

Meeting the Sober Self, Recognizing the Drinking Self: Back to Baseline

Experimentation in Temporary Sobriety Initiatives

Temporary Sobriety Initiatives (TSIs), popular month-long campaigns in which people abstain from alcohol to raise money for charity, aim to change participants' relationship with alcohol. Identifying the structural and practical mechanisms of TSIs that facilitate the desired changes are important elements in understanding their popularity and purported effectiveness as public health campaigns. Drawing upon in-depth interviews with 15 Australian FebFast participants, this article argues that TSI participants, often guided by campaign organisers, loosely adopt the self-tracking and self-experimentation practices of the Quantified Self (QS) movement, which open up aspects of oneself and of alcohol that are normally hidden in order to facilitate self-improvement via discovery. Drew Leder's corporeal phenomenology of absence and presence underpins the analysis of how TSI participants contrast deliberate periods of sobriety and inattentive normal drinking to convert abstract knowledge about alcohol and its effects into personally salient information based on lived experience. In doing so, participants shift the valence of their ambivalence about drinking, even at moderate levels, and convert it from the less behaviourally impactful *potential* ambivalence to its more influential *felt* form. Through such experiments, TSI participants problematize their drinking, make real the physical, psychological and social impacts of alcohol, and even redefine what they know it to be.

Keywords: Embodiment, Quantified Self, Alcohol, Abstinence, Experimentation, Phenomenology

“I think you take more notice about what alcohol is doing to your body even if you're not...a heavy drinker or drink frequently. But even once or twice a week really has a big effect on your body [,] on your mind and [on] your life. So it does make you think.”

(Faith, 30, media manager,
FebFast participant)

Temporary Sobriety Initiatives (TSIs) are month-long initiatives in which participants refrain from drinking alcohol. They are better known by names such as Dry January, Ocober, FebFast and Dryathlon. Although begun in Finland in 2005 (Varamäki, n.d.), the campaigns were popularized starting with their public launch in Australia in 2008. There, and in the other countries to which they have spread (including the United Kingdom, Ireland, Canada and New Zealand), they have objectives centered on both philanthropy and on behavior-change with respect to alcohol and drinking, although different campaigns place different emphasis on these two goals. The philanthropic element of TSIs, wherein participants raise money for a designated charity through personal and solicited donations, is reinforced by fundraising competitions as well as purchasable one-day exemptions from the obligation of sobriety, a concession that also encourages the participation of those wary of the commitment.

TSIs are taken up mostly by segments of the public who are cognizant of the negative social and health effects of alcohol and use the structure and social legitimation of a popular event to make anti-consumption choices (Cherrier & Gurrieri, 2013; Robert, 2016). Thus even those TSIs such as Australia's Dry July, which conceive of themselves primarily as fundraisers for the charities they support (Dry July, 2016), recognize that participants are often motivated by a desire to change their relationship to alcohol and/or to reduce their drinking as a way to

improve their overall health (see also: Dry January, 2015; Dry July, 2015, p. 6; FebFast, 2013b).

How participants and TSI organizers effect or facilitate such changes, however, remains a crucial but underexplored part of the current inquiries into this style of campaign. This research was therefore undertaken with the objective of identifying and explicating the structural or practical mechanisms that can engage participants in processes of sense-making around their participation and the implications of these techniques. Over the course of the data collection with participants in one Australian TSI, FebFast, social and self-experimentation appeared as important themes in this sense-making process.

Self-experimentation (Choe, Lee, Lee, Pratt, & Kientz, 2014) and the qualified interpretation of one's personal data (Boam & Webb, 2014) are at the core of the Quantified Self (QS) movement. This newly repopularized practice of "monitoring, measuring and recording elements of one's body and life as a form of self-improvement or self-reflection" (Lupton, 2016, p. 1) emerged as a cultural trend contemporaneously with TSIs, a coincidence that can be traced back to a common motivation to use self-governing practices to improve one's health. QS practices and methodologies are, moreover, routinely characterized as processes of making the obscure facets of the body and our relationships with people, settings and other stimuli visible and thus open to both interpretation and action (Nafus & Sherman, 2014; David Pogue quoted in Sreenivasan, 2013).

The QS movement is predicated on an understanding of selfhood, especially embodied selfhood, that implicitly recognizes philosopher Drew Leder's (1990) theory that the body and our sense of embodiment routinely escape our conscious notice or attention. Phenomenologically, a body is unobtrusive – absent – and it is only when something such as a need or an illness creates different feelings or sensations that our consciousness is drawn back to it. The body, however, can reveal its normal or background states, processes and reactions to routine stimuli via

attention and observation, the kind of deliberate acts of focus required of QS-style self-experimentation.

This article accordingly sets out to answer two questions. First, to determine how TSI campaigns structurally and operationally facilitate participant self-experimentation. Second, it seeks to understand how participants construe the “results” of these experiments as influential, especially as concerns the TSI objectives of changing individual – and by extension societal – relationships to and understandings of alcohol.

