013; Thurnell-Read, 2011 and 2012). Themes

of friendship have also been harnessed by the alcohol industry to feminise the marketing of alcohol products (Atkinson et al., 2021). Observations documented in the ethnographic vignette suggest that the 'sober social' assists women to navigate sobriety by reworking this relationship between friendship and alcohol. This is achieved through sharing sobriety stories, usage of SNS, and shared practices of femininity, each are explored in turn below.

5.2.2.1. *Sharing sobriety stories.*

Sober socials afforded women to develop 'social strategies' required to build cultural capital (Bogg and Bogg, 2015:240). One of these strategies was the sharing of 'sobriety stories' (Nicholls, 2021:769) with one another. This was particularly evident at the brunch-oriented socials whereby the relatively small group and quieter venue facilitated this 'self-work' into 'connection work' (Kearney, 1998). Thus it afforded the ability to work on the 'sober self' and develop strong feelings of friendship and support among women who are involved in sobriety ('sober sisterhood'). Stereotypically, the social stigma (Goffman, 1963 [1990]) surrounding recovery narratives has meant that they are reserved for spaces of support groups, such as meeting rooms or village halls (Humphreys, 2000). However, sober socials brought this process into the leisure domain, thus destigmatising the individual and the friendship and 'challenging social images' (Bogg and Bogg, 2015:240) of what former problematic drinkers and/or recovery may look like. The comment by, and expression of, Wendy - one attendee at Community H's brunch, there was an expression of resistance and rebellion in doing so: "With a delighted grin, Wendy makes a joke about how others in the restaurant would never guess that we're all sober".

The act of each individual sharing how long they had been sober for provided a social anchor – an inclusive topic – around which women could engage and find common ground. This social strategy effectively served as an 'icebreaker' where, almost immediately, people felt support and validation. This leisure practice enabled women to build a 'positive sense of self' and develop 'healthy relationships' whilst fostering community engagement (Bogg and Bogg, 2015:240). Conducting this fieldwork made me reflect on how women (me included) can regularly re-work and edit their recovery narrative, or 'sober self' when sharing their sobriety story at sober socials, perhaps in alignment with the ever-evolving nature of the recovery journey (Best and Laudet, 2010; Witkiewitz et al., 2020), but also dependent upon *who* is at the brunch and what their needs are. However, the extent to which women spoke of their individual experience of sobriety at events was varied and always voluntary; the sober social did not serve as a recovery circle or support meeting (which are typically hosted on Zoom instead).

Donna, a research participant, told me of an instance whereby these dynamics were altered at a recent brunch she attended where a new woman attended who was looking for support to get through day one of sobriety. While the women at the brunch rallied round and went into 'coaching mode', it was clear that they felt she had initially disrupted their 'wavelength' and 'common ground' that morning (all Donna's words). This suggests that while sharing sobriety stories play a pivotal role in the social strategies developed at the sober social, there is an expectation that they are not too messy or raw - that to some extent they are edited for easy conversation over breakfast. As such, it can be interpreted that the 'sober sisterhood' has expectations of respectable embodiments (Fox, 1977; Skeggs, 2005) of sobriety during 'non-drinking practices' – that conform with the social norms expected of women (Hennessy, 2017; Neale et al., 2014). While participants were often critical of the post-feminist and neoliberal feminist societal norms regarding women's alcohol consumption, they were also invested in maintaining other social behaviours that may restrict women's freedom of expression and behaviour. However, in this instance, when there was a need for sisterhood, women did assist in supporting the new member. Nevertheless, Donna's account, and my observations, suggest that 'sober socials', and the people attending, are not necessarily equipped to support those in early sobriety who may be in greatest need of human capital – whether this is medical treatment, legal advice, or help in managing their emotions (Cloud and Granfield, 2008). Once more, the sisterhood of online sobriety community is predicated on the assumption that women are of such means prior to entering sobriety.

The 'sobriety stories' shared by participants were grounded in their lived experiences as women – often drawing connections with their social role as women, such as friends, mothers, daughters, and employees. However, there was a notable absence of larger implications to these stories. The stories ended when they had concluded their narratives. Conversations did not make connections between their experiences and structural issues, or potential collective action, which speaks to the limitations of the 'sober sisterhood' – and the extent to which it served as a 'therapy' session (Hanisch, 1970 [2006]:4), as opposed to the catalyst for coordinated solutions or resistance.

5.2.2.2. *Cementing friendships through SNS.*

Existing research sheds light on how young people 'do' friendship by sharing drinking photos on Facebook (Atkinson and Sumnall, 2016; Goodwin et al., 2016). Observations shared within the vignette suggested that women who attend 'sober socials' use the same tools (SNS) to

disrupt the relationship between friendship and alcohol. At these social events, women accepted their fate of being photographed for social media – me included – perhaps knowing that they are caught up in the ‘network of exchange’ (Winch, 2013:67) whereby their presence and image is being used to support another’s quest to build recovery capital via SNS. Sharing photographic representations of sober socials serves to publicly ‘challenge social images’ and beliefs (Bogg and Bogg, 2015:240) that sober people are dull or boring (Gray 2017). Instead of the non-drinker being the disconnected outsider (Becker, 1963 [1991]) to drinking practices that is reflected in many academic studies (Nicholls, 2019; Romo et al., 2016), these images position sobriety as the shared experience, and sober friendships as the central interlocks. In doing so, they evidence how community engagement, and thus cultural capital, is built without alcohol.

Community E, however, did not want to rely on Sober Soiree attendees taking photos and sharing them on SNS; they engaged a professional photographer to do so. This alludes to how important SNS content and engagement is to online sobriety communities when seeking to reimagine drinking practices. They strategically use representations of the ‘sober sisterhood’ on Instagram as a means of ‘selling’ sobriety and their community features (van Driel and Dumitrica, 2021) – a feminist-isation of recovery through social media content. Compared with participant photography, the photographer takes the position of an outsider who gazes onto the shared practices of pleasure and connection within friendship groups to take photos which may appear to be more ‘authentic’ representations of ‘non-drinking practices’ than organised group photos (Peterson, 2005). Paired with the ambience that Community E created for the sober social (through dress code, venue choice, and drink options), professional photography was used to control *how* sober friendships were represented; as classy, glamorous and sophisticated – seeking to reappropriate the interpretation of women’s drinking practices (Gallage et al. 2020). While it is unlikely that Community E had concerns about the messiness or sluttiness reflected in studies of drinking photos on SNS (Atkinson and Sumnall, 2016; Goodwin et al., 2016), the engagement of a professional photographer could still be interpreted as an attempt to control the narrative regarding sobriety and sisterhood, and policing the representation of women’s bodies on their platforms (Winch, 2015). Consequently, what they’re ‘selling’ is the promise of increased social capital through the development of sober sisterhood and the practice of consumption – themes of neoliberal feminism.

Irrespective of *who* takes the photographs to share on SNS, the hypervisibility created by this non-drinking practice problematises the extent to which women can participate in the sober social confidentially. Sharing and tagging photos on SNS may impede women’s practices of

'stigma management' and calculated disclosures (Herman-Kinney and Kinney, 2013:67), perhaps within their existing or local communities, and consequently impact their recovery capital if this detrimentally affects their social reputation, or even their position with social services. For instance, one research participant told me during her interview that she had told very few people about her sobriety because she did not want her ex-husband to use it as a tool of coercive control (Fox, Holly and Against Violence and Abuse, 2021) or weaponise it against her through social services. I personally negotiated my preference for privacy by not allowing myself to be tagged in the photos on SNS and generally avoided the professional photographer but this undoubtedly had an impact on the extent to which I could build friendships – indeed, at the end of the vignette, the transience of my participation at the sober socials, and the connections I had made, was evident because they were not cemented through SNS content.

In addition, women established rapport through talking *about* their Instagram accounts and their process or strategy for creating a sober 'personal brand' (Banet-Weiser, 2021:8) – they engaged in co-creation of content and bonded over their shared project of the sober self. Therefore, Instagram not only provides a medium through which sober women connect, and share their 'non-drinking practices', Instagram provides common ground between sober women as an interest, or perhaps, a form of 'gendered labour' (Pettersson McIntyre, 2021:1072). In this way SNS becomes a key constituent part of 'non-drinking practices' and sisterhood-making, rather than serving as merely a tool to *evidence* these practices. It is tightly bound up in the neoliberal feminist 'network of exchange' whereby 'girlfriends cultivate each other's entrepreneurial selves (Winch, 2013:67). These findings raise concerns that if contemporary forms of sisterhood is predicated on the use of social media, and women's willingness to publicly engage with such content, then it will exclude those who are in precarious situations whereby social media further threatens their existence. Resultingly, this sober sisterhood centres and raises the voices of those who have the most freedom, equality and resources to sustain any resulting implications of public disclosure.

5.2.2.3. *Shared practices of femininity.*

At sober socials women leaned on femininity as a means of 'doing' friendship. Similar to social media, practices of femininity provided common ground for conversations. These findings echo Thurnell-Read's (2011 and 2012) research regarding stag do's in Eastern Europe whereby masculine conversations were constructed to facilitate bonding amongst a group of men who may not know each other. Perhaps they are perceived as 'safe' topics, or universal

truths, whereby it is assumed that most women are able to relate and contribute. However, the shared practices of femininity that have been identified as a hallmark of the Girls' Night Out (Nicholls, 2019), were absent from sober socials. For instance, I did not observe conversations regarding women getting ready together, or the sharing of material objects such as clothing or cosmetics. When I used the lavatory at sober socials, women were not sharing cubicles or applying cosmetics in the mirrors in the ways that I remembered from nightclubs. Furthermore, there was no evidence of pre-event socialising, known as pre-loading (Atkinson and Sumnall, 2017), 'risk management' practices (Barnett, 2017; Bancroft et al., 2014), or 'caring for friends' (MacLean, 2016), in the same way that women built or reinforced connection through drinking practices. Being sober makes some of these practices redundant, in the sense that 'pre-loading' and 'risk management' strategies are no longer required if alcohol is not being consumed. However, this absence is still noteworthy; arguably, the removal of alcohol disrupts the short-cut to connection that shared practices of femininity can provide, and that alcohol ameliorates shared practices of femininity in a way that is awkward or difficult when sober. To some extent I lamented this when I reflected upon the group of women who were heading for a night out within the vignette – I think it can be felt as quite a deep absence even though many within the community do not openly acknowledge this.

Instead, the connection between women at the sober social was more akin to networking than a Girls' Night Out whereby individuals are seeking to project the best version of themselves, to people they do not know (very well), and without alcohol. The networking-like dynamics mean that the intimacy of shared practices of femininities are less likely and less relevant at sober socials where attendees may be strangers or acquaintances rather than close friends. Indeed, networking is an apt comparison when it is considered how friendship and intimate sociality is simulated between these women in order to advance their sober selves and create a sense of 'sober sisterhood'. While Community E may have been trying to reimagine the Girls' Night Out without alcohol, it is somewhat of a false comparison if the women do not feel close enough to engage in these shared practices. Based on observations conveyed within the ethnographic vignette, it was evident that at sober socials, the strongest friendships were those between women who had started on their sobriety journey together (such as Olivia and Ruth) – in the same challenge, or around the same time. This temporal alignment meant that women likely leaned on one another to overcome the adversity of early sobriety together which facilitated an authentic strong bond or intimacy – arguably a more genuine form of sisterhood. It could be interpreted that these are more likely to be the 'healthy relationships' that were envisaged by Bogg and Bogg (2015:240) to support the development of recovery capital rather than those which are yoked within a system of exchange on Instagram.

5.2.3. Serving no- and low-alcohol drinks in the pursuit of social and cultural capital.

In recent years, NoLo drinks have experienced significant growth and development as a product category (Chittock, 2022), which has led to their use as a tool to change drinking behaviours (Nicholls, 2022b, 2023). Findings from fieldwork, outlined within the ethnographic vignette, suggest that NoLo drinks are used by online sobriety communities to reimagine drinking practices during sober socials. For example, in the first instance, a glass of *Lyre's Classico* was served on arrival at the Soiree (see Figure 12). This worked to reduce the usual stress or uncertainty experienced, as a non-drinker, when walking into a bar for the first time, particularly if there are concerns regarding the risk of relapse (Corfe et al. 2020). Furthermore, serving alcohol-free (as opposed to 0.5%) drinks, that are disclosed to attendees beforehand may off-set concerns or fears by women that they would inadvertently consume a drink that contains alcohol, or experience cravings (Caballeria et al., 2022).

The wide, shallow glasses in which the *Lyre's Classico* was served (and also shown in Figure 12) was in keeping with the 1920s speakeasy location, The Snug. In selecting this particular NoLo drink and curating the way in which it was served, Community E sought to boost attendees' 'positive sense of self' (Bogg and Bogg, 2015:240) by presenting it as a social prop that imbued sobriety with the same sophistication and glamour that is traditionally associated with Champagne. Community E's decision to serve a Champagne-alternative also signifies a sense of occasion, as if to celebrate the 'sober self' – and in providing the same drink to everyone upon arrival, it created a shared experience of celebration which worked to destigmatise sobriety.



Figure 12: Photograph of Lyre's 'Classico', Instagram Post. 20th December 2022. Available at: <https://www.instagram.com/p/Cmzre1OBWLc/>. [Accessed 30 November 2023].

The curation of the Amaretti Sour by mixologists at the Soiree position NoLo drinks as both the art attraction and the experience. An example is shown in Figure 13 below. It suggests that the growing trend towards craft consumption and identity (Schnell and Reese, 2014; Withers 2017) is also applicable to women's contemporary recovery culture in the UK. In this instance, the non-drinking identity is intertwined with that of the average consumer; it is suggestive of a consumer who feels more educated and informed, and who has the time and money to appreciate the 'art' form of non-drinking. In 'buying into' such identity politics of craft consumption, 'non-drinking practices' of NoLo drinks generates cultural capital that is valued not only within the recovery culture of online sobriety communities but transcends across consumer culture more broadly. The branding and positioning of these NoLo drinks reinforces the higher socioeconomic demographic of online sobriety communities, and, in turn, supports Anderson et al.'s (2021) contention that NoLo drinks are a 'higher socioeconomic phenomenon'. Indeed, at the time of research it was extremely uncommon to find such a range of NoLo drinks offered at a typical bar, restaurant or pub, and so those who do not drink are beholden to the cost of community membership or ticket price to access a setting and occasion where such choice, creativity and presentation is afforded to alcohol-free alternatives.



Figure 13 (Left): Photograph of Lyre's 'Amaretti' and a 'Lyre's Amaretti Sour' cocktail. Product Image. No Date. Available at: <https://lyres.co.uk/recipes/non-alcoholic-amaretto-sour-mocktail> [Accessed 20 November 2023].

The creativity exuded by the mixologists worked to increase cultural capital of attendees by challenging existing beliefs that non-drinking means relying on soft drinks, which were perceived by many research participants to be infantilising and uninspiring. However, such development of recovery capital is predicated on the fact that NoLo drinks, and the emerging craft thereof, mimics drinking practices, and implicitly suggests that alcohol, and the consumption of alcohol, is what needs to be copied and aspired to – entrenching the cultural

value of alcohol. Instead of challenging existing social images or models they are instead somewhat reinforced through these practices.

It is further evidenced by Community E's decision to host a sober social based around cocktails. An example of an alcohol-free cocktail from one of its sponsors, Everleaf, is pictured below (Figure 14).



Figure 14 (Left): Photograph of an 'Everleaf Mountain cocktail'. Instagram Post. 7th April 2023. Available at: <https://www.instagram.com/p/Cqut-3-LqEJ/> [Accessed 30 November 2023].

Once more it exudes class and sophistication from its presentation in a thin-stemmed glass, and its delicately applied head of foam and garnish allude to the artistic skills required in order to create it. Arguably, however, these drinks serve to entrench the pre-existing feminisation of alcohol by creating and serving cocktails that draw on stereotypes of femininity, including pink colours, flowers for garnish, and glass that is closer to a wine glass than a pint glass (Nicholls, 2016). By sight only, one would never assume this was alcohol-free. Everleaf and Community E are distinctly leaning into the connection between cocktails and femininity that emerged in the post-feminist era of the early 2000s, with *Sex and the City's* (1998-2004) prominent feature of the Cosmopolitan. This strategy may work to reassure women that the social and cultural capital created through traditional, heteronormative gender performance is not impacted as a result of their alcohol refusal. However, it maintains and reinforces the discourses of gendered marketing of drinks and drinking practices (Atkinson et al., 2021; Sperkova, 2020), and may subsequently work to further exacerbate the disproportionately heteronormative, middle-class female engagement with online sobriety communities.

More generally, serving NoLo drinks at sober socials provided women with a new 'social strategy' (Bogg and Bogg, 2015); it provided a common topic for conversation. This was evident in the discussion between attendees at the Cocktail Soiree regarding the alcohol-free 'off-licence' – 'most had a story to tell' of their experiences. The shared experience of 'clinking all the way to the tube after going to the shop' suggests that members had independently experienced and reflected on the social stigma that they still feel when associated with alcohol-like bottles or sounds. The ability to laugh about this situation with others who would empathise conveys the role that sober socials play in facilitating peer-to-peer connection which serves to de-stigmatise (problematic) alcohol consumption. Yet the similarity in appearance and sound to alcoholic drinks, once more maintains women's connection to their former drinking practices or experiences which may prevent them from building a positive sense of self that is required for recovery capital, if they continue to feel somewhat nervous or ashamed.