Literature Review

TSIs as Facilitators of Change

Participant outcomes and program effectiveness from a public health perspective have been a notable focus of research into TSIs. Clinical approaches (Mehta et al., 2015) show measurable benefits after a month of sobriety and behavioral studies have noted decreased alcohol consumption among UK-based Dry January participants in the six months following the campaign (de Visser, Robinson, & Bond, 2016). These largely quantitative approaches point to the efficacy of a month of voluntary abstinence in temporarily improving health outcomes and reducing subsequent alcohol consumption. TSIs though are not simple “dry” months (nor are they necessarily totally dry) and research that fails to consider them as organized campaigns with deliberate marketing and communications strategies occludes a potentially influential aspect of the participant experience.

Qualitative research that accounts for the design, marketing, and communications of individual TSIs – such as Dry January (de Visser, Robinson, Smith, Cass, & Walmsley, 2017; Yeomans, 2017), Hello Sunday Morning (Cherrier, Carah, & Meurk, 2017; Fry, 2014) and FebFast (Cherrier & Gurrieri, 2013; Robert, 2015) – has provided greater insight into how these results eventuate. Participants in these studies identified the quasi-public commitment, often enforced through an implicit philanthropic contract

between them and their sponsors, as an influential factor in being able to refrain from drinking during the campaign (Cherrier & Gurrieri, 2013; Robert, 2015). A supportive peer group, including one accessed online, can also be important but not essential (Cherrier et al., 2017; de Visser et al., 2016; Fry, 2014). Because abstaining from alcohol often entails breaking with social conventions and norms (Bartram, Elliott, Hanson-Easey, & Crabb, 2017; Mäkelä & Maunu, 2016; Paton-Simpson, 2001), TSI features, such as communications strategies (Yeomans, 2017) or alignment with a larger purpose, such as philanthropy or health (Cherrier & Gurrieri, 2014), reinforce the non-normative choice and ascribe value to it.

Many TSIs, especially those with explicit health or behavior objectives such as FebFast, Dry January and Ocober, align with government (Government of Australia: Department of Health, 2013) and public health (Alcohol Research UK, 2017) priorities around changing drinking behaviors, particularly for individuals who drink at levels considered harmful or hazardous. Where TSI participants are more likely to represent a self-selecting sample of heavier drinkers inclined toward behavior change (de Visser et al., 2016, p. 287; Hillgrove & Thomson, 2012, p. 10), the objective and potential for TSIs is to capitalize on the inclination by facilitating this change (de Visser & Smith, 2007, p. 359).

TSIs have attracted hundreds of thousands of participants worldwide over the past decade; in 2017 a popular survey in Britain revealed that one in every six of the UK's alcohol consuming adults intended to have a dry January (YouGov, 2017). As such, explaining the popularity of TSIs as public health (de Visser et al., 2017), philanthropic (Chapman, 2015) and social projects (Robert, 2016; Yeomans, 2017) has emerged as a priority area for research. Yeomans argues that Dry January, and by extension other TSIs, facilitates an “embodied experience of ethical self (re)formation” (Yeomans, 2017, slide 8) that appeals because both regulation and self-optimization are framed positively (not censoriously) and, crucially in the current context, as personally relevant. Critiques of TSIs initially arose in popular forums (such as blogs) but have increasingly found voice in more scholarly circles where

their “all or nothing” approach has been questioned (Hamilton & Gilmore, 2016; Longano, 2013; Pryor, 2010).

Self-Knowledge and Lived Experience: Pathways to Action

Formalized in 2007 (Lupton, 2016, p. 3) but consolidated a year later with the release of the FitBit, a mass-marketed wearable personal informatics device (Crawford, Lingel, & Karppi, 2015, p. 480), the QS concept and the culture of self-tracking emerged at the same time as TSIs. Like them, it has also since gained in importance. A major impetus for the movement is improving one’s health, productivity and/or performance through self-knowledge, albeit with the caveat that this knowledge must be bolstered by motivation and competencies to use it (Sørensen et al., 2012, p. 1) if people are to “reap actionable health benefits from self-tracking” (Vamos & Klein, 2016, p. 1). Although the modernist, progress-driven discourses are starting to be critiqued within QS scholarship (Rapp & Tirassa, 2017), self-optimization, also an important motivator for TSI participants (Robert, 2015), remains central to the QS movement.

Techniques of self-experimentation are key mechanisms for augmenting this self-knowledge (Swan, 2013). QS practitioners, who self-identify as part of a dedicated community of practice, engage each other in conversations (both online and in face-to-face meet-ups) focused on a loose interpretation of the scientific method: “what I did, how I did it, and what I learned” (Nafus & Sherman, 2014, p. 1788). These practices among dedicated QS practitioners in turn influence how members of the wider population, casual self-trackers, collect and use their data.

The experimental method most often employed in QS settings follows the protocols of case study, small-*n* or *n*=1 experimental designs. These often involve establishing a baseline and observing the effects of an intervention, a process that may also be repeated to establish verifiability (Dugard, File, & Todman, 2012). The baseline, pharmacologically speaking, involves the body being free of the compound whose effects are to be tracked, a condition that may require some time to establish

(Atkinson, Huang, Lertora, & Markey, 2012). Such an approach is often used by QS practitioners when seeking to establish the impact of substances one consumes, such as alcohol, sugar or coffee that are then reintroduced to a baseline state under experimental conditions (Swan, 2013).