Some of the events depicted within the ethnographic vignette were sponsored by NoLo drinks brands; they offered discounted or free products and in return were featured within content shared on SNS. While some studies have been conducted regarding the marketing messages of NoLo drinks (Vasilijevic et al., 2018; Nicholls, 2022b), more studies need to consider this form of marketing through online sobriety communities. To an extent, it would seem that sober spaces and online sobriety communities are being co-opted by NoLo brands as a marketing opportunity which benefits influencers and community founders, in terms of both social and physical (financial) capital, but to the cost of member anonymity or privacy. In turn, the members who utilise their social media accounts to share photographs or reels of their NoLo drink consumption may also experience increased social capital by evidencing consumption and their role as a 'good consumer citizen' (Nicholls, 2021) and seek to position themselves as part of the growing industry of non-drinking 'experts'. The interdependent relationship between NoLo drinks and women within online sobriety communities conforms with Winch's (2013:193) assessment that 'the more that individuals buy into self-branding, the more they will consume'. In sum, women's bodies and their embodiment of the 'sober self' are used as the free advertisements for these products – women's liberation repackaged within the branding of another consumable. Just as fitness influencers or individuals can align their embodied self-brand with athletic apparel (Lavrence and Lozanski, 2014; Santarossa et al., 2016), those who do not drink can attach the value of their body to the tangible asset of NoLo drinks – one of few tangible products that can be affirmatively linked, or sold in association, with sobriety.

5.2.4. Subverting the role of the night time economy within ‘non-drinking practices’.

In the post-millennium era, the development of the NTE has been intimately entwined with intoxication (Measham and Brain, 2005; McPherson, 2017), the pursuit of pleasure (Fry, 2011), and the Girls’ Night Out (Nicholls, 2019). The observational findings, conveyed in the ethnographic vignette, suggest that ‘sober socials’ support women in their sobriety journey through subverting the role of the NTE within ‘non-drinking practices’.

‘Sober socials’ reflected a shift away from the temporality of the NTE, when intoxication is most visible: Community H’s brunch, Community E’s Cocktail Soiree, and Community A’s alcohol-free drinks festival were all hosted during the day on a Saturday. These ‘sober socials’ have distanced ‘non-drinking practices’ from after-work, mid-week, happy-hour cultures and drinking spaces through organising them during the day at the weekend. This temporal shift to earlier in the day arguably assists women to build cultural capital (Granfield and Cloud, 2008; Bourdieu, 1986) by facilitating access to leisure spaces and alco-centric spaces, whilst reducing the risk that they will have to share the space with people who have consumed alcohol. This may work to mitigate the risk of being emotionally ‘triggered’ or relapse to past drinking behaviours (Corfe et al., 2020), and to some extent, protect them from the male violence that some women had raised as a concern during interviews. It is also in keeping with the shift in how research participants managed their own schedules; they typically went to bed earlier and awakened earlier than they had previously.

The daytime ‘non-drinking practices’ featured in the vignette could be viewed as an alcohol-free subversion of contemporary forms of feminised daytime drinking that have grown in popularity and social acceptability. These include bottomless brunches (unlimited prosecco with brunch) or ‘gin and yin’ (gin cocktails during yin yoga), some of which were cited by participants as features of their former drinking behaviours. Despite the lack of alcohol within the Lyre’s and Everleaf drinks served at the Cocktail Soiree, these practices show the temporal expansion of drinking practices, particularly those targeted at women. However, it is evident from the vignette that women at the Cocktail Soiree were able to prolong their pleasure (Bancroft et al., 2014; Fry, 2011), due to absence of alcohol, for much longer, and without the ‘messy and smelly consequences’ (Nicholls, 2022:7) that some sober women have ascribed to their past drinking practices. Indeed, this was somewhat reinforced at the end of the vignette when I was heading home (sober) and passed women who were tipsy which caused me to reflect on my own past experiences of drinking. Based on these findings, it is evident that there is an opportunity for NoLo drinks to enable ‘additional’ consumption, rather than ‘substitution’ practices (Corfe et al., 2020; Nicholls, 2023), by facilitating the creep of alcohol-like products

into situations and temporalities when they would be less acceptable (such as morning or at a fitness class), and by supporting moderation, pacing or mindful drinking – a ‘life hack’ (Nicholls, 2022b:22).

Yet on multiple occasions the ethnographic vignette conveys the colliding of temporalities that sober women experience during their ‘non-drinking practices’. Merely because ‘sober socials’ take place during the daytime, does not prevent women’s interaction with the NTE – or the fallout from it. I saw and smelt the detritus from the night before whilst walking through the city streets at 10am on a Saturday morning. This serves as a rude awakening to the senses and a clear reminder of problematic former drinking practices, such as vomiting. They cannot be escaped. While this may act as a positive reinforcement of the decision to opt-out of the NTE and therefore counteract lingering beliefs that drinking is the pathway to pleasure, it can also trigger emotional reflections and threaten one’s ‘positive sense of self’ (Bogg and Bogg, 2015:240). Upon exiting the Cocktail Soiree in Bethnal Green, I came into contact with the NTE again. This time I was faced with a lively, London scene of revellers heading out to local bars, restaurants or clubs, and already a little inebriated. To me, it raised questions of belonging, and whether sober women feel that they are at odds with, or excluded from, the connections built during intoxication – but also how the recovering body has ‘transformed our own relations with time and space’ (Juvin, 2010:1), including other bodies within those temporalities and spaces. For example, sober women may be more consciously aware of their own presence in the NTE (Smith, 2019; Bates, 2014), particularly in relation to their own safety – this was front of mind as I walked through Bethnal Green in ‘sensible’ shoes that I could walk in, but also run in if I needed to run away from a man. This hyper-awareness of women’s own personal safety may be heightened in sobriety and thus switching to daytime events may assist women in achieving safety and build physical capital. As discussed in Chapter Four (‘Forming ‘sober sisterhood’ among women who use online sobriety communities’), this may be particularly relevant for women who use sobriety as a feminist strategy to reduce the risk of male violence and are very aware of the risk to women’s bodies due to past experiences.

In a number of ways, however, Community E’s Soiree sought to maintain and replicate features of the NTE that are perceived as pleasurable and may have served to build women’s recovery capital. In the first instance, their instruction to ‘come classy’ was intended to simulate the ‘dress up’ that is performed in nighttime drinking spaces. However, while a flirtation with more exaggerated examples of femininities was observed at the Soiree - hair was decidedly longer, more styled, with more noticeable cosmetics, and clothing was more sparkly and tightly fitting – women had generally avoided the performance of hyper-femininities that is typically evident within the NTE (Dilley et al., 2014), and instead supplemented this with ‘respectable’

femininities (Skeggs, 2005). Their non-drinking behaviours supported this performance; women preserved their curated appearances through the avoidance of alcohol intoxication – leaky bodies (Shildrick, 1997) were not visible, and women remained in control of their speech, behaviours, and movements.

Quite literally, there is a peer surveillance of women's bodies during these face-to-face contexts organised by online sobriety communities, whereby women are 'reading' other women's bodies for signs to confirm that they are sober (Gill, 2017). Due to the absence of aggressive heterosexual pursuit at these socials, it was evident that women were primarily performing femininity through 'dress up' for the purpose of 'the girlfriend gaze' (Winch, 2013:22), or for their own pleasure – not for the 'male gaze' (Mulvey, 1975:808). This is likely to have informed women's deviation away from exaggerated femininities towards respectable femininities. Such conformity of femininities may elevate women's sense of social capital among peers, through the performance of socially expected gender roles of women (to be presentable, social, and engaging, without embarrassing oneself). While this pursuit of respectability boosts women's recovery capital through conformity with social expectations and social norms, unfortunately it does little to resist traditional, moralistic expectations of women (Neale et al., 2014; Fox, 1977). Thus, the formation of 'non-drinking practices' poses limited challenge to the structural positioning of women.

5.2.5. Restricted entry to the sober social due to 'negative recovery capital'.

In 2008 Cloud and Granfield outlined 'situations where recovery capital can be seen as resting on the minus side of zero – negative recovery capital' (p. 1977). They identified some 'personal circumstances, individual attributes, behaviours, values etc' that contributed to this negative recovery capital, such as age, gender, physical and mental ill-health, and incarceration (p. 1977-1980). However, I interpret the construct of 'negative recovery capital' to be linked to structural failures to recognise the intersectional needs of women in recovery – not failures in the 'personal circumstances' of the 'individual' (Cloud and Granfield, 2008:1977). 'Negative recovery capital' is an intersectional feminist issue.

Findings from fieldwork, outlined in the vignette, suggest that circumstances and features of sober socials work to exclude women who have less or 'negative recovery capital' and subsequently work to entrench alcohol-related harm inequalities (Bloomfield, 2020). This section highlights and discusses these concerns, whilst recognising that the data collected is

unable to robustly inform understanding of the intersectional needs of women in recovery and thus offers suggestions regarding future research.

It was felt by one participant (Violet) that experiences of sober socials were not shared across the geographic regions; she suggested that communities in the North of England would not be able to host the kinds of events that are hosted in London or the South of England, depicted in the vignette, due to disparities in income – physical capital. Instead, it may be perceived by sobriety community members that some ‘sober socials’ are spaces which are inaccessible to those with less income. This is further entrenched by the efforts of some London-based online sobriety communities to portray the events as ‘classy’ and hosted in ‘exclusive’ locations, as was seen with Community E’s invitation to the Cocktail Soiree.

The absence of discussions within the Facebook groups regarding ‘sober socials’ suggests that attendees of sober socials were a minority of those who were members. It may be the case that some sober women do not have the means or ability to attend these events due to other responsibilities or limited resources. Indeed, there was a financial cost to attend most events – in terms of food, drinks or tickets – outlined within the vignette. Some larger events hosted by sobriety communities cost considerably more: between £50-100. Travel to, and around, a city centre also incurred cost (see Table 4). These costings emphasise that a woman’s physical capital (in terms of money and transport) impacts the extent to which they can build recovery capital via online sobriety communities – cost is a significant barrier to entry for those of lower economic means.

While sober socials did take place in other cities across the UK, such as North Wales, Manchester, Surrey, and Liverpool, they were generally not operative in local towns. Travel to, and around, a city centre posed additional concerns for women who attended the events – whether due to unfamiliarity or safety – and may have served as another barrier to those with less human (Becker, 1964) or cultural capital (Bourdieu, 1986). During my observations at Club Soda’s alcohol-free ‘off-licence’ it was also apparent that engagement with NoLo drinks was influenced by what people could physically carry from the shop and through the West End of London. Thus, the extent to which women engaged with online sobriety community socials was impacted by their ability to journey to and from the location. It is likely that the physical challenges of navigating London’s public transport network and busy streets would have prohibited the attendance of those who are disabled. Other community events that were referenced in social media posts and participant interviews included physical activities such as runs, hikes, dancing, spinning, and paddleboarding. Therefore, there were a multitude of events that would have been unsuitable or inaccessible to those with physical health

conditions. For example, Alison – a research participant – had multiple health conditions and was not particularly mobile due to arthritis and joints that had been replaced. In her own words she had become a bit of a ‘hermit’ due to this lack of mobility, but also due to the weight she had put on as a result of the drinking and over-eating. She preferred to communicate via Facebook so people couldn’t ‘see’ her. In turn, this reinforces concerns that women’s human capital, in terms of health and body, would significantly impact their ability to participate in ‘sober socials’ hosted by online sobriety communities.

During a community webinar I facilitated with sober author Chelsey Flood, she highlighted the barriers to participation that people with autism face:

When I was getting sober, but after I got my [autism] diagnosis, I was listening to the way people talked about feeling like they were always on the outside of things, and not knowing how to connect with people, and not knowing how to...they always felt a strange alien feeling. And I thought, “how many of us are autistic in here and what’s going on?”

Here she speaks of the difficulties that autistic people may face when attempting recovery; their struggles to build social and cultural capital due to challenges in communication, engagement, and inter-personal relationships – the homosocial intimacy that the ‘sober sisterhood’ and ‘sober socials’ are founded upon. For neurodiverse people, online communities may remove some of the challenges of face-to-face interaction, but ‘sober socials’ may remain relatively inaccessible. It is difficult for women with autism to participate within the ‘sober sisterhood’ if they resist the implied agreement for ‘peer to peer monitoring’ (Winch, 2015:21) and do not experience the ‘nurturant, supportive feeling of attachment’ (Dill, 1983:132). With a tendency to go mute or isolate themselves when dealing with difficult feelings or overwhelm (National Autistic Society, n.d.), the human capital needs of autistic people may be greater, whilst social needs lower, than neurotypical women within the ‘sober sisterhood’.

Furthermore, it has been found that women with autism may struggle to comprehend and perform socially expected, heteronormative and traditional, gender roles or femininities (van der Miesen, Hurley and De Vries, 2016) that were displayed at the sober socials. Chelsey spoke of this both during the webinar and in her blog posts:

It [femininity] never made any sense to me and so I mostly just ignored it. But not without cost.

(Chelsey, sober author and blogger.)

If the 'sober sisterhood' privileges and rewards heteronormative femininities under the 'girlfriend gaze' (Winch, 2012), particularly when establishing intimacy and 'girlfriendships' (ibid), where does 'the autistic woman' (Chelsey's words) fit? How can women with autism build social capital whilst rejecting social expectations and social norms expected of women?

This absence within the data of disabled women's experiences of sobriety is suggestive that there are barriers and challenges to their inclusion within online sobriety communities, and particularly at 'sober socials'. Undoubtedly more research is required to understand their needs in recovery, and their experiences. It must also be acknowledged that ethnographic observations are not necessarily the most appropriate method to research disabled women's experiences of sobriety; not all disabilities are visible. For instance, women with autism are likely to 'mask' autistic behaviours (Cassidy et al., 2018).

Further, the ways in which online sobriety communities reimagined drinking practices within their 'sober socials' may have informed the extent to which women of different age groups, or stages of the life course, attended. Women were predominantly over 40 years old at Community H's brunch, whereas the attendees of Community E's Cocktail Soiree were primarily in their 20s or 30s. This division may have been informed by the differences in locations, temporalities, and dress codes of the respective events. Older sober women may feel a social pressure to 'tone down' (Twigg, 2012) their performances of femininities which prevented their attendance at the Soiree. Alternatively, they may have other roles and responsibilities later in the day that they are working to fulfil. As such, age, or the life course, may create a shift in how women 'do' 'non-drinking practices' and therefore alter their emphasis on the different factors of recovery capital (Cloud and Granfield, 2008).

Through an illustrative vignette, constructed from in-person ethnographic observations recorded in my field diary, this section has shown how the sober social assists women, who use online sobriety communities, to reimagine drinking practices and re-learn how to 'do' leisure to navigate sobriety (Hood, 2003). The 'sober social' supports the development of women's 'sober self' and the 'sober sisterhood', although some questions remain regarding belonging. Online sobriety communities manage to repurpose, and facilitate access to, leisure spaces such as the NTE. In turn, this community engagement, and the social strategies (Bogg and Bogg, 2015: 240) facilitated by 'sober socials', assist women to navigate sobriety by boosting their social (Bourdieu and Wacquant, 1992) and cultural capital (Bourdieu, 1986). The value of this capital, however, is problematically predicated on mirroring and maintaining the existing, prevalent associations between alcohol and glamour, sophistication, and

celebration (Gallage et al., 2020), and a propensity to consume. Furthermore, the social and cultural capital generated through 'non-drinking practices' relied upon traditional and restrictive stereotypes of respectable womanhood (Neale et al., 2014; Hennessy, 2017) and gendered drinking practices (Atkinson et al., 2021; Emslie et al., 2015). It is clear that for those with less human (Becker, 1964) or physical capital (Shultz, 1961), there is reduced access to these opportunities for leisure which may, in turn, perpetuate 'negative recovery capital' (Cloud and Granfield, 2008) and inequalities between women.

5.3. An ethnography of Club Soda's alcohol-free 'off-licence': re-working an alco-centric space.

Scholars have raised the importance of alco-centric spaces, such as the pub, for community, connection, and leisure (Markham, 2013; McPherson, 2017; Thurnell-Read, 2021). Some studies have also considered the role of spaces to support those in recovery, such as greenspaces (Masterton et al., 2021), on-campus spaces (Scott et al., 2016) and 'community arenas' (Litwiller et al., 2016:349). However, little is known regarding the emergence of alcohol-free spaces that assist individuals to develop 'non-drinking practices'. By this, I refer to bars or tasting rooms that serve only alcohol-free drinks, such as Sans Bar in the USA, pop-up bar Sober Social in Bristol, UK, and Club Soda's pop-up alcohol-free 'off-licence' which subsequently became a permanent fixture as a 'tasting room' in Covent Garden, London.

This section draws on ethnographic observations and staff interviews conducted at Club Soda's pop-up alcohol-free 'off-licence' whilst I engaged in temporary, volunteer work as a shop-assistant, and as further detailed within the Methodology Chapter's 'Fieldwork settings' (section 2.8.2.4.). In doing so, this section explores how Club Soda (an online sobriety community) reworked an alco-centric space, and drinking practices therein, to assist women to navigate sobriety, specifically: providing a place of community and safety for sober women, affording the opportunity to seek advice on and explore NoLo drinks, and by increasing the sober curiosity of visitors to the shop. These are explored in turn within the proceeding sub-sections.

5.3.1. A place of community and safety for sober women.

First, it is important to consider that more women than men were customers at Club Soda's alcohol-free 'off-licence' (n=88 of 148). Further, based upon my questioning of customers, non-drinking women outnumbered non-drinking men by over 100%. These findings contradict the limited existing research regarding gendered patterns of NoLo drink consumption which focus on male consumption of NoLo drinks within traditional drinking spaces (Anderson et al., 2021; Corfe et al. 2020). As such, Club Soda's 'off-licence' provided an environment in which women may have felt more comfortable or empowered to participate in 'non-drinking practices' than typical alco-centric leisure spaces – or in domestic spaces – possibly due to the absence of drinkers and/or the broader choice of alcohol-free drinks (the selection at pubs and bars is often limited to NoLo beers). For those whose past experiences of problematic drinking entailed male violence in the NTE, or who drank at home in the evenings, the 'off-licence' provided a step-change in culture and disrupted former associations.

The 'off-licence' was a unique commercial space that blended features of a boutique retail store with a bar. In this space online sobriety communities organised 'sober socials' with their members free of charge. Figure 15 shows one of these events. Women used the drinks as a conversation-starter – or a 'social strategy' (Bogg and Bogg, 2015:240) - with women in their community, some of whom they were meeting for the first time. Compared to other retail customers, however, those who came to the shop as part of a sober social spent longer in the



Figure 15 (Left): Photograph of inside Club Soda's alcohol-free 'off-licence'. 22 Jan 2022. Researcher's own collection.

shop and sampled less of the product selection because their main focus was on building connection with one another – not on the NoLo drinks. This is evident in the way that the women are standing facing one another – not facing the shelves and not moving across the shop, unlike other customers and staff in the image. In this way, the off-licence echoes some of the affordances of the village pub; customers valued it for sociability, community, and connection – something that may have been missing in their sobriety (Markham 2013; Thurnell-Read 2021).

This facilitation of connection made some women feel comfortable enough to talk to others about their sobriety and the reasons they gave up drinking – returning again to the social strategy of sharing ‘sobriety stories’ grounded in their lived experiences. At a cocktail masterclass hosted within the ‘off-licence’, Oti, who was one year into recovery, spoke of the disappointment in ‘fading’ friendships now that she no longer ‘goes out’ in the same way; ‘there are no invites or take-ups of non-drinking offers’. Another woman recalled the challenges of entering sobriety during the COVID-19 lockdown when there was ‘general panic and nothing else to do’. During her interview, staff member Florence reflected on this phenomenon:

The off-licence offered not only a place where people could explore alcohol-free drinks but also a place of community and safety, where people could come in and open up a little more about where they’re at than they could have done in another space.

(Florence, staff member)

As such, observations suggest that women experienced the ‘off-licence’ as a place where sobriety was less stigmatised (Goffman, 1963 [1990]) which enabled them to feel comfortable when talking to staff, or other customers, about their challenges and experiences of sobriety — they were no longer the excluded other (Herman-Kinney and Kinney 2013; Hill and Leeming 2014). This destigmatisation was facilitated by the informal, bright, commercial setting which worked to off-set any associations with support groups or support meetings. Furthermore, the fact that the shop was leased by an online sobriety community meant that customers knew that their disclosures were more likely to be met with understanding and empathy than at a typical retail store (such as Sainsbury’s, for example).

A few female customers suggested they were trying to not drink during January but ‘hoped’ it would become a more permanent choice if they enjoyed the alcohol-free alternatives. Sometimes this was said to me without eye contact, and sometimes with a tone of frustration, as if to suggest that they were struggling to establish sobriety. Florence, who worked at the

off-licence over a longer period, recalled some occasions where women took the opportunity to ask her for advice about how to stop drinking but due to the busy nature of the shop this was not a common occurrence. However, it does show the role that the 'off-licence' played in having staff who were able to empathise with women's lived experiences and direct them to other avenues of assistance. While the 'off-licence' by no means served as a walk-in support centre, some women clearly deemed it a safe space in which to ask for help regarding next steps, supporting them in their journey towards establishing human capital (Becker, 1964), such as improved health and emotional resilience.

5.3.2. Seeking advice on, and exploring, no- and low-alcohol drinks.

A minority of individuals in recovery sought advice on appropriate alcohol-free alternatives after raising concerns that drinks which smelled or tasted too much like alcohol could prompt them to start drinking again. This echoes previously documented concerns from those in the treatment space about the potential risk of relapse associated with NoLo drinks (Caballeria et al., 2022; Corfe et al. 2020). These customers typically seemed most shy and nervous upon entering the shop and were asked some questions, by the shop staff, regarding their preferences to help them navigate the selection.

Some customers addressed this by selecting drinks that were not dealcoholized, i.e., had not been made with alcohol but subsequently removed, or that were alcohol-free rather than 0.5% ABV. The 'tasting station' (in Figure 16) also enabled customers to get close to, and interact with, the products. The already-open bottles and selection available meant that those who



Figure 16 (Left): Photograph of the tasting station located in the middle of Club Soda's alcohol-free 'off-licence'. 18 Dec 2021. Researcher's own collection.

were unsure regarding flavours or smells were easily able to reject or decline products that were unsuitable without feeling inappropriately pressured to purchase. These findings identify how former drinkers sought specialist knowledge from staff, and a safe, supportive environment in which they could sample small volumes, to minimise risk. Based on talking with staff I learned that Club Soda abandoned their plan to stock 'low alcohol' (i.e., 1-4% ABV) products due to the potential loss of customer confidence that it would create which suggests that the value of the off-licence in being an exclusively 'alcohol-free' space was greater than merely providing alcohol-free options among other beverages. It must be acknowledged, however, that those who are concerned about the risk of relapse associated with NoLo drinks would have been less likely to visit the 'off-licence'.

It was most challenging to serve women who were seeking alcohol-free alternatives during pregnancy. They experienced a heightened sensitivity to flavours, smells and sweetness that may be typical of sensory changes during pregnancy (Nordin et al. 2004). It also became apparent that the labels of some alcohol-free drinks stated that they were not suitable for pregnant women, likely due to the herbal or caffeine content. As Miller et al. (2021) highlight, this is an important area which deserves further attention considering the numbers of women who will experience pregnancy, and due to the known health risks associated with alcohol consumption during pregnancy (NHS 2023). This emphasises, however, the sex-specific challenges that women in recovery may face when seeking to increase recovery capital through developing 'non-drinking practices', particularly if they had been using NoLo drinks to navigate sobriety beforehand, or if they are looking to embark upon sobriety whilst pregnant.

The 'off-licence' provided the opportunity for sobriety influencers to engage with the products and create content regarding the products which was subsequently shared with their followers. For example, during staff interviews I learned that footage of the 'off-licence' had been widely shared on TikTok amongst London's Muslim community. Consequently, large numbers of Muslim customers visited the shop during the following week. Many women of faith wanted to find products that would enable them to negotiate contemporary drinking practices in the UK, and maintain friendships, whilst honouring religious beliefs. The presence of Hindu and Muslim women within the shop prompted me to consider that such a retail venue, accessible during daytime yet without a specific focus on 'recovery', may also serve to reduce barriers to women of faith who may be drinking problematically and want to reach out to others for help but would not ordinarily attend dedicated support meetings or online forums due to cultural stigmas (Galvani et al., 2023). Furthermore, in the 'off-licence' women of faith were also able to navigate around dealcoholized products which were sometimes deemed unacceptable for religious reasons (Alzeer and Hadeed, 2016). This cultural nuance has hitherto been

overlooked within existing studies of NoLo drinks which have predominantly focussed on beer and wine alternatives but emphasises the need for clear labelling regarding alcoholic content and manufacturing process. Furthermore, it shows how the presence of specialist staff within this retail venue served to assist customers who may have particular requirements of faith or diet.

Cocktail and wine masterclasses, hosted within the 'off-licence' but ticketed, reoriented the focus of the space away from that of a retail space to more of a creative reworking of a bar, which has subsequently been termed a 'tasting room'. A sample of photographs of these events are shown below. These events shifted the focus of participants from transactional consumption to experiential consumption, whereby they were intending to be in the space for a longer period of time, consuming beverages, socialising, but also learning. The masterclasses were typically facilitated by a third party 'expert', such as a sommelier or mixologist, who imparted their product and subject knowledge onto participants. Compared to alcoholic cocktail/wine masterclasses I attended when I was a drinker, I observed that there was a more studious and earnest willingness to learn by those who were in attendance – concentration was not dulled by alcohol. It was an attempt to convert the non-drinking identity into useful knowledge and skills, or human capital, relating to NoLo products – not merely about ingredients of the products, but the industrial process of dealcoholization and production.



Figure 17 (Left, Above): Photograph of cocktail masterclass recipe sheet, 2022. Researcher's own collection.

Figure 18 (Right, Above): Photograph of wine masterclass, 2022. Researcher's own collection.

Such events also worked to destigmatise sobriety by tying NoLo drinks to the cultural capital associated with the emergence of contemporary ‘foodie’ culture (Johnston and Baumann, 2014), with an emphasis on pairings and flavours. Further, by sharing the stories behind the independent brands and products, the mixologist and sommelier worked to tie ‘non-drinking practices’ to the broader trend of ethical consumption and authenticity, enabling attendees to feel that they were part of a broader movement of ‘commodity activism’ (Mukherjee and Banet-Weiser, 2021). Despite the sometimes sexist and heavily gendered nature of craft drink cultures (Thurnell-Read, 2022), the ‘off-licence’ provided a more feminised space where more women participated in this form of consumption and knowledge exchange – moving away from the ‘heavily masculinised spaces’ of ‘beer festivals, brewpubs and taprooms’ (p.1). This ‘community engagement’ (Bogg and Bogg, 2015:240) was perhaps facilitated by the curation of a space which was smaller and intimate, colourful, and bright, and moved the discussion away from a predominant focus on craft beer (Gee and Jackson, 2012; Thody, 2014; Thurnell-Read, 2022). However, at nearly £50 per ticket for these events, the ability of women to use these events to boost human and cultural capital through craft consumption was heavily dependent upon their physical capital to pay.

5.3.3. Increasing sober curiosity.

Some women in sobriety also utilised the ‘off-licence’ as a destination venue for female bonding with their friends who drink. Sam, another member of staff, spoke of an instance when a group of three women had travelled to London, from Scotland, for their annual weekend away. One of them was a non-drinker and brought her two friends who were drinkers:

She was quite anxious...but once they actually got to the shop and on a ‘wine journey’ she relaxed, they relaxed, and the two drinking friends were quite happy with the experience and what they had been able to try.

(Sam, staff member)

This observation from Sam conveys a role reversal; typically, alcohol-free drinks are used by the non-drinker to fit in to a drinking event (Nicholls, 2022b). In this instance, however, drinking friends were compelled to consume NoLo products to assimilate within the social and commercial environment that was alcohol-free. This shows how the off-licence facilitated women’s continued participation in shared practices of pleasure, friendship and sisterhood

associated with women's drinking practices (Fry, 2011; MacLean, 2016) and provided an alternative, alcohol-free venue in their typically alco-centric Girls' Night Out (Nicholls 2019).

There was a pattern observed by both staff members and I that drinkers, who visited the off-licence, would strongly emphasise to staff, 'I'm a drinker' or 'I still drink'. As explained by staff member Veronica during her interview, 'they tell you very actively...they want you to be very aware of that.' I interpreted this as a form of identity work; a self-affirming attestation of identity that emphasised their positionality in the sober/drinker binary (Advocat and Lindsay 2015; Romo et al. 2015). After which, they would quickly self-correct and say something similar to: 'but I don't drink too much, well maybe sometimes, but not regularly'. This pattern made me reflect on how the 'off-licence' facilitated a role reversal between non-drinkers and drinkers where the latter worked harder to assert identity and justify their drinking practices. As such, the off-licence provided a previously unknown and untested space in which, perhaps for the first time, non-drinkers felt that they were the norm, and drinkers felt like the 'other' or the 'outsider' to the shared 'non-drinking practices' happening within.

The off-licence sought to target the trade generated by widespread engagement with Dry January, yet relatively few of the customers I served were affirmatively taking part in Dry January. I worked two shifts in January and would typically ask customers, 'Are you doing Dry January?' as a way to open conversation. Of the 70 (approx.) customers I served during January, only six affirmed that they intended to abstain for January. This low proportion suggests that those who are only abstaining for a month may not be interested in obtaining alcohol-free alternatives. It could also be the case that having a dry January additionally serves to reduce spending after the festive season (de Visser and Nicholls 2020; Taylor 2019), which conflicts with expenditure on NoLo drinks. Instead, it was more common that customers aligned with 'new year, new you' discourses to renegotiate their drinking behaviours (Yeomans 2019). By way of example, a woman who lived nearby saw the off-licence and its alcohol-free drinks to 'get back into a good routine' and create long-term behavioural change. These sentiments echo Nicholls' findings that some people use NoLo drinks as a 'nice little life hack' (2022b: 27).

The insights provided in this section provide a greater understanding regarding the role that online sobriety communities play in assisting women to navigate sobriety by reworking a traditionally alco-centric space. The alcohol-free 'off-licence' served as a specialist shop, destination venue, and events space for those who want to navigate sobriety. In doing so, it has been conveyed how online sober communities can shape 'non-drinking practices',

facilitating both a space for support but also leisure. Furthermore, the Try-Before-You-Buy model was key to assisting connection between customers and enabled some cautious customers to navigate the risk of relapse associated with NoLo drinks. Yet, it must be acknowledged that those who are concerned about the risk of relapse associated with NoLo drinks would have been less likely to visit the 'off-licence'. The physical space of the 'off-licence' enabled Club Soda, an online sobriety community, to have greater influence and engagement with customers outside of the existing recovery culture, such as those who were 'sober curious', pregnant women, and women of faith. Of particular interest was the ability of the 'off-licence' to create a role reversal between drinkers and non-drinkers, whereby drinkers engaged with NoLo products to 'fit in' with their non-drinking friends or family and appeared to work harder at asserting their drinking identity in an alcohol-free space.

5.4. “It’s kind of like weaning. I had to wean myself off of wine”: navigating no- and low-alcohol drinks as potential harm reduction tools and relapse triggers.

Drawing solely on participant interviews, this section provides insights regarding the nuanced, agentic ways in which women in recovery, who use online sobriety communities, develop 'non-drinking practices' by navigating the protective and risk factors associated with NoLo drinks through practices of consumption, such as: direct substitution, temporary avoidance, mirroring former drinking practices, switching from former favourite drinks, and monitoring ABV%. In doing so it responds to important concerns raised by those 'in the treatment space' that NoLo drinks could lead to a return to historic drinking behaviours or drinking spaces (Corfe et al., 2020:59-60; Caballeria et al., 2022), and moves away from a dominant focus on men's engagement with these products (Anderson et al., 2021; Corfe et al., 2020).

5.4.1. “I swapped one for one”: Direct substitution and temporary avoidance.

During their interviews, women reflected on their consumption of NoLo drinks in early sobriety. Over half of women suggested that they consume these drinks as a direct substitution for alcohol during the initial stages of their recovery. Violet explained what this meant in the context of her drinking practices:

So, at the beginning I swapped out, especially beer, I swapped one for one. If I had six drinks in a normal night, I would have six non-alcoholic beers, and I needed that.

(Violet, 30, 1.25 years in recovery).

Here she suggests that in early sobriety she consumed the same number of alcohol-free beers compared to the number of alcoholic beers she would have previously consumed. This is an example of direct substitution in its most literal sense. Based on conversations that I had with customers at Club Soda's alcohol-free off-licence, Violet was not alone in this. I observed that those who had stopped drinking recently were more likely to seek NoLo drinks for regular consumption in order to manage cravings, and behavioural dependency. Bobbie shared this experience:

Particularly at the beginning...I relied on them because I needed something to replace...I always have them in the fridge, but I don't necessarily need them anymore...but I like to know it's there just in case...Yeah, it's kind of like weaning. I had to wean myself off of wine, so having that [alcohol-free prosecco] in a wine glass does make me get through it in the early days.

(Bobbie, 41, 2 years in recovery).

Their use of the term 'need' suggests that these products were consumed to ease a reliance on alcohol and the habitual routine of drinking. This is further emphasised when Bobbie compares her consumption to the concept of 'weaning' – drawn from her experiences of motherhood – a word traditionally used in relation to the process of transitioning infants away from breast milk or formula to solid food but is also used in the context of drug use reduction. 'Weaning' conveys that frequent consumption of NoLo drinks was part of a process that gradually tapered to a point wherein she no longer felt dependent. This reduction over time is also alluded to by Violet who pinpoints her frequent consumption to have been a practice 'at the beginning' of sobriety when her 'need' was greatest. Such 'non-drinking practices' suggest that women are utilising NoLo products as a targeted harm reduction tool to boost resilience, and thus human capital (Becker, 1964; Bogg and Bogg, 2015), during the early days of recovery when they perceive that a relapse to drinking may be more probable. This was most common among participants who had entered recovery in the last three years, similar to Bobbie and Violet. This is likely due to the increased availability of NoLo products during this time.

In contrast to the findings shared above, some women temporarily avoided NoLo drinks in early recovery in order to 'have a break from anything that's alcohol related' (Susan, 48 years old, 2.5 years in recovery). Jules further explains this decision below:

That ritual of opening a bottle of something and drinking it all...I think for me it was important to try to get away from that. And to try to get away from the reward aspect of drinking a bottle of something.

(Jules, 45, 6 years in recovery).

Jules suggests that temporary avoidance of NoLo drinks in early recovery served to recalibrate her cognitive association between drinking and 'reward'. In doing so, she sought to disrupt the 'ritual' of her former drinking behaviours. These experiences indicate that individuals in recovery may resist or reject the role of NoLo drinks in the first instance, in order to 'convert' to new 'values and belief systems' (Cloud and Granfield, 2008:1974) and begin the process of building cultural capital (Bourdieu, 1986). It can be determined, then, that some participants believed NoLo drinks would undermine the early recovery process, rather than support it, due to their similarities with alcohol. However, all four individuals who purposefully temporarily avoided NoLo drinks in early recovery proceeded to consume these products in the longer-term.