More common for self-trackers is a baseline predicated on a subject's "normal", which is to say pre-intervention, states and patterns. Once known, these can then be compared to measures at various post-intervention phases (Kazdin, 1982; Swan, 2013). Such a model underpins the work of de Visser et al. (2016) in gauging the broader behavioral impact of Dry January in terms of subsequent alcohol consumption: participants were asked to report their alcohol consumption both before and at various stages after Dry January. Both forms of experimentation are subject to common complications, such as the Hawthorne effect, the phenomenon of a subject modifying their behavior because they know they are being observed (Swan, 2013, p. 92), and the inability to control variables.

Where QS-style self-experimentation focuses on small- n or $n=1$ experimental designs, the objective of these experiments is often to test the individualized applicability of general knowledge or normative advice. General knowledge may inform the hypotheses to be tested and the experimental protocols, but the outcomes will be applicable first and foremost to the self and may even defy received knowledge and general principles about what is or is not healthy or normal (Nafus & Sherman, 2014). For instance, coffee's reputed stimulant effect might be "proven" (or disproven) to an individual by having them track coffee consumption, sleep and perceived energy levels both before and after a "no coffee after midday" experiment. Such an experiment might be undertaken as a means to cultivate new habits or achieve certain outcomes through favorable trends in one's data that reinforce targeted behaviors or achieve a desired objective (Nafus & Sherman, 2014). For QS practitioners then, the personal relevance of information is instrumental to effecting behavior change. The QS aim to determine the personalized applicability of knowledge as a precursor to behavior change is grounded in psychological research that differentiates *potential* (abstractly known)

ambivalence from *felt* (concretely known or experienced) ambivalence, and finds the latter to be a better predictor of changed behavior (Newby-Clark, McGregor, & Zanna, 2002).

The differentiation of potential and felt ambivalence led de Visser and Smith (2007) to argue for interventions that could “make individuals’ potential ambivalence salient in the form of felt ambivalence” (de Visser & Smith, 2007, p. 358) as a way of changing behavior. Working with the example of drinkers, they advocated concretizing or making the ambivalence personally relevant, largely by making the drawbacks of alcohol (e.g., hangovers, increased likelihood of violence, longterm health problems, financial cost) just as salient as its benefits, such as pleasure and sociability. By making the drawbacks less abstract, they hypothesized that ambivalence about drinking would increase and consequently have a greater impact upon behavior. QS-practices that provide a means or a framework in which to convert the potential or abstract knowledge into personalized knowledge derived from self-experimentation accordingly add an affective element to what are often rationalist decision-making paradigms (MacDonald & Zanna, 1998; Thompson, Zanna, & Griffin, 1995) that are criticized for downplaying non-rational factors (Keane, 2000; O'Malley & Valverde, 2004).

Critiques of QS-inspired experimentation (especially in its digital or device- driven forms) suggest that it does not focus on the self, but rather on measurable and observable phenomena – captured as data – that serve as a weak proxy for the self (Rapp & Tirassa, 2017). QS technologies, whether sophisticated digital trackers or simple elimination diets, are also accused of being rigidly behaviorist and even dogmatic about what constitutes a desired behavior change (Nafus & Sherman, 2014; Rapp & Tirassa, 2017). These technologies are designed such that a majority of participants will be guided to experiment in a prescribed way and, in adhering to this methodology, they are more likely to conclude that they too adhere to the norms that inform the experiment’s design.

Such critiques might also be extended, for just as the self is misleadingly equated to behavioral data (number of steps walked or drinks consumed), QS experiments generally seek only to deepen the knowledge of one element in the self-stimulus equation. By default then, the stimulus is posited as an already-known and arguably immutable entity. Alcohol, for instance, is construed as ontologically stable and not shaped by practice and all its contingencies, a proposition at odds with much of the more recent scholarship in critical alcohol and other drug studies (see also Duff, 2012; Fraser & Moore, 2011; Hart & Moore, 2014).

TSIs and QS practices share objectives of facilitating informed change among individuals. While QS methodologies are varied and the focus of data gathering can encompass many elements of routine and embodied existence, they frequently overlap with TSIs insofar as consumption, notably of alcohol, can be a focus for investigation and action. QS practices, however, are often fashioned by individuals to attune them to many aspects of their lives, including their embodiment, for the purposes of better understanding oneself as a step to effecting change. By contrast, TSIs offer participants a largely pre-determined methodology with the explicit objective of reducing alcohol consumption, and to a lesser extent, understanding a narrow range of factors pertaining to alcohol and drinking. While QS methodologies are heavily studied both within the movement and by those looking at it critically, the methods TSIs employ and their underlying assumptions are not. Yet where an embodied and frequently social practice such as drinking is the main variable, the study of TSIs would be enriched by better understanding the ways in which participants experience and make sense of temporary sobriety, both on their own and thanks to any interventions the organizers may make.

Theoretical Approach

The QS movement is predicated on an understanding that aspects of our existence, especially our embodiment, are not readily or meaningfully apparent to us, but that they can be tracked, measured, observed and in so doing, made meaningful.

In such a framework, the body is deemed capable of being not only transparent, but also reflexive (Lupton, 2016, p. 79). This imputed transparency hinges upon deliberate scrutiny that stands in contrast a view of the body as opaque or absent from our ready processes of perception (Leder, 1990).

Drew Leder (1990) contends that the body is, in its normal state, largely absent from our awareness insofar as it fades into the background while we go about our lives: “While in one sense the body is the most abiding and inescapable presence in our lives, it is also essentially characterized by absence. That is, one’s own body is rarely the thematic object of experience” (p. 1). Leder argues that the body is routinely invisible, imperceptible to us unless something is amiss, is perceived to be so or that we direct our attention to our body, its parts or its processes. For instance, we might only become aware of our heart’s presence when a sudden fright causes it to beat harder and faster than usual. Similarly, some of us will go through life ignorant of the fact that we even have a liver, let alone being able to appreciate its condition at any given point in time. Leder concedes that aside from incidences of dysfunction, which cause the body to become present to us, “strategies of reflective observation” (p. 44), including those occasioned by intersubjective consciousness of ourselves (p. 98), can allow for greater knowledge or awareness of even those parts of the body, such as internal organs, that most elude our attention.

While Leder critiques the Cartesian primacy of the mind over the body and advocates for “corporeality as a generative principle” (Leder, 1990, p. 5), the body’s continual fading into the background (at least under normal circumstances) calls for a differentiated bodily phenomenology of attention. QS-style self-experimentation facilitates mechanized or routinized (if not constant) attention to the body, which can force it to become more present. In such cases, as can occur when the body is deliberately brought back to a pharmacological baseline, what was once a banal state of bodily absence (non-consumption) of a given substance becomes a carefully observed state of bodily presence (deliberate non-consumption). As a consequence, it is not only the body and the self that can be better understood via

experimentation, but also the catalyst or the intervention in the experiment that can be better known via its noted and notable effects on the body.

Method

This research was undertaken with participants and organizers of the Australian TSI FebFast as part of a wider-ranging inquiry into organizer methods and participants' motivations and experiences of TSIs. Taking place annually over the month of February since 2008, FebFast was selected because it is a well-established philanthropic TSI with a clearly articulated dual emphasis on fundraising and health-behavior change (FebFast, 2008, 2013a). This larger study considered aspects of TSIs such as the role of philanthropy, online and offline peer networks, participant observations about their physical, mental and emotional states during and after the campaign, organizer interventions that influenced the experience of a dry month and organizer responses to common points of resistance or public skepticism. This research was conducted with the approval of the University of Technology Sydney's Human Research Ethics Committee.

Semi-structured interviews lasting between 30 and 45 minutes were undertaken with 15 participants in the 2014 FebFast campaign. All references to individual participants have been de-identified. (See Appendix A for an overview of participant characteristics). Working with participants in a single TSI in a given year provided a consistent base of experience, as they all received the same communications (emails, text messages, website, phone calls) from the organizers. Each participant was interviewed once, either in late March or early April, approximately a month after the campaign's end. This timing provided reasonable opportunity for baseline behaviors to reestablish themselves, although was not so far removed that participants' recollections of the subtleties of the campaign and their experiences thereof would be too difficult to recall. Subsequent interviews at greater remove from the campaign's end would, admittedly, have allowed for a greater sense of the longevity of any changes to behavior or the durability of changed perceptions.

Participants were recruited from those who had completed the end-of-campaign survey (administered by the organizers) and noted that they would be willing to follow up or comment further upon their participation, either for FebFast or as part of independent research. FebFast organizers then facilitated recruitment by emailing these respondents general information about the study and passing along the researcher's contact details. Expressions of interest were made either directly to the researcher or via a response to FebFast that was forwarded on. These volunteers were subsequently provided with more comprehensive information about the study and provided written consent covering their participation and the use and dissemination of the information they supplied.

As is typical for inquiries of this nature, the sampling tends toward self-selection which in turn may lead to somewhat biased conclusions (Costigan & Cox, 2001). Participants in this study, who were able to be recruited because they had expressed willingness to invest more time into the TSI, are more likely to have found value in the experience than the larger pool of TSI participants, including those who quit before the month's end or who did not complete the organization's survey. A study encompassing a wider range of TSI participants would likely have tempered some of this bias. Where the research objectives center on understanding *how* TSIs either meet or fail to meet the aims of both participants and organizers, however, even a smaller and self-selecting sample can provide data illustrative of what elements of the experience resonated with participants (or not).

As the participant interviews were exploratory rather than focused on a narrow research question, the data was first coded to identify themes (Ryan & Bernard, 2003). Principles of Interpretive phenomenological analysis (Smith, 1996), notably the concern for how individuals perceive and narrate their experiences, including of embodiment, were subsequently employed to deepen the analysis. Following the principles of contextualized analysis, which maintain that the way something is articulated is fundamental to its meaning and effects (Blommaert, 2005), statements were considered with an eye to these more nuanced articulations of participant experiences. A second sweep of data collection would have allowed for more

detailed follow up questioning to probe themes unanticipated in the design of the original interview schedule – including the framing of the TSIs as an experiment – although the flexibility of semi-structured interviews was utilized to explore such topics as they arose.