These practices of consumption suggest that how women navigate NoLo drinks evolves throughout the time of their recovery journey, dependent on their perceived needs. For some participants, prevalent use of NoLo drinks helped to establish sobriety, after which consumption subsequently tapered. For others, they initially avoided these products to disrupt former associations with drinking practices but increased consumption once their recovery had stabilised. Therefore NoLo product consumption may be influenced by how secure or confident an individual feels in the recovery process – by the emotional skills and resilience, or human capital, that have been established (Becker, 1964; Bogg and Bogg, 2015). Furthermore, it was evident that those who had started on their recovery journey over three years ago were less likely to have used NoLo products as an initial harm reduction tool, likely due to reduced availability, and continued to be lower consumers overall. This may suggest that those who use NoLo products as a direct replacement and harm reduction tool to 'wean' (Bobbie) themselves off alcohol may remain higher consumers of NoLo products to protect their sobriety over the longer-term.

5.4.2. “...if it looks like alcohol...it’s a bit easier”: Mirroring drinking practices to support social situations.

In order to feel like they ‘fit in’ and are ‘sort of joining in with other people’ (Rachel, 44 years old, 8.5 years in recovery), participants typically consume NoLo drinks at social and celebratory occasions where they would have previously consumed alcohol, such as evenings out with friends, weddings, and Christmas. In December 2021, when I was working at Club Soda’s alcohol-free ‘off-licence’, I observed that women particularly sought guidance on sparkling wine alternatives. Customers who were non-drinkers often disclosed how this product would help them to ‘fit in’ with family or friends during festive occasions. Stephanie, a research participant, explains her experiences below:

Mostly when I’m out and part of that I just think is a confidence thing, having a drink in your hand and if it looks like alcohol and nobody realises it’s a bit easier.

(Stephanie, 2.75 years in recovery).

As alluded to by Stephanie, NoLo drinks provide a decoy – they work to create the appearance of participation in alco-centric culture whilst serving to protect participants’ sobriety from challenges by other guests.

Furthermore, it was frequently mentioned by the participants that they felt othered, less-than, and infantilised without NoLo options at social events. Some referenced orange juice, soft drinks and a ‘twisty straw’ as symbols of this. In turn, the evolution of the NoLo product category was interpreted by some women as evidence that they are part of an important, growing group whose ‘healthy deviance’ (Romo, 2012) is becoming more normalised; increased NoLo drink availability in public venues was perceived as vindication and validation of their sobriety. The assimilation facilitated by NoLo drinks, either through the product or the receptacle they are served in, also has implications for women’s ability to build social capital (Bourdieu and Wacquant, 1992) within the context of recovery capital (Cloud and Granfield, 2008; Bogg and Bogg, 2015). The prevalent association between NoLo drinks and feeling ‘grown up’ suggests that NoLo products play a significant role in de-stigmatising the choice to not drink (Goffman, 1963 [1990]), facilitating a ‘positive sense of self and wellbeing’ (Bogg and Bogg, 2015:240). The drinks also enable participants to align with expectations and norms of a social event, so that they can ‘pass’ as a drinker if they choose to (Romo, 2012), and thus avoid being perceived as an outsider (Becker, 1963 [1991]) to shared practices of pleasure and friendship (Fry, 2011; MacLean, 2016). As such, they can empower women in recovery

to develop social strategies in order that they can confidently and willingly participate in leisure activities within public spaces and maintain social relationships (Hood, 2003). However, the growing availability of NoLo drinks means that women in recovery increasingly feel disregarded and shamed if these products are not served at social events. Consequently, NoLo drinks are becoming an indicator of exclusion as well as inclusion for individuals in recovery.

Findings suggest that the receptacle in which NoLo drinks are served plays an important role in how women navigate these products as harm reduction tools. There is a prominent dislike of beakers or pint glasses, and instead the term ‘grown up’ (Mel, 69 years old, 0.5 years in recovery) appears frequently in association with particular glasses, such as a ‘crystal glass’ (Petra, 41 years old, 3.5 years in recovery), or a ‘champagne glass’ (Jules, 45 years old, 6 years in recovery). Indeed, both Jules and Petra suggested that, experientially, what the glass looks like outweighs the NoLo drink that is served in the glass. When ordering NoLo drinks in public venues, some participants request the specific glass in which they want it to be served. Mel joyfully and laughingly explained how, since being sober, she has purchased herself a ‘nice gin glass’ (despite not drinking gin previously) in which she serves her evening alcohol-free drink, in order to signal that ‘now it’s me time’. Therefore, for some women in recovery, the receptacle from which they consume NoLo drinks is an intrinsic factor in how they develop ‘non-drinking practices’ with these products. The glasses play a key supporting role in facilitating feelings of ‘sophistication’ (Bethany, 29 years old, 10 years in recovery), reward, maturity, glamour, and femininity that are typically ascribed to women’s drinking practices (Atkinson et al., 2023; Gallage et al., 2020; Nicholls, 2019) and reinforced by cultural references (such as *Sex and the City* (1998-2004)). However, this preference for glasses that are traditionally used for alcohol evidences a somewhat conflicting and contradictory ‘non-drinking practice’ that makes sense to participants.

At her friend’s hen-do and wedding Tina was provided with NoLo drinks in order that she could participate in the shared practices of friendship, femininity, and female bonding that are often associated with women’s drinking practices (Bancroft et al., 2014; Nicholls, 2016). In cases such as these, Tina navigates the situation by asking a friend to taste the NoLo drink first, to confirm that the drink is non-alcoholic:

At my friend’s wedding, when we got to the table, there was a glass of Prosecco or Nozeco for people. And mine was the only one with a raspberry in it, so I thought it’s probably non-alcoholic, but still one of the bridesmaids that I’m friends with was like “I don’t know”, and so she

was like “do you want me to taste it and check?”. And I do that all the time. And it might annoy my friends, but it makes me feel more comfortable.

(Tina, 28, 5 years in recovery)

Here Tina implies that the appearance of NoLo drinks obscure her ability to ascertain, by sight alone, whether a drink contains alcohol or not. However, Tina’s strategy of asking friends to discern what is ‘non-alcoholic’ and what is not may be complicated by the varying ABV% of NoLo drinks and individual taste sensitivity. In order to avoid this ambiguity and the risk of accidentally consuming alcohol, Tina typically limits her consumption of NoLo drinks to the most important social occasions where she feels it is imperative to assimilate in the shared practices of friendship.

The situational context of NoLo consumption is also key to how women navigate these products as potential harm reduction tools and relapse triggers. For some, consumption of NoLo – particularly wine – alone at home, for the purposes of relaxation and reward (Emslie et al., 2015; Rolfe et al., 2009), is to be avoided due to similarities with past drinking motivations and behaviours that are perhaps deemed to be the most ‘problematic’. In contrast, the prominent use of NoLo drinks at alco-centric social events, including hen-dos and weddings, suggests that these products help women to continue their participation within friendship-making and female bonding practices (Atkinson et al., 2016; Eldridge and Roberts, 2008; Montemurro and McClure, 2005). Tina’s experience of enlisting trusted friends to taste-test and help navigate NoLo drinks conveys the potential caring role that drinking friends may provide to the non-drinker. This strategy was not reflected across other participants, but Tina was the most cautious regarding how she navigates NoLo drinks and is deeply concerned about their potential as relapse triggers. While existing research has examined the role of friends in performing risk management practices amongst female friendship groups (Griffin et al., 2009; MacLean et al., 2018), these studies position the non-drinker as the individual who is responsible for helping others during a ‘night out’ (Hennell, Limmer and Piacentini, 2021). The findings presented in this sub-section show how there could be a role reversal whereby caring obligations are not the sole responsibility of the non-drinker within a friendship group – instead, there are opportunities where drinkers look out for, and support, their sober friends when navigating ‘non-drinking practices’.

5.4.3. “It always has to be 0.0%”: Switching from former favourites and monitoring ABV%.

When Petra discussed her use of NoLo drinks, she said that ABV was a determining factor in her ‘non-drinking practices’:

It always has to be 0.0%, it’s never anything more because to be honest I daren’t. I don’t want the craving; I don’t want the trigger.

(Petra, 41, 3.5 years in recovery)

Petra perceives that there is a risk of experiencing cravings when consuming NoLo drinks that are not completely alcohol-free. In order to protect her sobriety and remove this risk she only consumes drinks that are 0.0% ABV. However, this practice of consumption relies upon Petra’s ability to see check the labels of NoLo drinks which echoes Tina’s challenges discussed previously; alcohol content is not always easy to determine and thus impacts the ability of individuals in recovery to make informed choices regarding consumption. For this reason, Tina said that she prefers receiving drinks in sealed containers, unlike the receptacles cited by many participants above. As such, choice of product, and how the product is served, inform how women navigate NoLo drinks.

The absence of discussion regarding ABV% across all participants except Petra suggests that, for the most part, women did not navigate the products based on differences in ABV%. However, the requirement of a low ABV (below 0.5%) may have been implicitly presumed by participants; typically, online sobriety communities or those within online sobriety communities only promote or share their experiences of drinks that are 0.5% ABV or lower. A discussion regarding the differences between 0% and 0.5% were more common whilst I was observing customers at Club Soda’s alcohol-free ‘off-licence’. These experiences reinforce calls for uniformity regarding what is deemed to be alcohol-free (Corfe et al., 2020), and for clear labelling practices (Vasiljevic et al., 2018), to enable those in recovery to make informed consumption choices regarding how best to protect their sobriety – particularly those who may be seeking medical treatment/support or who present with the most severe circumstances (Caballeria et al., 2022). This could suggest that a certain level of mental and physical health, i.e., human capital, are required prior to using these products to boost social or cultural capital in recovery (Becker, 1934; Cloud and Granfield, 2008:1978-9).

Another strategy women utilised to navigate NoLo drinks was to consume products that are dissimilar to their former alcoholic drink preferences. Alice's rejection of NoLo wine sheds light on this:

I don't like the wine particularly. I think it just freaks me out a bit. I don't have the wine at home because that would just feel too much like, you know, because that was the kind of thing that I drank at home on the sofa.

(Alice, 5 years in recovery)

Alice's experiences convey how NoLo consumption, by those in recovery, can be inversely shaped by formative drinking preferences. Alice avoids the NoLo red wine alternatives because they evoke memories of her past experiences of drinking red wine, which used to be her preferred drink of choice. This 'non-drinking practice' served to increase resilience through minimising feelings of emotional distress or past memories of drinking, thus boosting mental health and therefore human capital (Cloud and Granfield, 2008:1978-9). Indeed, many women purposefully moved away from NoLo wine and consumed NoLo beers instead. This could be read as an intentional rejection of the feminised marketing of alcohol and gendered drinking practices that participants had been so vocal in their rejection of (explored in Chapter Four). However, this was not explicitly suggested by any participants and instead the switch from wine to beer was to avoid former associations to their gendered drinking practices (outlined by Alice above), and the belief that there is room for improvement in quality across NoLo wines compared to beers. Tina, Jo, Erin and Petra, however, prefer to consume alcohol-free drinks that do not seek to emulate the taste, smell, or flavours of alcohol at all. As such, product selection may be an important factor in mitigating the extent to which NoLo drinks are experienced, by individuals in recovery, as relapse triggers.

Alice's rejection of NoLo wine is not, however, only based on the taste of the product; she indicates that it prompts memories of the *ways* and *spaces* in which she formerly consumed alcoholic red wine, 'at home on the sofa'. This decision to distance herself from her historic drinking practices echoes Jules's desire (explored previously) to move away from the 'ritual' and 'reward' of consuming wine at home after a long day, challenging the cultural and social images and beliefs perpetuated by contemporary marketing practices and media content previously explored in this thesis. The *type* of NoLo drink, therefore, is also an influential factor in whether women feel comfortable incorporating these products into their 'non-drinking practices'. They typically shun NoLo alternatives of their former favourite alcoholic drink – particularly wine – whilst some opt for alternatives that do not seek to emulate alcohol at all.

This serves to reduce the likelihood of sensory triggers. This alludes to the how women 'differentially experience cultural capital via oppressive experiences of social control' (Hennessy, 2017:358; see also Wincup, 2016). For example, within the models of cultural capital conceptualised by Cloud and Granfield (2001, 2008) and Bourdieu (1986), these practices are supposedly meant to create 'negative recovery capital' (Cloud and Granfield, 2008:1977) due to their rejection of dominant social structures. However, because these norms are actually 'oppressive' and 'damaging to women' (Neale et al., 2014:10; see also Bogg and Bogg, 2015:238), women's rejection of them may boost their recovery capital. This suggests that individuals in recovery may be mindful of *where* and *how* they are consuming NoLo drinks – in addition to the type of product - to circumvent potential relapse triggers and support recovery capital.

This section has argued that the temporality of the recovery journeys, the social situation, and the products all inform how women in recovery, who use online sobriety communities, navigate consumption of NoLo drinks to develop 'non-drinking practices', whilst cognisant of their potential to be both harm reduction tools and relapse triggers. When developing these 'non-drinking practices', women in recovery proactively and selectively mirror and eradicate their former drinking practices, based on their lived experiences, to balance their perceived benefits and risks associated with NoLo drinks. This problematises a simple reading of substitution and disrupts the binary framing of NoLo drinks as *either* a harm reduction tool *or* a relapse trigger. Instead, it has highlighted how women negotiate between this binary through adopting multifarious practices of substitution that they feel are appropriate for their experiences of recovery. During interviews some participants caveated their experiences with phrases similar to: 'they work for me personally', or 'rightly or wrongly, they helped me'. When asked to expand on these reflections, they proceeded to explain how some individuals in their online sobriety communities found the drinks to be emotionally triggering and had warned them of the risks of relapse. Additionally, participants had been exposed to the NoLo product promotional content shared by online sobriety communities, as explored earlier in this thesis. Therefore, the messaging women receive regarding NoLo drinks, through these recovery modalities, may have influenced their practices of consumption and what was shared during interviews.

5.5. Chapter Five Conclusion.

Drawing on in-person ethnographic observations conducted at 'sober socials' and Club Soda's alcohol-free 'off-licence', in addition to participant interviews, this chapter has explored the

ways in which 'non-drinking practices' are developed by online sobriety communities, and navigated by women in recovery, to support sobriety, consisting of: reimagining drinking practices through 'sober socials', reworking alco-centric spaces, such as Club Soda's pop-up alcohol-free 'off-licence', and through nuanced practices of NoLo drink consumption.

This chapter has argued that the 'sober social' enabled online sobriety communities to reimagine drinking practices by reworking the relationship between friendship and alcohol – providing social strategies and community engagement (Bogg and Bogg, 2015: 240) through 'sobriety stories' (Nicholls, 2021), SNS usage, and shared practices of femininity. These 'sober socials' and the development of non-drinking practices served, and supported, women's broader projects of constructing the 'sober self' and fostering 'sober sisterhood'. The provision of NoLo drinks at both the 'sober socials' and Club Soda's alcohol-free 'off-licence' alluded to the ways in which social and cultural capital is obtained through mirroring existing, prevalent associations between alcohol and glamour, sophistication, and celebration (Gallage et al., 2020; Schnell and Reese, 2014). Subverting the NTE and reworking the space of an 'off-licence' facilitated access to sober women who may otherwise not have participated, yet it is evident that substantial barriers remain.

Findings shared in this chapter also evidenced the individual agency that women in recovery have when developing their 'non-drinking practices', particularly the consumption of NoLo drinks. It has been shown that NoLo drinks are not a homogenous product category, and the products are experienced in a plethora of ways – informed by historic drinking practices, product choice, and social situation. This problematises a simple reading of substitution and disrupts the binary framing of NoLo drinks as *either* a harm reduction tool *or* a relapse trigger (Miller et al., 2021). Instead, it has highlighted how women negotiate between this binary through adopting multifarious practices of substitution, based on their lived experiences, to balance their perceived benefits and risks associated with NoLo drinks (Caballeria et al., 2022; Corfe et al., 2020).

CHAPTER SIX

CONCLUSION

This PhD thesis has utilised theoretical and methodological approaches from the fields of sociology and feminist studies (Addams, 1893; Ahmed, 2017; Charmaz, 2006 [2014]; MacLean, 1910; Pink et al., 2016; Reinharz, 1992) to provide a qualitative exploration of women's recovery culture within the contemporary phenomenon of online sobriety communities. In doing so, this feminist ethnographic study has responded to calls for more research regarding women's needs and experiences in recovery (Agabio and Sinclair, 2019; Staddon, 2015) and addresses a substantial gap in knowledge regarding online sobriety communities which have hitherto been substantially overlooked by public health initiatives and academic research (Davey, 2021).

Drawing on illustrative examples from data collected during fieldwork and contextualised with reflections from insider knowledge (Merton, 1972; Taylor, 2011) and existing academic research, this feminist ethnography has constructed a conceptual grounded theory (Charmaz, 2006 [2014]; Glaser and Strauss, 1967 [2006]) informing understanding of how the recovery culture within online sobriety communities assists women to navigate sobriety.

This concluding chapter proceeds with an examination of the methodological and theoretical contributions and considerations of this thesis, highlighting how such approaches have contributed deep insights and nuanced understandings of a contemporary women's recovery culture and online sobriety communities. This is followed by an analysis of the main research outcomes of this thesis that were constructed using an inductive, grounded theoretical approach. Informed by the findings of this thesis, the Conclusion offers considerations for online sobriety communities, recovery modalities, and/or public policy, in addition to recommendations for future research in alcohol studies and UK government strategy, and lastly, a brief closing summary.

6.1. Methodological and theoretical contributions and considerations.

Empirical findings from fieldwork were woven together throughout this thesis using a methodological and theoretical framework structured of a pragmatist feminist (Ahmed, 2017; MacLean, 1910) ethnography (Pink et al., 2016; Reinharz, 1992; Savage, 2006) that utilised

a constructivist grounded theory approach (Charmaz, 2006 [2014]; Glaser and Strauss, (1967 [2006]) and draws on my positionality as an intimate insider researcher (Merton, 1972; Taylor, 2011). The main contributions and considerations of this framework are presented in this section of the Conclusion.

6.1.1. The value of being an intimate insider researcher.

The findings presented in this PhD thesis have conveyed that the role of the ‘insider researcher’ (Merton, 1972) still retains relevance and value within the contemporary research landscape, if ethical considerations are navigated appropriately. The empirical findings shared in this thesis were largely contingent upon my positionality as an ‘intimate insider’ (Taylor, 2011) to online sobriety communities, in two key ways:

First, my existing participation within some community forums, and my willingness to help, assist, and volunteer, for online sobriety communities in the manifestation of their DIY initiatives, meant that I was not only able to generate calls for participants within their communities, but it also provided me with advance notice of observational opportunities, and insights into the relationships and conversations between community founders. As an ‘intimate insider’ I was able to investigate this emerging and innovative phenomenon which is moving much faster than the cogs of public health initiatives and academic research proposals, and, to-date, has been under-represented as a result.

In the second instance, my insider status enabled greater rapport and empathy with participants (Stacey, 1988), but also the ability to understand the standpoint from which they were speaking of this niche phenomenon. In sum, it reduced the distance between me, as researcher, and the experiences of women within online sobriety communities. It added layers of context and understanding. Thus, my intimate insider positionality not only informed the data that I collected but how I interpreted it.

Ethically, however, I was conscious not to lean on the familiarity and empathy facilitated by being an insider, to ask participants to complete additional unpaid labour such as reading transcripts when they already do so much to ‘give back’ to the online sobriety community. If there had been additional time and resources allocated to the project, I would have shared some of the initial findings and conceptual grounded theory with participants, and community founders, to seek their feedback on the findings in order to give them a chance to comment and have a right of response – almost in a journalistic sense. However, perhaps one of the

values of insider research is that having never completely exited the field, the door remains open to use this thesis and its contribution as a catalyst for an ongoing discussion – some of which can be conducted through engagement work.

Being an intimate insider researcher also drove an impetus for a committed approach to engagement work to run along-side this research project, which in turn was central to the feminist standpoint of this project. I saw the value produced both within the online sobriety communities and within the academic community of (non-)drinking studies, except there was little overlap between the two. My engagement work sought to increase knowledge-sharing between the two to ensure that there was a feedback-loop. This was completed with the two aims of:

1. Sharing valuable research findings from the academic community to those who may benefit from them – i.e., those attempting or maintaining sobriety and those assisting them to do so; and,
2. to raise awareness within the academic community of online sobriety communities as an emerging recovery modality that could provide useful insights into contemporary (non-)drinking behaviours.

The key engagement initiatives that I created or took part in are discussed below:

1. **‘Meet the Scholar’ webinar series, hosted by me, and facilitated by Club Soda.** This was a monthly webinar series that streamed live to the Club Soda community and remained posted on their YouTube channel. Each month featured an academic from the field of (non-)drinking studies, wherein they were interviewed by me about their research that made it relevant to the Club Soda audience. The purpose of this was to share valuable insights, grounded in credible research, with community members in a digestible format. Three particular highlights here were the sessions on women’s drinking during COVID-19 pandemic by Dr Abi Rose, Dr Sarah Fox’s interview regarding domestic abuse and drinking, and my discussion with Chelsey Flood about alcohol and autism. I felt that, through these webinars, I was able to stimulate conversations and offer signposts to other forms of help, that may have been relevant to members but were often absent from online sobriety community forums for reasons that have been discussed within this thesis.
2. **Served as Chair on a webinar panel discussion titled “How do I shift my identity away from being a drinker?” as part of Club Soda’s Global Mindful Drinking Festival in October 2021.** In chairing this panel, I brought together academics and

those with lived experiences of sobriety to discuss one of the main challenges faced by individuals in early sobriety, and offer suggestions on how to navigate it. It was available on livestream and to watch again on YouTube. My understanding is that the views were so high that Club Soda decided to release as a podcast episode too. Again, my role here was not to necessarily share my research but to bring people together to have an accessible discussion that resonated with, or helped, community members. This session was tailored towards those who were sober-curious; those who may be considering sobriety or taking a break from alcohol, to provide them with some guidance on how others have been able to make the switch.

3. **Contributed to Club Soda's Impact Report of their pop-up alcohol-free off-licence.** Following from my ethnographic research of Club Soda's alcohol-free 'off-licence' I provided some emerging findings to co-author a free summary report that Club Soda made available to members and third parties about the initiative. While Club Soda did not seek to inform or edit my findings, they did me to contribute to this form of knowledge-sharing in order that it could be used to inform communications within their own community and NoLo drinks brands. While there is the potential that they used my research to increase revenues or profitability, I felt that the benefit of sharing this research with community members and those considering using NoLo drinks as a tool to navigate sobriety, outweighed this.
4. **Regular member and presenter at the Drinking Studies Network conferences and webinars.** During the course of my PhD I was an active member of the Drinking Studies Network which brought together those with clinical, academic and lived experiences. I presented numerous times for the DSN, sharing updates on my project and emerging findings. It was free to attend for all, and I shared the link via my Twitter which meant that those following me from online sobriety communities could access. Whilst other academic conferences that I attended, such as SSA and ECARS may hold greater prestige among the academic community – they largely feature academics talking to one another, after paying a significant entry fee, and travel and accommodation costs. In my opinion, it was more likely that members or founders of online sobriety communities were more likely to attend DSN initiatives.
5. **Held the position of Managing Editor of *Points*.** This is an online blog, founded in 2010 with 5000 international subscribers from a range of audiences. In the past, posts on this blog had been cited by some online sobriety communities and sobriety influencers – I knew it would target those who want to remain up to date with research

but in a digestible format. During my tenure as Managing Editor of *Points* I sought to re-align its focus to include social/contemporary studies regarding alcohol and drug use that were informal and accessible yet informed. Through this medium I was able to share some emerging findings of my research projects and platform informed authors who may not have been able to secure publications in prestigious journals. I established lines of communication and collaboration with the Drinking Studies Network to enhance the impact of both mediums to share knowledge.

6. **Publishing in open-access publications.** I made the decision, early in my PhD, to publish all of my findings in open-access journals in order that those without academic licenses to journals can read the outputs. This means that those who participated in the research, and those who are interested in sobriety or online sobriety communities, will be able to access the findings for the long-term.

Links to these initiatives and outputs were all hosted on my website, which was connected through to my Twitter account, and also provided to research participants, should they want to remain up to date.

In the future context, now that the research project and thesis are finalised, I hope to continue disseminating its findings whilst engaging with the communities that are the subject of the research. Future plans include to co-author a book chapter with a community founder regarding dating in sobriety, and to create an accessible report of my findings that can be shared with communities and participants. From this report I hope that it will spark a conversation with communities on podcasts, social media, festivals, and webinars. I believe that this additional workload that I undertook throughout the course of the research evidences the strong commitment to engagement and transparency expected of an insider researcher and marks this project to be somewhat unique in its field for remaining so grounded within the community that is being researched. I felt that this strategy helped to offset some of my ethical concerns about utilising my insider positionality in the pursuit of a PhD; I truly wanted it to assist decision making by online sobriety communities, and the women who use them.

6.1.2. The role of a mixed method, digital and material ethnography to understand a contemporary recovery culture.

In tandem with my positionality as an insider researcher (Merton, 1987; Taylor, 2011) outlined previously, a return to mixed methods, pioneered by Annie Marion MacLean in her studies of

wage-earning women (1910), produced a rich ethnography that centred women's experiences of recovery. By conducting this research project as both a digital and material ethnography the thesis was able to reflect the depth and nuance of online sobriety communities, and women's experiences of recovery within them (Reinharz,1992:49-72; Savage, 2006). Furthermore, the varying viewpoints obtained through this 'multiplicity' (Pink et al., 2016:8) of methods, has facilitated greater criticality regarding the role of online sobriety communities, and SNS more generally, in women's recovery journey.

Through the employment of both material and digital observations, this research project is one of few studies in the field which has been able to reflect a three-dimensional representation of how women engage with a contemporary recovery modality to navigate their sobriety; both the individual and collective experience of women who use these communities have been reflected, in addition to the public and private experiences of recovery.

The methods employed within this study have facilitated an examination of women's experience beyond the walls or boundaries of a particular online sobriety community, which has often been a limitation of existing studies of recovery modalities/initiatives. Instead, through following a methodological principle of 'openness' (Pink et al., 2016:11) it has shown that examination of recovery cultures should not be confined to a specific community, a specific space, but instead has shown that relationships and people overlap and exist in between the boundaries. The combination of both material and digital observations provided findings that reflected the interconnectivity of these spatialities within the recovery culture and is increasingly reflective of UK culture more generally. Such methods have enabled this study to reflect the agency in how individuals participate in multiple recovery spaces in order to meet their needs.

Research of online sobriety communities should not be considered in a digital silo, or even confined to a single SNS. Taking an approach of 'non-digital-centric-ness' (Pink et al., 2016:9) enabled the study to consider, and convey, technology as a supporting actor – or a tool - within the recovery culture rather than it being the centre of the story in women's recovery. This enabled the research to take an 'open' (p. 11) approach across technology platforms, to understand their role as part of a longer, broader process of women's recovery journey.

These methods were able to highlight the liminality of participation between communities, and between digital and material spaces. Such findings emphasise the benefit of utilising a mixed method ethnographic approach in future research that has hitherto predominantly investigated individual recovery cultures or initiatives in isolation (Chambers et al., 2017; Hester et al.,

2013). In sum, this study suggests that there are benefits to future research in the field of alcohol and recovery studies to move away from an either/or approach to digital and material ethnography, and a departure from conceptualising contemporary recovery modalities as *either* online *or* in-person initiatives.

6.1.3. The development of a pragmatist feminist, conceptual, grounded theory through which women's contemporary recovery culture can be understood.

The grounded theoretical approach (Charmaz, 2006 [2014]), utilised within this PhD thesis and conducted from a pragmatist feminist standpoint (Addams, 1893; Ahmed, 2017; MacLean, 1910), enabled an interaction between the empirical findings from ethnographic data and existing literature. This collaboration facilitated the construction of a conceptual grounded theory through which the outcomes of the fieldwork can be understood.

Thus, the main theoretical contribution of this thesis has been the development of an emergent, conceptual, grounded theory (Charmaz, 2006 [2014]; Glaser and Strauss, (1967 [2006]) that provides diverse moments of thick description and layers of analysis to inform understanding regarding how contemporary recovery culture within online sobriety communities assists women to navigate sobriety.

The inductive approach of grounded theory facilitated the identification and exploration of three (sometimes interweaving) foundational processes through which contemporary recovery culture assists women to navigate sobriety:

1. The material and digital embodiment and construction of a 'new' self-hood in sobriety, the 'sober self', through selective engagement with recovery narratives, the curation of a digital brand, and practicing sobriety as self-care. The 'sober self' is strongly informed by the 'sober sisterhood', through shared experiences and discourse, and – for some – as part of their identification with feminism. It is also constructed through engaging in 'non-drinking practices', and curating representations of 'non-drinking practices'.
2. The formation of a 'sober sisterhood' that weaves feminist connections between women, ideologically, spatially, and in the practice of sobriety as a form of everyday feminist lifestyle politics. The 'sober sisterhood' is a collective formation of 'sober selves' – women who form strong bonds of friendship and offer support to one

another on a shared journey of individual recovery and self-construction. This sisterhood is facilitated by the digital and material spaces provided by online sobriety communities and their formation of 'non drinking practices'.

3. The development of 'non-drinking practices' through the reimagination of drinking practices, the reworking of alco-centric spaces, and through the navigation of no- and low-alcohol drinks. Through engaging in 'non-drinking practices', members of online sobriety communities are able to develop their connections within the 'sober sisterhood' and perform their digital and material construction of the 'sober self'.

This grounded theoretical approach has enabled this PhD thesis to explore the layers of, and connections between, individual subjectivity, community engagement, and (inter)national context within this recovery culture and thus inform understanding of how it operates at the micro-, meso- and macro- levels.

Fundamentally, the pragmatist feminist standpoint (Addams, 1893; Ahmed, 2017; Letherby, 2003; MacLean, 1910) of this research has enabled the construction of a conceptual theory that has been grounded in, and inducted from, the experiences of women – whereby their voices are centred and prioritised. It has enabled the research to 'reach down' to women's everyday lived experiences and extrapolate 'up' to address broader issues regarding women's structural subjugation and their needs in recovery. For example, findings show that women sobriety is an act of daily self-care to manage health symptoms (Levin and Idler, 1983), yet this speaks to both the inadequate healthcare provision for, and understanding of, women's bodies (Criado Perez, 2019), and the neoliberal imperative to take individual responsibility for optimizing one's health (Cederström and Spicer, 2015; Juvin, 2010). Furthering Ahmed's (2017) call for feminist theory that is grounded in women's everyday experiences and practices, and Addams's and MacLean's use of sociological data to change the circumstances that women face (Deegan, 1988, 2014), this grounded theory provides empirical evidence regarding how women's recovery culture within online sobriety communities assists women to navigate sobriety – but also where it is struggling to do so.

This theoretical and methodological approach provides new elements of description which may serve as useful tools for individuals, communities, or public sector initiatives conducting future research and analysis in this field. Yet it has also ensured that the research outcomes of this thesis are both accessible and relevant to online sobriety communities and the women who want to use them so that the interaction between myself, as researcher, and the researched continues beyond the completion of fieldwork.

6.2. Research outcomes and considerations for public policy and future research.

This section discusses the main research outcomes of this PhD research project and the broader considerations they raise for online sobriety communities, recovery modalities, and/or public policy.

6.2.1. The formation of a 'sober sisterhood'.

Grounded in the findings from fieldwork, this thesis has argued that the process of forming a 'sober sisterhood' is key to understanding how recovery culture within online sobriety communities assists women to navigate sobriety, and offers a useful lexicon to understand how feminism is interwoven with this process.

Chapter Four showed that, to some extent, women's sobriety is motivated by, and grounded within, macro-level ideological foundations of feminist politics through women's awareness and rejection of feminised marketing of alcohol. They affirmatively and articulately position it as a predatory force which takes advantage of women's exhaustion as mothers, and one which perpetuates the double standards associated with women's drinking. Through the public identification and critique of such marketing content, women seek to consciousness raise about its role in harming or 'patronising' women; it serves as a relatable and visual representation of the broader structural factors that contribute to women's alcohol consumption and gender inequalities. It is evident that the feminisation of alcohol and drinking practices was deemed a past 'shared' experience by women, and provided common ground around which they raised awareness within their communities and on public social media platforms, seeking to create sociopolitical change through personal experiences. This anger at their past coercion may serve to reinforce their decision to remain sober and creates a sense of shared experience among women.

This issue, more than any other, has arguably prompted a feminist ideological awakening of women who participate within this recovery culture. They awoke from the slumber of 'post-feminist sensibility' (Banet-Weiser, Gill and Rottenberg, 2020:5) which emerged in the 1990s and early 2000s, where feminist thought centred on women's agency, choice, and a dismissal of any remaining structural inequalities. Many participants came of age during this era and identified iconic representations and experiences of post-feminist culture as a cornerstone of

their past drinking biographies. In sobriety they experienced a shift in feminist ideology towards fourth-wave feminism, imbued with themes of neoliberal feminism, which are further explored in this section. This evolution in feminist thought or positionality regarding alcohol (non-)consumption may be useful for future public health campaigns that seek to specifically target women to change their drinking behaviours, but also should inform government policy and strategy regarding the harmful feminisation and feminist-isation (Sperkova, 2020) of alcohol products and drinking practices. More broadly, this shift may speak to the ways in which a post-feminist sensibility ceases to serve women as they age – as their bodies age and as they adopt additional social roles. Aging may act as a catalyst in shifting women’s feminist standpoint as they become more attuned to the fact that their lived experiences are not merely shaped by individual choices, which provides the impetus to take more overt feminist action.

While women’s sobriety was positioned as a practical and ideological rejection of the macro-level forces of corporate ‘Big Alcohol’, government, and the patriarchy, little cohesion or co-ordination at the meso- or macro-levels was identified. Yet the prominent ideological rejection of, and awareness-raising regarding, the problematic nature of Drink Aware as an alcohol industry-funded strategy to maintain drinking behaviours (McCambridge et al., 2013) should also inform government policy and strategy regarding such ‘voluntary agreements’ (Burton et al., 2017:1565). For the most part, however, sobriety was practiced as an individual act of ‘everyday feminism’ (Abrams, 2019:205) and ‘lifestyle politics’ (Portwood-Stacer, 2013:5) that emphasised neoliberal feminist ideas of self-empowerment and choice (Hirschmann, 2006; Schuster, 2017). It was deemed to be a way of ‘living a feminist life’ (Ahmed, 2017), and the consumption of NoLo drinks as a form of ‘commodity activism’ (Mukherjee and Banet-Weiser, 2012) was key to this.

This feminist ethnography has shown that women take pleasure in, and foster, a recovery culture that acts as a ‘sober sisterhood’. Women intentionally sought out other women with whom they were able to share their embodied and social experiences of sobriety, particularly regarding their health and social roles. They identified the value in being able to share their experiences with other women and to participate in spaces where men’s experience is de-centred. Particularly by those who had experienced male violence, there was a desire to shape online sobriety communities as women-only, or predominantly women-only spaces and female representation was essential. The absence of reference to members, community leaders, or influencers that were men created a deafening silence and should be heard as an indicator of women’s preferences and needs. While communities fell short of providing single-sex, safe spaces for women and did not market themselves as providers of these services nor as

feminist organisations, such reflections of second-wave feminist self-help groups convey a need and opportunity for online sobriety communities or public health initiatives to do so.