Subsequent to the participant interviews and preliminary coding, hour-long interviews were also conducted with members of the FebFast staff, including its leadership and media and communications personnel. FebFast’s public communications – websites, press releases, and media commentary – to participants and potential participants were also consulted, as they helped to contextualize participant and organizer responses.

TSIs as Social and Bodily Experiments

The TSI’s participants interviewed were, at best, casual self-trackers. Some described themselves as reasonably fitness-conscious people who monitored their performance in sport and exercise, while others counted their steps using a FitBit. More sophisticated QS methodologies and practices, however, were not part of their usual routines. A number of participants nonetheless recognized themselves as undertaking an experiment through their involvement in FebFast. Unprompted, two participants described the period of voluntary abstinence as a “social experiment”. For Jillian (37, teacher), a relatively light drinker who would infrequently engage in binge drinking, the experiment was outward facing; she was the catalyst that would prompt others to react to her nondrinking.

It was a social ... I turned it into a social experiment because it was so strange.

People thought I was so strange. I was fine with it; it was other people's reactions that I found more interesting. I still find that now.

For Rebecca, (45, marketing professional), somebody who looked back after a month of sobriety and a subsequent month of very light and infrequent drinking to describe herself as a heavy drinker, the experiment was inward focused:

It's real - it's almost like a social experiment on yourself to be able to go out and not drink alcohol.

A third respondent, Brad (34, information technology professional), a near daily drinker whose abstinent wife had been vocal about his drinking, did not use the term “experiment”. He nonetheless expressed his motivations for participation in terms of testing a hypothesis about the relationship between his ill health and his drinking:

To be perfectly honest with you I've been feeling rat-shit. My alcohol consumption has increased or had increased steadily over the years up to the point where I was actually drinking midweek as well. Now before taking up Febfast I was putting a lot of my lack of energy and what I felt were some health concerns down to probably my alcohol consumption. So, I thought ‘Well, why not?’ so I put my hand up and just [did] it.

Like QS participants who label their activities in self-tracking as self-directed experimentation (Choe et al., 2014), some TSI participants also consciously appropriate the terminology of experimentation.

TSIs both provide participants with an experimental framework (an unarticulated methodology) and prompt them to draw conclusions about themselves and their drinking from their involvement in this experiment. FebFast, like many TSIs, nominally requires that participants abstain from all alcoholic beverages for the duration of the initiative, in this case the 28 days of February.¹ This structure both allows participants to experience most routine facets of their lives without any influence from alcohol and establish an alcohol-free baseline after which alcohol may be reintroduced.

Any given annual TSI campaign will also provide a measure of methodological consistency in its communication strategy. FebFast’s 2014 (and subsequent) campaigns focused on health and behavior change and their messaging that year, according to staff, reflected a pivot toward a more conscious health and wellness focus. Their website, for instance, featured testimonials from past participants attesting to the benefits of participation, including improved skin complexion, better sleep, and weight loss (FebFast, 2013b). This messaging, although chiefly serving a promotional and recruitment goal, helps to attune participants to the predictable results of their own TSI participation or experimentation (Robert, 2015).

Beyond the overall strategic direction for communications, FebFast also engaged with participants at various points in the campaign, for example to reinforce their commitment, to prompt greater fundraising or to thank them for their efforts. TSIs often disseminate such messages via email and social media (Chouinard, 2014) as well as custom designed apps (Zanec Soft Tech Private Limited, 2017), but in the case of FebFast 2014, they were communicated via text message and even a call from the organization. These messages proved noteworthy for participants, with several volunteering comments on how they appreciated the encouragement.

One specific strategy saw organizers send a weekly text message timed for “beer-o’clock – 4pm Friday afternoon [and] sent – from various body parts” including the heart and liver (Emanuel, 2014). FebFast National Director Howard Ralley acknowledged that “Getting a text message from your liver saying it’s ‘feeling liver-rated’ as you contemplate how you’ll survive Friday without the drinks is a bit silly” (Emanuel, 2014, para 8). These messages nonetheless provided necessary levity for a campaign that, by the FebFast team’s own admission, risks being associated with “wowsersism” or the judgmental or moralizing stances of the temperance movement (Berridge, 2005; Room, 2010). For participants, including Clint (44, information technology), these attempts at humor were memorable and informative insofar as they facilitated a connection between abstaining from alcohol and likely bodily effects:

They're spamming a bit more with their SMSs and things like that. It can be a little bit corny too when you'll get this random SMS ... but you might get one one day, some weird message saying, “From your liver”. “From my what?” Then you read it and you go, “Oh that's FebFast”. Then, week two it's, “Your lungs are loving you” or something or “Your kidneys are...”