It was also argued that the 'sober sisterhood' offered a strategic network of 'girlfriendships' (Winch, 2015) that yoked intimacy and friendship in the pursuit of the project of the self and the self-brand, capitalising on the value of the heteronormative, white, feminine body, with the goal of capital accrual, particularly erotic capital. It is evident how this project of the self and the brand of the self (Banet-Weiser, 2012), requires the support and assistance of a sisterhood of women, in order to accrue recovery capital. Founders and members alike operate within this system of exchange to facilitate one another's hypervisibility that is apparently required to build recovery capital in the context of this recovery culture. In order to protect and ensure this perceived empowerment and progression of the sisterhood, women conform – under the surveillance of the 'girlfriend gaze' (Winch, 2012) – to discourses and representations of sobriety and the female body that are deemed acceptable and respectable (Ettore, 2007; Skeggs, 1997). This raises considerations for online sobriety communities who wish to increase the diversity of their membership – including men – to find a way to offer peer support without the hyper-focus on the female body.

This focus on shared personal experiences of sobriety, and the use of the white, heteronormative body to accrue recovery capital, meant that the sisterhood within online sobriety communities was less accessible to women of different recovery cultures – such as different ethnicities, sexualities, disabilities, and socioeconomic means. Indeed, the substantial role of SNS in the proliferation of these communities indicates why they are so exclusive; SNS serves to police, and enable women to peer-police, middle-class, white, heteronormative femininities – even in recovery. Substantial work is required to expand the 'sober sisterhood' to support a diversity of women's recovery cultures and reflect the trends of other fourth-wave feminist sisterhoods (Peroni and Rodak, 2020). Currently, diversity very much depends on the awareness and ability of individual women to do 'diversity work' (Ahmed, 2017) within the communities to mitigate and dismantle the barriers to participation.

Persistently evident is the tension between the individual and the collective within the recovery culture of online sobriety communities and cuts to the heart of understanding the complicated relationship between women's sobriety and feminism. The focus on personal lived experiences within online sobriety communities echoes second-wave formations of sisterhood (Hanisch, 1970 [2006]) which sought to convert these into political action. However, in this context, it is evident that many women conceptualise their sobriety within neoliberal feminist framings whereby political action is grounded in individual acts of self-improvement and self-

empowerment in order to *be* and *do* more as an individual (Gill, 2017). Yet, the collective presence and consciousness raising of these women on SNS simulates a contemporary form of collective action that is evident within fourth-wave feminism - a culture of 'call out' (Peroni and Rodak, 2020) and 'hashtag activism' (Caldeira, 2021).

However, across the data there was a general hesitance of online sobriety communities, their founders and the women who used them, to situate sobriety within explicitly feminist discourses, particularly in public content, which shows how SNS may hold the communities back from influencing greater change regarding women's alcohol consumption and gender equality at the macro-level. As a result, women's recovery culture within online sobriety communities exhibits tensions between feminisms whereby the political potential of individual subjectivity and personal experience has not (yet) materialised but has evidenced the ability to gain power and influence through SNS.

6.2.2. Women's forgotten bodies: a wake-up call for public health

Women embodied the 'sober self' as a form of radical self-care; a daily strategy to counteract and prevent physical and mental health symptoms. Practising sobriety as a form of self-care was felt by women to be a form of control over their own bodies, and a practice which increased their embodied knowledge which they could, in turn, share with other women. In some instances, it was a feminist strategy of self-care (Ahmed, 2017; Lorde, 1998 [2017]); to reduce pain or discomfort when public health provision is failing to address women's needs and women's bodies. It is evident that public health provision needs to do more to draw links between women's health conditions and alcohol consumption. Medical advice to reduce alcohol consumption, or to abstain altogether, needs to become more normalised and destigmatised. Further, the findings in this thesis show how care for women's gynaecological conditions – including the menopause and menstruation – has significant room for improvement by public health provision. There is an underlying theme that women themselves were not being listened to, for years, which resulted in them trying to find solutions (such as sobriety) themselves.

In the context of contemporary UK society which follows a socioeconomic model of neoliberalism (Scharff 2016; Springer et al., 2016) that also informs models of healthcare, it was found that the 'sober self' enabled women to resist the stigmatised pathologisation and medicalisation of their health symptoms and former drinking practices, and instead respond to the sex-based needs of the female body which are sometimes overlooked and/or dismissed

within the National Health Service. While health and self-care are popular and stigma-free discourses through which women can construct and embody sobriety, it unfortunately places the onus of wellness and treatment back on women's individual choices rather than addressing the structural inequalities regarding women's healthcare provision and women's alcohol consumption. Furthermore, the heteronormative femininities embedded within discourses of health, wellbeing, and self-care, may not be accessible or appealing to all, and thus raises considerations for online sobriety communities who seek to diversify their members and for future initiatives that wish to draw on similar discourses.

The 'sober self' was an individually motivated strategy of self-care but was often experienced and shared collectively among women within online sobriety communities. They shared their own knowledge of the female body to help others with similar experiences. Yet these links between sobriety and women's physical health (particularly menstrual) often remained cloistered and insulated within the communities; issues related to women's leaky, uncontrollable, bodily processes (Shildrick, 1997) – such as menstruation remained stigmatised and silenced within the 'gynaopticon' (Winch, 2013) of online sobriety communities. The findings in this thesis show how there is significant potential for online sobriety communities to engage more publicly with macro discourses and conversations that are emerging, particularly around the menopause, to raise awareness and create change regarding how alcohol consumption is considered in relation to these health challenges. During the time in which I have conducted and finished this research, conversations about the menopause have become mainstream. Female Members of Parliament and activist groups, such as Menopause Mandate, are forcing and normalising the issue. Yet, still, there remains a silence about how alcohol consumption may impact women's experience of the menopause. This may be significant cultural hurdle if those currently entering the menopause came of age in the post-feminist era, like many of the research participants in this study, and hold alcohol to be a signifier of independence, choice and equality.

However, findings suggest that women's are beginning to reject drinking practices and alcohol marketing as pleasurable and a symbol of feminist empowerment (Atkinson et al., 2021). The views shared by participants regarding the predatory marketing practices of both the alcohol industry and retailers generally highlights the need for greater regulation to protect women's bodies. Such regulation needs to address how alcohol products are labelled and marketed to women, but also the extent to which alcohol can be referenced on other consumer goods, such as mugs, cards, tea-towels. It is overtly targeting a protected demographic to encourage their use of addictive substance. Findings within this thesis suggest that regulation is required

in order for women to feel comfortable walking through a supermarket without feeling disproportionately targeted and influenced to buy alcohol-related items.

Conversely, 'non-drinking practices' are perceived and communicated by some as a rebellious act of feminism – a new 'ladette' culture (Jackson and Tinkler, 2007). The positioning of sobriety as a 'radical' or rebellious alternative to the mainstream may appeal to similar sentiments and create a shift in feminist positionality. Thus, feminist-ising 'non-drinking practices' – not merely rebranding 'sober' into 'positive sobriety' – serves as an effective discourse in influencing women to change their drinking behaviours. This is a potential strategy that could be employed by public health campaigns if they want to create change and influence women's healthcare through positive messaging rather than shaming or stigmatising language.

6.2.3. Concerns regarding the capitalisation and labour of the recovering female body.

The findings also alluded to the role of SNS in constructing the 'sober self' - how the 'sober self' could be edited and curated to reflexively adapt to the recovery journey (Best et al., 2010). This negotiation of a 'digital self' (Chen, 2016) in sobriety is an ongoing project of individualised (gendered) labour (Banet-Weiser, 2021; McRobbie, 2015); it relies on the substantial investment of women's emotional and physical labour - in addition to the existing labour she performs within the household and workplace. The notion that individuals need to do 'the work' of recovery is amplified within the communities where women, under the gaze of other women (Winch, 2013), feel the competitive imperative to 'work' on perfecting (McRobbie, 2015) the physical and emotional self – and perform the work of documenting the journey – for limited return in physical capital. It offers a contemporary re-brand of the spiritual redemption narrative by suggesting that the 'sober self' can be constructed through labour on the body and mindset – it is a neoliberal investment in the self and a process of becoming (Deleuze, 1992). This raises concerns regarding how this recovery modality, or the reliance on SNS within a recovery modality can exacerbate health inequalities for those women who do not have the time or resources to perform this additional gendered labour.

Within this contemporary recovery culture, the female body has become a form of recovery capital, and sobriety works to uphold and strengthen the 'beauty myth' (Wolf, 1991). In turn, this relationship between capital, recovery, SNS, and the female body has led to the phenomenon of a branded 'sober self' whereby women's recovering bodies are portrayed as a 'branded self' to 'sell' (Banet-Weiser, 2012, 2021) sobriety as a commodity to achieve

wellbeing and success. Thus, recovery capital (Cloud and Granfield, 2001) has become dependent on the hypervisibility and representation of women's bodies. This hypervisibility perpetuates the value of the female body as a form of erotic capital (Banet-Weiser, 2021; Walter, 2011 [2015]) which could be seen as a new form of human capital (Becker, 1964) within this recovery culture and in the neoliberal context. In order to earn this capital, women are compelled, through a patriarchal system of regulation – including the 'girlfriend gaze' (Winch, 2012), to embody and construct the 'sober self' digitally.

This may work to encourage healthier behaviours among women (Courtenay, 2000) but at a cost to their mental wellbeing and the subjugation that comes from their value being tied to their bodies (Walter, 2011 [2015]). It evidently has ramifications for the wellbeing of women who use Instagram, particularly the sobriety influencers, and yet there is a collective silence within the community regarding the costs to women, much like there used to be regarding alcohol, which raises implications for any recovery modality that strongly engages with SNS – it may, inadvertently, have other ramifications on mental health that need to be cared for. Furthermore, this emerging, intimate connection between the female body and recovery capital alludes to the challenges or barriers that gender non-conforming women, or men, may face when using online sobriety communities to change their drinking behaviours. This is an implication of SNS that must be taken into consideration by other alcohol-related health campaigns, such as Dry January, who are increasingly utilising SNS and engaging sobriety influencers as Ambassadors to try to create behavioural change.

6.2.4. The relatability of labels, and emergence of fashion labels, in recovery.

Chapter Three showed how women establish agency in the ways in which they selectively engage with, and utilise, recovery narratives (both traditional and contemporary) in order to construct a 'new' self, whilst negotiating a tightrope of gendered and classed stigmas (Goffman, 1963) associated with problematic drinking. Women individually interpret and re-work parts of recovery narratives from a range of recovery modalities that they feel best serve them. In turn, this creative reclaiming and reappropriation of traditional, and often stigmatising, labels (Becker, 1963 [1991]) by online sobriety communities and sobriety influencers provided opportunities for entrepreneurial commodification; in some instances, they became 'fashion labels'. It was evident, however, that there was no unifying recovery narrative within the recovery culture, and some of the contemporary labels had limited relatability (Morris et al., 2022b).

These findings offer more depth and context to the academic interpretation of this recovery culture being constructed through ‘positive sobriety’ (Ibid; Atkinson et al., 2023) narratives. These findings also reject the persistent use of the term ‘abstinent’ used by academia to describe the ‘sober self’. This suggests that if academic research seeks to honestly reflect the experiences of those who do not drink, then the language used within research outputs needs to mirror that of the researched. The use of such terms means that anyone reading the output who does not identify with ‘abstinent’ or ‘positive sobriety’ will either become disengaged or feel unheard. It also gives the impression of being ‘talked over’ when one’s preferred language is so openly disregarded and ignored.

Furthermore, the labels used by women within online sobriety communities in order to counter and side-step the pervasiveness of historically dominant narratives, such as the alcoholic and the disease model (Jellinek, 1960), offer potential learnings for recovery modalities, public policy, and media coverage of alcohol (non-)consumption – particularly when seeking to normalise, rather than stigmatise, alcohol refusal, and when trying to reach already disadvantaged demographics. These labels are not always secret terms or identifiers within the communities themselves; it has been shown how labels created and used by online sobriety communities are already influencing the media in their representations of non-drinking – and thus moving towards normalisation. This ‘rebrand’ of sobriety, using labels and SNS to cultivate such labels, serve to reinforce this idea that sobriety is an empowering *choice* that is made by the individual. This may assist more individuals to take a short or longer-term break from alcohol and change their behaviours of consumption.

6.2.5. Emerging demand for alcohol-free spaces and leisure opportunities.

Within contemporary recovery culture of online sobriety communities, women’s sobriety is navigated through ‘non-drinking practices’ developed through the reimagination of drinking practices, reworking of alco-centric space, and consuming NoLo drinks. This process sheds light on the experience of this recovery culture at the meso-level – within and between the communities, but also on the macro-level opportunities and need for alcohol-free leisure spaces if society is to support increasing trends of alcohol-refusal, or ‘mindful drinking’ practices.

Chapter Five argued that the development of ‘non-drinking practices’ assisted women to navigate sobriety, primarily through boosting their social and cultural forms of recovery capital (Cloud and Granfield, 2008; Hennessy, 2017). ‘Sober socials’ facilitated the development of

social strategies through sharing 'sobriety stories' (Nicholls, 2021:769), and provided an opportunity for community engagement – materially and digitally, which both served to build 'healthy relationships (Bogg and Bogg, 2015). It was a process that sought to assist women to build relationships across the community and also provided a chance to perform and curate their 'sober self' among others and in local sites of leisure (Hood, 2003). This is very important if we want to destigmatise alcohol-refusal by enabling individuals to 'do' non-drinking within 'normal' leisure spaces – for one night only, or for the longer-term.

For example, Club Soda's alcohol-free 'off-licence' assisted women who were seeking to establish or maintain their sobriety through providing a physical space in which women felt safe and welcome to share their lived experiences and meet likeminded women. It also served as a site of expertise and specialist staff who could assist customers in finding the right products to support their sobriety and navigate any challenges they had. The off-licence served to assist a greater diversity of women beyond those who were already sober - to include those who were 'sober-curious' or seeking to drink 'mindfully' - and showed potential in reducing cultural barriers amongst religious communities who are less represented within online sobriety communities (Galvani et al., 2023). It showed the benefits of a recovery modality to work in the mainstream of consumption cultures – regarding location and offerings – to help create broader engagement with individuals who want to change their drinking but may not feel comfortable, or it necessary, to seek formalised help. The process of developing 'non-drinking practices' also afforded online sobriety communities with a method of outreach to those outside of the communities who may be considering sobriety and provided physical spaces within existing localities – rather than hidden online spaces.

These findings also speak to broader, existing research that questions the future role of the public house (Markham, 2020; Thurnell-Read, 2023). Online sobriety communities have demonstrated that there is a broader pull and attraction to alcohol-free spaces and NoLo drinks than merely the sober community – NoLos are becoming part of the craft consumption identity that has reinvigorated interest in public houses in recent years (Thurnell-Read, 2022). This can be harnessed by established drinking venues to expand their clientele and utilise their space. It offers a suggestion regarding how public houses can remain relevant to a demographic that is coming of age whilst drinking less. In turn, the provision of a good selection of NoLo drinks may encourage a broader societal change in drinking behaviours at a public house and normalise going to the pub without consuming alcohol (Markham, 2020). NoLos are typically not applicable for alcohol duty and yet very often charged at the same price as an alcoholic equivalent. This means that the venue earns a higher percentage of every sale of NoLo drink compared to the alcoholic equivalent and would suggest that it may

be a lucrative strategy which improves the financial challenges of running a public house in today's economy.

6.2.6. Implications for the emerging category of NoLo drinks.

The findings shared in this thesis have evidenced the ways in which women demonstrate individual agency in their navigation of 'non-drinking practices' to support their sobriety, most poignantly with the strategies of consumption they practiced with NoLo drinks. In doing so, it has problematised a simple reading of the practice of substitution by showing that NoLo drinks are experienced in multifarious ways, informed by historic drinking practices, product choice and social situation. It raises important considerations for those in recovery who may want to use NoLo drinks as tool to help change drinking behaviours, and for recovery modalities who promote NoLo drinks as harm-reduction tools. While these products may be used to help change drinking behaviours, it is clear that individuals negotiate their own practices of consumption that best align with their 'need' at any given time in their recovery journey and social situation.

However, those who feel NoLo drinks are risky, or who feel emotionally 'triggered' by these drinks, may not feel that 'sober socials' or the alcohol-free 'off-licence' are safe spaces and therefore not attend all. Unfortunately, even if they choose not to attend the events, they will be subjected to regular photographs of the drinks, and people consuming the drinks, both within the community platforms and by following the online sobriety communities and other members on Instagram which may hinder recovery. Indeed, the official and unofficial marketing of NoLo drinks (particularly towards women) has become somewhat pervasive for those within the community (from personal experience, I feel it is difficult to escape) and is something that needs to be (re-)considered by all stakeholders and those who are looking to change their drinking using online sobriety communities. Those who use online sobriety communities have become a captive audience who are now seen as a consumer group. There is an opportunity here for future research to understand the impact of such advertising on the membership of online sobriety communities and those in recovery more generally.

The findings support Miller et al.'s (2021) call for clear labelling practices on NoLo drinks. It is important that NoLo brands make it clear and easy for those in recovery to distinguish between a NoLo version and an alcoholic version. Experiences of research participants in this study also suggest that, similar to EU law that requires allergen information to be available for all foods sold, NoLo drinks should be served with its original packaging to help assist those who

are not drinking make a confident decision regarding consumption. It is too commonplace that, when ordering a NoLo version of a 'Big Alcohol' brand (Peroni 0, for example), that an alcoholic version is erroneously served. From observations at the 'off-licence' it is also evident that the labelling needs to be clearer in stating whether they are suitable for pregnant women, and if not – why not. It is clear that self-regulation by the alcohol industry regarding labelling was inadequate prior to the emergence of NoLo drinks (Burton et al., 2017). Now, there is a bigger commercial incentive for the alcohol industry to capitalise on weak guidelines which must be addressed.