Being sent from normally silent viscera, these text messages reinforce the broader discourse of FebFast’s health benefits. Jokingly, they drew participants’ focus inward to the “depth organs” whose processes and reactions, including to what is consumed, are obscured by their hidden location, their inarticulateness (they emit few perceptible sensations as part of normal functioning) and the “spatiotemporal

lacunae” they engender, which make it difficult to connect actions to bodily reactions (Leder, 1990, pp. 42-44). While few would be able to sense their liver or appreciate their body’s inflammatory response (absent blood tests and medical imaging) the messages prompted participants to scrutinize or at least consider their bodies in a way that they likely would not have absent the prompt. For instance, Clint had not made the connection between his lungs and alcohol before receiving the text message. Where most people have no baseline sense of their hepatic function, but might well have an understanding of behavioral or more apparent bodily improvements (sleep, complexion, weight, immune health) as a result of not drinking, participants are open to the suggestion that their vital organs would be reaping similar benefits thanks to the assumption that our surface embodiment functions as an externalization of visceral health (Leder, 1990, p. 43)

TSIs as self-experiment makes the lived and experienced body, but one that too frequently escapes attention, “a seat of intellectual thought” (Leder, 1990, p. 7). In so doing, it helps to translate potential ambivalence about alcohol consumption into felt ambivalence by adding a cognitive dimension to what is felt, but often not noticed. Participants though must be guided or coached to make these putative connections if TSIs are to use them in service of their public health or behavior change objectives.

Thanks to participant surveys, FebFast organizers knew their participants to be, in large part, motivated by health and wellness concerns (Hillgrove & Thomson, 2012, p. 16). As such, their strategy of bringing focus to bear on the body and to have participants note how they might be looking or feeling better as a result of not drinking was both about validating participant motivations and having them attribute value to the campaign. #AlcoholFreeFor40 (a small New Orleans-based initiative coupling traditions of Lenten fasting in the primarily Catholic city with modern TSIs) has even formalized this process by paying for some participants to have before and after blood tests (complete blood count, metabolic panel, liver enzyme and C-reactive protein measures) and prompting others to take before and after close up photos of their skin and eyes (Kimball, 2017).

#AlcoholFreeFor40 is exceptional in catering for TSI participation as a deliberately conceived embodied experiment. It is much more typical for TSI participants, like many self-trackers, to approach the experiment with little scientific rigor (Choe et al., 2014; Swan, 2013). FebFast's experimenters had no scientific plan from the outset of the intervention other than giving up alcohol for a month. This meant that their experimenting was accidental, or at least haphazard, rather than systematically conceived, as is reflected in the absence of any pre-intervention measurement or observation.

The rigor of the experiments was also compromised by failing to eliminate confounding variables. Jillian, for example, engaged in two of the four "fasts", sugar and alcohol, sponsored by FebFast in 2014. Brad, like many other respondents, used his FebFast participation to initiate a fitness program: he joined the gym located near his office at the same time as he gave up drinking and began to exercise every day before work. Other respondents also noted a conscious change to a healthier diet. FebFast participants though were often (although not exclusively) clear in their attribution of effects to the TSI and giving up alcohol rather than to other changes they had made. FebFast, whose branding makes it synonymous with giving up alcohol, thus becomes a form of shorthand or umbrella term for the range of changes in diet, activity and lifestyle that accompanied the period of sobriety. This conflation of actions and the resultant difficulty in attributing effects makes for poor science but not necessarily for poor outcomes (as far as TSI organizers would be concerned) insofar as participants attribute improvements to the core action of the TSI.

For some, such as Rebecca, the TSI was enthusiastically described as a turning point in her life. This potential misattribution of effects is of comparatively lesser importance from the perspective of interpretive phenomenological analysis though, especially as it is attitudes and felt attitudinal ambivalence that influence behavior. Ergo, if Rebecca is convinced that abstaining had an appreciable impact on the outcome of her experiment, she is more likely to factor this information, whether it

is objectively true or not, into future decisions about her drinking (Ramanathan & Williams, 2007).

TSIs spur participants to conceive of deliberate and sustained sober embodiment as a form of experimentation. A period of sobriety allows for comparisons between a “normal” self in which alcohol’s embodied effects largely escape notice and an exceptional baseline state free of alcohol and its residual effects. TSI organizers can encourage these experiments, and the favorable comparisons they count on occasioning, by prompting participants to pay greater attention to their exceptionally sober bodies. TSI-based experimentation though, like many forms of self-tracking, typically lacks scientific rigor and as a result, participants may conflate the effects of sobriety with those of other lifestyle changes. These processes of self-experimentation and any resultant changes nonetheless hinge upon participants experiencing sobriety and attributing its effects to it.

Using Experimentation to Generate Self-Knowledge

With few exceptions, TSI participants signed on to the campaign expecting to feel better and be healthier as a result of participating. If nothing else, they were confident that they would avoid the obvious drawbacks of overindulgence, such as the symptoms of hangovers, and these results were confirmed. Most also had a sense that they would “detox” or give their bodies a reprieve after a period of holiday and summer excess (Hillgrove & Thomson, 2012, p. 16), although they had little sense of what specific results to expect. Some were hopeful that they would reboot their immune systems to prevent them from feeling, as Jillian noted, “run down” or simply from suffering from minor sicknesses. These results eventuated as predicted for this study’s participants, but were also linked to a sense that they had been overdoing their alcohol consumption in the lead up to February, especially as summer overlaps with the festive season in Australia. FebFast was accordingly framed as a check on their drinking behavior, almost a way to allow the pendulum to swing back from excess toward abstinence before returning to a stable baseline of normal drinking.