While there is critique from academia regarding the marketing practices involving NoLo drinks, primarily with concerns that such products lead to 'additional' consumption rather than 'substitution' (Anderson et al., 2021), and that 'alibi marketing' provides a gateway or familiarisation to alcoholic brands for those who are under the legal age of alcohol consumption (Miller et al., 2021; Nicholls, 2022b), the findings in this research suggest that overwhelmingly participants used NoLos as a tool to achieve and support sobriety (as discussed above). There was no evidence to suggest that NoLos led participants to relapse or consume more alcohol. There was also no evidence from the observations conducted at Club Soda's alcohol-free 'off-licence' that young people, under the age of 18, were consumers of NoLos. Therefore, based on the findings of this study, I am not yet convinced by current arguments for tighter controls around marketing or sale of NoLos.

The prominence of NoLo drinks within online sobriety communities does raise a dichotomy that has emerged in the findings: that of consumption and anti-consumption. While the recovery culture is predicated on the non-consumption of alcohol (Scott, 2018), and many women expressed ideologies of anti-consumption (Cherrier and Guierri, 2012) to reject false discourses perpetuated by corporate 'Big Alcohol' and the government, it is also clear that the recovery culture is sustained through women's consumption (Nicholls, 2021). The process of developing 'non-drinking practices' is heavily dependent on the consumption of NoLo products – indeed, communities are increasingly financially sustained through the promotion of this consumption. The lack of transparency around such financing is discussed further in section 6.2.8. However, here I think it is important to highlight how, the emerging craft identity (Withers, 2017) associated with 'non-drinking practices', which may support the development of recovery capital, may also work to entrench alcohol-related harm inequalities (Bloomfield, 2020) because those with less physical capital are unable to 'buy in' to this identity. While NoLo drinks may serve to increase diversity within leisure spaces, such as public houses or 'tasting rooms', they have the potential to work as an exclusionary barrier to recovery if participation within online sobriety communities is predicated upon them.

6.2.7. Limitations in online sobriety communities as a recovery modality for all

This PhD research project and thesis has explored one group's (women's) experiences with one contemporary recovery culture (online sobriety communities) to investigate to investigate how recovery culture within contemporary online sobriety communities assists women to navigate sobriety. The findings shared in this thesis show that there were some limitations in the ability of online sobriety communities to do this, which raises questions for those who may want to use online sobriety communities, and for potential future research.

Ultimately, the findings show that the communities are not positioned nor equipped to deliver the intensive holistic support that someone may need in the early days of sobriety, such as financial planning, safe accommodation, and physical and mental health support. The core offering of online sobriety communities rests on the provision of peer-support, community building, leisure opportunities, and some education regarding alcohol. The extent to which women are able to fully participate in the offerings of online sobriety communities, to build recovery capital, is dependent upon their existing levels of human (Becker, 1964) and physical capital (Shultz, 1960) and results in them becoming classed spaces. Thus, online sobriety communities function on an assumption that women have higher socio-economic resources of finances, education, and health, and therefore attract women who have such physical, social, and human capital. There is also an assumption that women have the means to build their own holistic recovery programme – with online sobriety communities being one constituent part. It is clear that for those who do not have such capital they must seek alternative service provision which may not meet their needs in other ways, as discussed in Chapter One of this thesis.

Greater understanding is required regarding the intersectional nature of women's experiences in recovery, both generally and when using online sobriety communities – particularly those of lower socioeconomic means, ethnic and racial minorities, lesbian and bi-sexual women, and gender non-conforming women. Future research could target recruitment of individuals who had used online sobriety communities but did not find them helpful, or who did not want to use them. This could help to understand and address the exclusionary barriers that exist. In addition to this, research could be expanded to the experiences of those who reside outside of the UK and use online sobriety communities that are internationally domiciled. This may contribute to further understanding regarding the intersectional nature of women's experiences in recovery too.

While all of the research participants were in longer-term sobriety when interviewed, it is evident from the general findings of this thesis that online sobriety community participation, and sobriety, are just stepping-stones in a trajectory of renegotiating alcohol consumption. For instance, a number of participants embarked upon sobriety due to their adverse experiences of menopausal symptoms which will ease over time, and this may alter their relationship with alcohol once more – experiences of sobriety, and subsequently online sobriety communities, may change across the life course. Further, multiple participants spoke of prior experiences with Dry January or other TAIs, some referenced AA. It is clear that, for many, online sobriety communities were not their only attempt to change drinking behaviours nor used in isolation. Thus, there is value in understanding women's biographies and journeys with sobriety discourses and initiatives, to understand where online sobriety communities sit within this trajectory – the point at which they begin to, and finish, being useful to those who are trying to stop drinking – perhaps through a longitudinal study. This may provide clearer insight regarding the limitation and affordances of online sobriety communities.

The findings shared in this thesis show that online sobriety communities reimagine drinking practices within the confines of the existing understanding of alco-centric culture, including drinks and spaces. This results in a somewhat problematic and strange collision of temporalities between daytime and nighttime economies and prompts questions of belonging. While this participation in 'normal' leisure spaces serves to destigmatise non-drinking and offers opportunities for women in sobriety to build connections without the stigma attached to attending in-person recovery groups (Hood, 2003), it continues to reinforce and entrench the cultural capital (Bourdieu, 1986) associated with alcohol. It may also serve as a barrier to exclude those who are not comfortable within spaces that are connected with, or remind them of, their former drinking practices – reflecting concerns from Corfe et al., (2020) that a return to such spaces and practices (albeit with NoLo drinks) may lead to higher risk of relapse.

Findings from this research have indicated that discourses and practices of non-drinking are extending beyond the boundaries of the recovery culture of online sobriety communities into mainstream culture. This includes the 'rebrand' of sobriety, new labels for those who are re-evaluating their alcohol consumption but not reducing completely, and the consumption of NoLo drinks as substitution alternatives. However, existing research suggests that the majority of the population are more likely to identify with 'moderation' rather than long-term alcohol refusal (Morris et al., 2022b). Thus, the main focus of online sobriety communities on long-term alcohol refusal may hinder their ability to influence drinking behaviours more broadly within society. Future research could focus solely on those who are using online sobriety

communities to moderate alcohol consumption, which may provide helpful opportunities for public health and academia to establish the extent to which their approaches are successful in supporting moderation and understanding the experiences of those who pursue it.

6.2.8. The need for regulation of online sobriety communities?

Throughout the period of research, increasing numbers of online sobriety communities and sobriety influencers engaged in promotional or paid partnership work with NoLo drinks brands. In the case of one community, they moved from offering an online community and courses to offering no community but opening up a 'tasting room' to sell NoLo drinks. It became the lynchpin of their offering. While such partnerships may currently be one of the main, or only ways, to monetise an online sobriety community, or to cover the cost of events, there is a lack of transparency regarding funding by 'Big Alcohol'. It is difficult for individual users/consumers to follow the money trail when courses or products may be offered by a community, but are funded by third party organizations such as The Drinks Trust or Drink Aware, which are subsequently funded by the alcohol industry. In the case of one specific community, they received funds directly from 'Big Alcohol'. However, online sobriety communities are often declared as 'community interest corporations' or profit-making entities with a strong Corporate Social Responsibility focus. The lack of reporting on financials and sources of funds is problematic. With Club Soda, this has become more evident towards the end of, and after, my research, as their business model evolved. There is a danger that online sobriety communities become agents of 'Big Alcohol' in re-packaging and re-branding their messaging of 'responsible drinking' as 'mindful drinking'. They have become a method by which Big Alcohol can meet its Corporate Social Responsibility targets and initiatives which is no less problematic than their relationship with Drink Aware. While participants did not express much discontent with the idea of purchasing NoLo drinks produced by 'Big Alcohol', they did express significant objection to third party organizations, such as Drink Aware. I would suspect that if there was full transparency regarding the funding of online sobriety communities, many members would utilise only those without connections to 'Big Alcohol'.

Finances should again come under scrutiny whereby online sobriety communities are marketing courses to members which offer them coaching qualifications. There needs to be greater ethical consideration as to whether it is appropriate to take money from newly-sober individuals, who have just finished a 6 month sobriety challenge, and to 'professionalise' their experience – to the extent that these individuals will then be helping more vulnerable individuals without ongoing supervision. It also shows a broader requirement for regulation

regarding coaching qualifications and recovery coaching services. It is often the case that such courses provide individuals to be an accredited coach of that community – with license to use the brand name. However, it is unclear how that qualification relates to other alternatives, such as those approved by the International Coaching Federation. Ultimately, coaching qualifications are not substitutions for licences as medical professionals or psychotherapists. Again, more transparency needs to be reflected. This provides a significant barrier to public health engagement with online sobriety communities as a viable recovery modality. While many members may have chosen to use these modalities due to their non-medicalised approach, there is still a duty of care that online sobriety communities have for their members. In some instances, it appears that this relationship is used and abused to generate income, in contravention to the duty of care.

This duty of care seems to be limited in the extent to which it is extended to members. Findings show how members of challenges who fail to stay sober are removed from the communities promptly. It is thought that this is to protect the sobriety of others, which is understandable. However, it fails to recognise that members may have built a relationship with this individual and are similarly invested in their success. It also ceases to support the individual through a failure and difficult time. It is unclear what steps are taken by the online sobriety to ensure the ongoing safety and care of the individual who has relapsed. Clearer guidance and regulation of these occurrences is required, with a formal process/support plan – even if they cannot remain within group activities.

It is important to note, however, that other recovery modalities, such as Alcoholics Anonymous, also avoid regulation and could benefit from oversight regarding finances and practices. Merely because online sobriety communities are new does not mean they should be singled out or persecuted. It is clear that they offer assistance to women, who are currently underserved by existing recovery modalities and healthcare provision – and arguably offer a less predatory environment than some have alleged AA to be (Whitaker, 2020). However, a move towards regulatory oversight would likely benefit members and inform their decision-making regarding which online sobriety community to join.

Online sobriety communities have the advantage of being market-led solutions which are able to pivot and change direction or strategy relatively nimbly compared to solutions which are government-funded or have a longstanding, historic narratives attached. As a result, their offerings, approaches, and use of technology is constantly evolving. Their decisive move towards the sales or promotion of NoLo drinks through social media advertisements and endorsements is one example of this in the recent past. As such, online sobriety communities

are at the forefront of innovation in changing the population's drinking habits and thus provide a wealth of data and opportunities for public health and academics to investigate further. However, the market-led dynamics of online sobriety communities mean that their conflicts of interest need to be considered and exposed for all stakeholders to navigate appropriately.

6.3. Summary.

This pragmatist feminist, digital and material ethnography has prioritised women's experiences in recovery to construct a conceptual, inductive, grounded theory of how women's recovery culture within online sobriety communities assists women to navigate sobriety through three, sometimes overlapping, processes: the embodiment and construction of the 'sober self', the formation of a 'sober sisterhood', and the development of 'non-drinking practices'. In doing so, it has offered multiple layers of description and analysis that could be useful for future studies, recovery modalities, government strategies, and women who (want to) use these communities to change their drinking behaviours. This PhD thesis marks a departure from academic studies that have typically positioned the non-drinker as the 'outsider', and instead has centred the non-drinking woman as an 'insider' to shared practices of self-formation, feminism, and community, ultimately informing understanding of women's sex- and gender-based experiences of sobriety, and the extent to which recovery culture within online sobriety communities can meet their needs.

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Appendix One: Introducing the participants (Part II)

Alice

45 years old. 5 years sober. Separated with children. Lives in Manchester. Educated to undergraduate level.

Speaking of her former drinking behaviours, Alice said: "I've got no off switch when it comes to alcohol and I kind of realised after I had my children that it wasn't compatible with the mother I wanted to be. And I tried for such a long time to moderate and rein things in and all of that, and I just knew that I didn't really have it in me, and it was just so so much easier for me to just quit." Alice joined an online sobriety community and that was the start of her sobriety. She has since utilised other online sobriety communities and follows them on social media.

When asked about the connections between her sobriety and feminism, she said: "one of the chapters in my book is 'sobriety is a feminist issue' actually. I think that...it's difficult...I think part of my kind of experience in drinking is that I was sexually assaulted when I was drunk and so I was pretty sure that I was drugged, I couldn't say for definite because I'd had a lot to drink but I also felt pretty weird, so there's that. I'm coming at it from a survivor's perspective and I'd certainly never say that women should not drink to keep themselves safe. I think that women should be able to do whatever they want. But I feel like we do live in a world at the moment where women are not as safe as they have been, and for me sobriety is part of how I keep myself safe."

Alison

72 years old. 0.75 years sober. Widowed with adult children. Living in the North West of England. Educated to Diploma level.

Alison's drinking increased after the death of her husband; she consumed large volumes of alcohol each day, at home alone. This resulted in falling out with some friends and family members, in addition to some health issues. She attempted sobriety alone first and managed over 100 days of no alcohol. She relapsed and subsequently decided to stop drinking with the support of an online sobriety community.

When asked about the connections between her sobriety and feminism, she said: "I would class myself as a 60 year old woman turning to drink because of empty nest and all that sort of thing. It is a women's thing in terms of that thing. And yes, I used to drink, but it didn't

become a problem until I hit my 60s, now whether there's a switch or what I don't know. But the number of women that say to me, the women in the group, that 'when I turned 60 I started drinking', so I think maybe it is. Obviously I've got no experience of 60 year old men starting to drink. But I think women, perhaps because of our biology, we have stages of crises in our life, and there must be some kind of re-evaluation that happens when you hit 60."

Bobbie

41 years old. 2 years sober. In a relationship one child. Lives in Dorset. Educated to secondary education level.

During COVID-19 lockdown Bobbie was unable to work and so her drinking escalated. She started to drink at lunchtime, "finished more wine and then opened more wine". After one particular night of drinking she woke up disgusted with herself, and felt disgusting to her partner. She was worried she would 'lose everything' and felt she needed to "tackle" and "change" her drinking. Bobbie joined an online sobriety community to complete a 60-day sobriety challenge. Once completed, she joined another online sobriety community and subsequently remained sober long-term. She also follows online sobriety communities on social media.

When asked about the connections between her sobriety and feminism, she said: "I don't know if I would still be sober if it wasn't for those connections if I'm honest. I like to think that I would but I probably wouldn't have given up, because I would have just had my drinking friends, and without those people it's really really hard and just to have people to keep encouraging you, in the groups you see people that are further along and the achievements that they're making in their lives, and I'm thinking that's what I want to be."

Donna

45 years old. 0.6 years sober. Married with children. Lives in Wales. Educated to Doctorate level.

Donna had been "going backwards and forward" on the issue of sobriety for a while. She then experienced 'quite bad perimenopausal symptoms and drinking was just exacerbating those really badly – they were all so much worse" when drinking. Donna entered sobriety without any recovery modalities, but soon realised she needed "support" and so three months in to her journey, she joined an online sobriety community.

When asked about the connections between her sobriety and feminism, she said: “I mean I’m pretty much you know a signed-up feminist so I don’t really read male authors or anything anyway so even if they weren’t prominent I would have sought them out. I would have gone out of my way to find that. Because I would only...well I’d be able to relate so much more, I relate so much more to that female experience – the experience of being a woman in society.”

Emma

49 years old. 2 years sober. In a relationship with no children. Lives in South East London. Educated to undergraduate level.

Emma defined her former drinking self as a “grey area drinker” – she “wasn’t someone that was dependent, or drank every day”. When she drank she just “didn’t always know when to stop”. Emma was one of the earliest members of an online sobriety community and used it to support five years of “doing sober stints” prior to entering sobriety longer-term. She used online sobriety communities as her only recovery modality.

When asked about the connections between her sobriety and feminism, she said: “I think very much of the age group that I’m in and I am, and basically I came to 18 in 1990, and when I went to university, and the things that were going on, and the wine industry looked around at who they could target and they basically decided to target young women. ...And we all thought we could drink the same as our male partners, because that’s feminism – it’s not. It annoys me, I think back now and the influences and what led me to not being able to...because I probably was a moderate drinker at one point in my life and then I stopped being a moderate drinker, and I think it’s because of the influences that I had at that time.”

Erin

56 years old. 4 years sober. Married with adult child. Lives in Central Scotland. Educated to Diploma level.

Erin experienced seven years of trying to moderate her alcohol consumption, feeling like she was drinking too much at home which was impacting her relationships. She then joined an online sobriety community and entered sobriety long-term.

When asked about the connections between her sobriety and feminism, she said: “I think there’s more a tag put on women to say that they have a problem with alcohol. You know you see men out and about and getting drunk and everything else. For women I think it’s hidden more. You know you’ve got this, and all these things, like mummy’s wine o’clock and mummy’s

little helper. So really society I think encourages women and I think especially young, young mums. You know to have a glass of wine or all these gins. But when you then become addicted to an addictive drug, I have the problem? No, you know it's like no, the alcohol is the problem – not me. The alcohol is the problem.”

Francesca

35 years old. 4 years sober. Single with no children. Lives in York. Educated to Doctorate level.

Francesca explained how her experiences of giving up drinking were a “long convoluted journey...lots of attempts of moderation, stop starts, months off. That kind of thing”. She ultimately stopped drinking as an act of “self-care” to improve her “mental health and wellbeing”, after feeling that alcohol was “taking more” than it “added”. She joined online sobriety communities and followed them on social media but did not utilise any other recovery modalities.

When asked about the connections between her sobriety and feminism, she said: “I identify as a feminist, I think it's definitely part of who I am, part of my job, what I teach, what I talk about and write about. But when I stopped drinking I definitely did not see it as an act of feminism at all. I think it was an act of self-care.”

Gina

25 years old. Sober for 0.5 years. Single with no children. Lives in York. Educated to undergraduate level.