Through the process of self-experimentation, however, a number of participants found themselves redefining their relationship with alcohol and coming to new understanding its effects, both physiologically and in more expansive terms. Deliberate sobriety, for instance, caused numerous participants to note connections between drinking and facets of their embodiment – allergic reactions, sleep, migraines, eczema, energy levels – that they had not expected to be affected by what was for many moderate drinking, at least in their own estimation. This deliberate sober selfhood was, moreover, distinct from any actual past or perceived sober selfhood that might have been experienced, whether consciously chosen (for instance as a result of pregnancy) or not.

Through the experimental process of the TSI 29 year-old Jessica was able to appreciate the effects of relatively small amounts of alcohol on her sleep:

I slept heaps better. I'm not a good sleeper so I wake up easily about three or four times during the night and I found when I was doing FebFast I just could sleep through the night which was great.

Researcher: So even on days when you wouldn't have a drink normally you still had disturbed sleep patterns?

Yeah. The reality is I was probably having a drink pretty much every day so it was just like - I just kind of normalized these sleeping patterns and I was like, "Oh no actually, that's probably not what they're supposed to be like".

The experiment in sobriety made Jessica aware of two vital pieces of information. In the first instance, the experiment revealed that, in contrast to her earlier behavioral self-assessments she was a daily drinker. This discovery reinforces the potential unreliability of self-reported behavioral baselines (Kazdin, 1982, p. 36), especially where they are used to evaluate the effectiveness of TSIs or similar interventions, at the same time as it fosters greater self-awareness. In the second, TSI-based experimentation pointed to the profound effect even small amounts of alcohol had on her sleep. At the end of the campaign, when she went back to drinking, albeit less than before, she found that the sleep disturbances also resumed, although were also

less impactful than before. This more pharmacological style of “back to baseline” experimentation that continued into March highlighted for her the effect of alcohol on sleep and underscored the importance of abstaining if she wanted or needed to sleep through the night.

Although Jessica had been aware of alcohol’s putative effects on sleep (FebFast had that very year used that information in their recruitment and marketing campaign) and had long struggled with sleep, this information failed to heighten her feelings of ambivalence about drinking or change her behavior. A period of sobriety characterized by increased consideration of her body followed by a return to a modified baseline with an attention to alcohol’s potential effects, however, made her realize that her sleep was particularly sensitive to alcohol. This experimental process accordingly confirmed the personal validity of the general information. The behavioral consequences of these now personal realizations were notable: a month beyond the end of the experiment, Jessica reported drinking significantly less overall and less often than before, as she now had far more alcohol-free days and was sleeping better as a result. Where Jessica had gone into FebFast without an experimental agenda but with some enthusiasm for what had become a group project in her social circle, the discoveries were free of expectation and thus quite powerful.

Brad, by contrast, had reluctantly signed on, despite significant pressure/support to do so, to test a hypothesis. He reported that FebFast was widely practiced in his workplace and that his wife, herself an abstainer, had been urging him to participate for years before he finally relented in 2014. His unapologetic refusal to participate in prior years was justified simply: “I like to drink and I felt like I didn’t have any need to stop.” He framed his eventual participation as a position of last resort to resolve some health issues that he reluctantly attributed to alcohol, not as a capitulation to workplace or domestic pressures. Indeed, given the persistence and vociferousness of his protests against TSIs, one could argue that Brad was motivated *against* finding a link between alcohol and his ill health.

A month after the official end of the campaign, he conceded that alcohol had been a contributing factor to his health problems: “I’m feeling a hell of a lot better”. He either could not or would not disentangle it from the other changes, notably more exercise, that he undertook at the same time though: “I did, in reflection, feel that not all my problems are alcohol based; health and...but it [alcohol] might have been a contributing factor.” Notwithstanding his reservations about attributing too much importance to alcohol in his assessment of his health issues, he detailed several changes to his drinking behavior in the month since the campaign ended. He now drank less frequently overall and now only on weekends. He also noted a shift in preference from cheaper alcoholic beverages to those of perceived higher quality. Where he credited the improvements in his health to his general increase in physical activity, he did not connect his new habit of going to the gym in the morning before work to the fact that eliminating mid-week drinking removed a major impediment to working out.

When asked about how he came to these conclusions, he responded: “It was kind of an experience of ‘OK, so I do this, this is how I feel. Alright.’ So I learnt something about myself through that.” This process, despite its blind spots with regard to chains of causality around behavior, concretized knowledge about alcohol’s physiological effects. Brad, after all, could appreciate these effects in an abstract way – he had put together a hypothesis to be tested – but he had largely been unwilling to act upon them because the known and experienced pleasures of drinking were more powerful than the received knowledge about its negative effects. Having established some link between alcohol as a bodily stimulus and his undesirable physical condition as a reaction to it, Brad’s actions belied a willingness to understand his body as sensitive to alcohol and to register its negative effects as equally impactful, and thus relevant to his decision-making, as its pleasurable ones. Brad’s drinking practice, although not his discourse, accordingly saw alcohol shift from being a taken-for-granted staple to something of a treat. While he was still emphatic about his enjoyment of alcohol and his willingness to continue drinking, this reformulation of alcohol’s role for him remained tenable. Alcohol became a substance whose consequences (illness) must be more carefully managed and the

knowledge gained as a result of self-experimentation was instrumental in regulating future behaviors in the hopes of achieving this predicted result.