Gina gave up drinking after a night out, tired of the “standard feeling of hangxiety” and thinking “what on earth did I do last night?”. Gina explained how drinking led her to be “cocky”, “loud” and “ballsy” and eat beefburgers, when she is normally a vegetarian. She said “I thought I just don't want to do this anymore – to my mental health, to my body, to my purse”. When she gave up drinking she didn't know that online sobriety communities existed but then started engaging with them on Facebook.

When asked about the connections between her sobriety and feminism, she said: “Maybe to some extent with feminism...because I just think when I gave up drinking, on like the holidays and stuff, I noticed I was having conversations with individuals – men – and I kind of felt almost like I was being ridiculed...And I suppose when you do go out drinking...and I remember this back in the day when I was doing my BA, you do want to get drunk and present yourself for

the male gaze, and that's probably part of my journey now that actually I don't want to do that anymore, I don't want to be seen, I don't want to be an attraction to the male gaze. I don't want to have to dress up or do certain things just so I can go home with somebody."

Helen

44 years old. 4.5 years sober. Single with one child. Lives in Surrey. Educated to Doctorate level.

Helen explained her former drinking behaviours: "I definitely drank too much without a doubt, and whether I was an alcoholic is debatable, who knows. But I got to the stage where I'd given up drinking maybe for a month here and there and I think I felt a bit better physically but you kind of don't get into a way of...it being the natural thing to do...I just thought, I've kind of had enough of this. I'm fed up of having a permanent hangover". She joined an online sobriety community and did not use any other recovery modality.

When asked about the connections between her sobriety and feminism, she said: "I mean I think since not drinking I've become more conscious of how much drinking is rammed down your throat, you know, adverts and just the culture. Thinking back to growing up in the 90s the kind of ladette thing. It was definitely a – I guess proving yourself as well that you can drink like the boys, there was a bit of that."

Jo

29 years old. 10 years sober. In a relationship with no children. Living in Durham. Educated to postgraduate level.

Jo described her former drinking behaviours as follows: "I drank too much before I was legally allowed to. I had the hangovers and all the kind of events that happen with being drunk – you lose things. You lose your friends because you can't find them in the nightclub and you end up on your own. Lots of situations – rolling around friends' gardens in the night because I was so drunk, and rolling around in people's sick. [After a work party] I woke up and I was mortified...And at that point I was like you know what, I don't want to drink anymore."

Jo did not engage with any recovery modalities to stop drinking, but her partner stopped drinking at the same time. She had also experienced one period of temporary sobriety beforehand. She now follows online sobriety communities on social media.

When asked about the connections between her sobriety and feminism, she said: “I started to discover feminism – that was a big thing at uni and I think I was at uni at the right time because it started to really help me understand a lot about society in general and men, and again sexuality just thinking who am I and what do I want to be and what do I want to embrace and enjoy. And a lot of that comes from I don’t drink, and I wasn’t drinking back then, it was “what else am I doing?”, it was like “what else is going on in my life?”.”

Jules

45 years old. 6 years sober. Single with no children. Lives in London. Educated to postgraduate level.

Jules described her former drinking as “alcoholic” and “destructive” and admitted that she had been “addicted to alcohol six years ago”. She had been concerned it was impacting her relationships and work and led to choices regarding dating and intimacy that she later regretted. Her therapist raised concerns regarding her drinking which removed the “magic” and she decided to stop drinking. Jules joined an online sobriety community one month after stopping, but did not utilise any other recovery modalities.

When asked about the connections between her sobriety and feminism, she said: “I don’t think necessarily, no. Maybe now I feel strongly about how women are targeted with alcohol marketing but my own personal journey wasn’t driven by that”.

Katie

29 years old. 2 years in sobriety. Single with no children. Lives in South East London. Educated to undergraduate level.

Katie gave up drinking during lockdown with her partner. She used to drink heavily in social settings. She said that it “improved” her life “tenfold” and feels that she will never drink again. She had initially planned to remain sober for 6-12 months but feels that she wouldn’t be able to moderate her consumption if she returned to drinking. About a year into her sobriety, Katie found, followed, and became part of the online sobriety community.

When asked about the connections between her sobriety and feminism, she said: “that’s a good question. I’d never really put the two and two together actually but I think there’s a lot of successful and strong women who know their own minds, and again going back to this whole thing of honesty, are able to communicate their wants and needs and yeah maybe there is a

connection between them and...I don't know. I think mostly I just think it's really inspiring and it just makes it more normalised".

Linda

58 years old. 1 year in sobriety. Married with adult children. Lives in Kent. Educated to Doctorate level.

Linda felt that she drank too much (a bottle of wine) in the evenings at home to cope with a stressful job and stressful family situations. Linda had experiences of temporary sobriety after reading a book by an online sobriety community founder. She returned to drinking but when she retired she wanted to "sort this out properly" and completed a year-long sobriety challenge.

When asked about the connections between her sobriety and feminism, she said: "I'm certainly a feminist.....actually in the new Facebook group someone said "do you think we should make amends?" which is apparently a big AA thing, and you know I posted "well no, why do you think you need to make amends?" and someone else posted, "no, this is an AA thing, it's a male thing, women don't need to make amends, we're all too nice if anything". So no, why do we need to? We haven't..argh..done anything to make amends for. It's a male thing. We're always trying to be nice to people. We haven't done anything like going around breaking up families, going off and having affairs or you know coming home beating the wife."

Lisa

44 years old. 2.5 years sober. Married with children. Lives in Surrey. Education unknown.

Lisa suggested that her former drinking was binge drinking, whereby on a Friday night she would consume a bottle of wine – either at home – or with friends. She had previously done "all the Dry Januarys. All the Sober Octobers. That kind of thing". She suggested, "I knew I was building up to something bigger. I actually had a period of really successfully moderating my drinking before I decided to go alcohol-free". In December 2019 she joined a year-long sobriety challenge, and subsequently joined other online sobriety communities.

When asked about the connections between her sobriety and feminism, she said: "I'm just reading it now [*Invisible Women* by Caroline Criado Perez]. So now I'm having bigger thoughts about it. I think previously, I think *Quit Like a Woman* first got me thinking, in a particular way, and *Invisible Women* is really opening my eyes in a way that's making me feel uncomfortable at the moment. And so one of the things is that I keep on coming back to is the way that alcohol is advertised. And the marketing around it. I feel like...I don't know maybe this is the next...next

thing that I might be interested in learning more about and educate myself a bit more around this subject.”

Louisa

49 years old. 4 years sober. Married with children. Lives in North West England. Educated to undergraduate level.

Louisa explained what her former drinking looked like: “on a high-end, high-hitting week I probably was drinking 70 or 80 units a week. On a normal measuring for units blah blah blah boring moderating rubbish, I was probably realistically looking at 40 units a week. I’d had the – lots and lots of years of thinking nah I really shouldn’t be doing this anymore, this isn’t doing me any favours at all, and there was sort of an accumulation of quite a few little things going on with it and I gave up over Christmas”. Louisa read the books by Catherine Grey and Claire Pooley after a particularly raucous house party and then joined an online sobriety community to maintain her resolution of sobriety. She did not utilise any other recovery modalities.

When asked about the connections between her sobriety and feminism, she said: “It’s caused everything to be questioned about who I am, what I am and represented by and where are all my tribe? Where are all my people, do you know what I mean? It was huge that they were women. I’m not interested in being spoken to by men to be honest. Kids at school would roll their eyes at this one, because I am a feminist and they know that. The fact that they looked...they had lives similar to mine. Claire Pooley is a woman with a family and all the rest of it. Catherine Grey is someone who looks like someone who well and truly has fun in life and knows who she is. So yeah, it was important.”

Mel

59 years old. 0.5 years sober. Married with adult children. Lives in North Wales. Educated to Diploma level.

Mel’s drinking escalated after her brother died (of alcohol-related illness) in 2018. She subsequently had a temporary period of sobriety that lasted three months but returned to heavy drinking during the COVID-19 pandemic due to anxiety and concern regarding family health issues. She felt she had done well if she ‘only’ consumed one bottle of wine per night. In January 2021 she joined Dry January and subsequently other online sobriety communities to support longer-term sobriety. No other recovery modalities were used.

When asked about the connections between her sobriety and feminism, she said: “I have you know and I just think it’s shocking really when I actually think about Big Alcohol and is it Professor David Nutt, it’s almost like it’s been silenced - the truth around alcohol, has been silenced because there’s so much power in Big Alcohol...And also I have thought about all the mummy wine culture you know and how immoral it is really, how utterly immoral it is. Yeah. So I do feel quite strongly about that. You know the goods that you can buy ‘mummy drinks wine’ and all of this is just pervasive and it normalises it doesn’t it and they keep on normalising it and then you get new mums coming through who are quite rightly stressed about being a mum and having to work, and all of that, and they normalise this drinks and wine to switch off, drinks and wine because you’re stressed you know.”

Monica

51 years old. 4 years in sobriety. Separated with children. Lives in Liverpool. Educated to a postgraduate level.

Monica explained that she was “regularly binge drinking”, which created an “interminable feeling of self-loathing” that was heightened by having her second child. Five years before entering sobriety she became aware that her drinking was “destructive” and “problematic” and so she became a “stopaholic” – a term she used to describe a constant cycle of temporary periods of sobriety followed by bingeing. These sober periods were sometimes done in tandem with Dry January or Sober October. In the midst of a relationship breakdown and domestic abuse, she joined an online sobriety community and maintained sobriety longer-term.

When asked about the connections between her sobriety and feminism, she said: “Totally, totally. 100%. In fact one of the...I think one of the things that’s kept me sober has been being a member of [community] and reframing it as a badass choice, and I think what’s really worked for me has been the positioning of being a rebel”.

Nicola

56 years old. 0.5 years sober. Married with no children. Lives in Essex. Education is unknown.

Nicola explained that she had “tried to stop drinking over the years, or reduce it” but ultimately stopped when she received a cancer diagnosis. She joined an online sobriety community for support and follows others on social media. Nicola said that she feels more “calm, less volatile, less emotional” than when she was drinking.

When asked about the connections between her sobriety and feminism, she said: “yeah, I think it is a form of...feminist is feminist because we’ll probably perform better at work and exercise and family life and then our long term health will be better. But it’s difficult because it’s almost like saying men can drink alcohol but women can’t because they’re weak or fragile – it’s tricky. For me personally, it feels more empowering not to drink, and my friend said she feels it’s a lot more empowering not to drink. But a lot of women would struggle with that.”

Payal

41 years old. 2 years sober. Single with no children. Living in the West Midlands. Educated to postgraduate level.

Payal used to drink to cope with her mental health struggles and relationship breakdowns. She would drink large amounts at home in the afternoon or evening and was twice hospitalised after overdosing. Her family eventually staged an intervention to take her to India or three months where she was unable to drink – she likened it to “rehab”. When she returned, the UK was in COVID-19 lockdown but she was concerned about how to maintain her sobriety so she joined an online sobriety community and “sober Instagram”.

When asked about the connections between her sobriety and feminism, she said: “When you’re a drinker you think it’s all great that you have bottomless brunches which, let’s face it, there’s a lot of things that are geared towards women and you just think ‘wow like what are you trying to make us all alcoholics?’ literally fuelling a problem or starting one. And I think it is glamorised more for women. Bottomless brunches. Mummy wine culture. Ladies who lunch. All of that kind of stuff. And I was very much part of it and thought it was the best thing ever. I only see the dangers now. But in terms of I don’t know...I’ve never really thought about it as like a gendered...what I have noticed is the people who are reaching out for connection and sober kind of support in...I want to say more in the social sense...are females.”

Petra

41 years old. 3.5 years sober. In a relationship with children. Lives in Brighouse. Educated to secondary education level.

Petra explained that she “was drinking alcoholically” – a “binge drinker, and the binges got longer in each time – the days off in between got shorter”. Her relationships were “ruined” and she felt that she was getting “neurotic”. She was worried about the impact on her children and

sometimes left them unattended to purchase alcohol: “the first time I did it that I’d never do it again but obviously I pushed the goalposts and the boundaries kept changing”.

Petra first attended in-person local recovery services for six months. She then attended AA whilst engaging with online sobriety community content online. But during the pandemic when AA switched to online only, she left and now only participates in online sobriety communities.

When asked about the connections between her sobriety and feminism, she said: “I think it’s a personal issue. I think it’s a very very personal thing for you to make, it’s a decision only based on what you can make as a person, so it doesn’t matter what gender, it doesn’t matter what kind of role you have in your life – what kind of you know profession you have, it doesn’t matter. It’s very very personal.”

Rachel

44 years old. 8.5 years sober. Married with no children. Living in Leamington Spa. Educated to an undergraduate level.

Rachel described her former drinking self as “a typical binge drinker, party animal who was life and soul of the party” and entered sobriety because she “didn’t want that anymore”, and instead wanted to “sort” her “life out” – to “start doing things that are good”. Rachel stopped drinking with no support from any recovery modality but now follows online sobriety communities on social media and engages with their content.

When asked about the connections between her sobriety and feminism, she said: “I guess I didn’t want to be that 40-year-old propping up the bar, which always seemed a bit sad when it’s a woman - society-wise. And I think society does look down on women getting drunk - that they’re missing something, that they’re promiscuous or unsuccessful. So I guess there’s a certain element of taking back control of my life as a woman but then I also see the same change in my husband, so I’m not sure it is a gendered issue – it is an individual one.”

Stephanie

46 years old. 2.75 years sober. Married with no children. Lives in South London. Educated to undergraduate level.

Stephanie explained her former drinking behaviours: “I never thought I could go out and not drink and I didn’t realise at the time that it was becoming more and more of a problem. Bottomless brunches, they seem to be a huge thing at the moment – an awful thing – it just

encouraged more and more drinking. Over time I started to drink more and more". In May 2019 she went on holiday and continued drinking for five days after she returned. She subsequently found a local walk-in clinic who provided in-person recovery services. She now follows online sobriety communities on social media and attends some of their events.

When asked about the connections between her sobriety and feminism, she said: "when you think back a little bit, like the 90s when I was young and growing up, women became on par with men and drinking and the whole ladette culture and certainly now it's very much the bottomless brunches and there are certain things that are quite geared to women drinking as opposed to men, all sorts of girly drinks, but yeah, I would say...as well perhaps, as awful as it is, I feel safer. If I'm coming home at night, I'm sober and fully aware of my surroundings...And I think back to the things I did when I was drinking, and I was just ridiculous, I put myself in such dangerous situations, and you think well it shouldn't matter if I'm really drunk I should be safe, but the reality is that's not what's happening at the moment."

Susan

48 years old. Sober for 2.5 years. In a relationship with step-children. Lives in Bristol. Education is unknown.

Susan had used alcohol to "numb", and as a result found herself in "situations which were unhealthy". She had a pattern of temporary sobriety, trying to moderate, then bingeing. She described this as an eight year-long journey of being "sober curious". At the beginning of the pandemic Susan joined a year-long sobriety challenge with an online sobriety community but after six months moved to other online sobriety communities for a better cultural fit and remained sober long-term.

When asked about the connections between her sobriety and feminism, she said: "I personally believe that when you use alcohol to numb then you're numbing your life and you're numbing seeing things, and you're numbing what's really going on in the world. Because I know I did it, and I see it a lot. From my experience, especially my generation – so I'm late 40s, my generation were all brought up with ladettes and it was part of the whole thing where you drink as much as men. What a load of shit, that's really dangerous to drink that amount of alcohol but we...I remember thinking that was a really cool thing to be down the pub and I'm one of the boys because I can drink as much as you, but actually I feel that we were completely misled and sold a lot of rubbish there. Because when you drink like that it means my experience was that I allowed shit behaviour and abusive behaviour because I was so numb, or I was so drunk I didn't say no. Or I tolerated stuff which was unacceptable. When I decided

to stop drinking, lots of people didn't like that because I started questioning, and I started going "no that's not good enough, and that's not acceptable, and I won't be talked to in that way", and then I'm seen as a bulshy woman, but no I'm standing up for myself and being assertive. Yeah I feel there's a real...I haven't done any research into it, but I do think there's a real thing around, especially women and keeping women quiet and numb. There's was the whole "mummy's little helper" wasn't it in the 60s and 70s and women were bored shitless and not being able to make choices in how they wanted to live their lives, well why not take Valium, or drink alcohol, or do a nice little combination. And then when I stopped drinking I just feel like I woke up."

Tina

28 years old. 5 years sober. Single with no children. Living in Liverpool. Educated to an undergraduate level.

Tina described her former drinking behaviours as "100% active alcoholism". She experienced suicidal ideation which she shared with her psychiatrist who then secured her a place in a residential treatment programme for one month. Since leaving the facility, Tina attends AA and follows online sobriety communities on social media.

When asked about the connections between her sobriety and feminism, she said: "I'm definitely a feminist. I've never actually really...until you sent your thing through. I've never really thought of my sobriety being a feminist, as an intersectional thing, I've never really thought of that. I think that being sober has allowed me to be more of the woman I want to be. In the sense that I didn't really like...I am totally sex positive, you can do what the fuck you want, but I feel like when I was in active addiction I didn't really have a choice and so it created a lot of problematic events in my life."

Violet

30 years old. 1.25 years sober. Lives in Nottingham. Single with no children. Educated to Doctorate level.

Violet explained that during the COVID-19 pandemic she felt that she was drinking too much and wanted to address it. She had a period of temporary sobriety in August 2020 and subsequently returned to drinking. However, she then realised she "hated" who she became when drinking – including "obnoxious" - and decided to enter sobriety longer-term in November

2020. She joined an online sobriety community one month later and did not utilise any other recovery modalities.

When asked about the connections between her sobriety and feminism, she said: “I don’t want to connect it with feminism. I think that’s dangerous. It works for women. But the risk is that if it’s too...if we go too far down that route, men get left behind and I don’t know.”