For Rebecca, a near daily drinker, FebFast participation facilitated gains in self-knowledge. Unlike Brad, she was able to reflect upon the experience as one of both learning and changed action. Her first experience of temporary sobriety was undertaken in February 2013 for largely philanthropic reasons. She subsequently repeated FebFast in 2014 out of concern over her drinking. This second period of sobriety, although initiated less as a project of self-discovery than as a self-imposed intervention, allowed her to (re)discover states and capabilities that had been largely forgotten. As with Jessica, the influence of alcohol was so pervasive that its absence for periods shorter than a month, despite some alcohol-free days, was indistinct from her overall state of being. FebFast functioned as a way to re-establish a pharmacological baseline, making her TSI sobriety qualitatively different from other periods of abstinence she had experienced. As a personal and embodied experiment, the interpretation of the data generated was read with an eye to the self rather than to alcohol as a substance.

Rebecca's experiment facilitated greater self-scrutiny of her exceptionally but deliberately sober state and led to comparisons with her unreflective drinking self. Such comparisons were particularly surprising when it came to the high-pressure situation of dating. Recounting the experience of starting to see a new partner during February and thus while sober, she remarked:

It makes me a little bit emotional actually...and it really did open my eyes that, oh my god, normally I would be drunk by the third date – normally drunk on the first date with a guy – and potentially sleeping with him too on the first date and then mucking everything up.

Rebecca's insistence on the normalcy of being drunk and the unsuccessful outcomes as a result highlight her realization that she had been using alcohol as a maladaptive coping mechanism for her stress around dating. Her awareness of her behavioral baseline, like Jessica's however, came about only once she had returned to a pharmacological baseline – a comparative state starkly different enough for her to

be able to appreciate the differences. Therein, she grasped that being in a detrimentally altered state was her norm, if not for all activities, then at least for some, including some which were meaningful to her. While some of the untapped potential of QS methodologies lies in “allowing [people] to understand how and why they became what they are” (Rapp & Tirassa, 2017, p. 352), low-tech TSIs allow for deeply qualitative understandings of one’s present based upon past actions.

Rebecca’s insights into her own behavior subsequent to her TSI participation were so shocking that she began to redefine her sense of self and identity. Following successful periods of sobriety, she began to conceive of a distinct sober self: “You find another person inside because you know that you don’t have that crutch of alcohol to fall back on.” This statement echoes the focus on identity-work common in addiction recovery, where some approaches center on the relative temporalities of a current “addicted” self and an anterior non-addicted self that might be reclaimed (Kim & Wohl, 2015) and others are predicated on recognizing the limitations of a diseased, addicted identity (Cain, 1991; Valverde, 1998). The TSI experiment therefore succeeded in achieving the ambition of QS methodologies, namely “revealing something of the individual’s self” (Rapp & Tirassa, 2017, p. 340) at the same time as it aligned with treatment strategies.

Like many of the participants, including Brad, Rebecca’s processes of self-experimentation vis-à-vis alcohol were not just introspective or solipsistic, but were also relational. Leder (1990) contends that our sense of our own embodiment, including its processes and the acts that affect it, is intersubjective. Experimentation centered around various facets of sober and drunken embodiment would thus also take on social or intersubjective dimensions, with some situations causing greater awareness of how others see us, and thus how we may see ourselves, as either sober or under the influence of alcohol.

Rebecca noted that she used to drink heavily on dates to attenuate the disquiet that stemmed from being judged, appraised and sexually objectified: elements that routinely make dating awkward but that also contribute to the bodily self-

consciousness in front of others that Leder terms social dys-appearance (Leder, 1990, p. 98). The experience of putting herself in such a situation without being able to drink, disproving her tacit hypothesis that she would feel judged by her partner for transgressing social norms and would be unstable without “the crutch” of alcohol, resulted in her feeling less objectified and more assured of herself. Her remarks that it was her partner who modified his behavior to accommodate her non-drinking echoed the comments of many, including Jillian, who observed the self-consciousness of their peers when they refrained from drinking as they normally would. While some participants noted feeling guilty or being made to feel so for breaking with the social convention of drinking, Rebecca’s social experimentation proved to be both a catalyst for self-discovery and an important factor in the conversion of a deeply held, assumed positive belief about drinking and alcohol into a negative one. Where fostering or capitalizing on ambivalence is a key objective for efforts targeting behaviors such as drinking (Clarkson, Tormala, & Rucker, 2008), the success of her sober dating experiment and her enthusiasm about it were important. They first signaled a shift to a more ambivalent position on alcohol, where positives are more evenly balanced against negatives, and, second, a reinforcement of that ambivalence through a deeply affective experience.

The relational elements of self-experimentation, however, are not always so positive. Brad’s colleagues and wife, who were, respectively, ardent proponents of FebFast and reduced alcohol consumption, came to be framed by Brad as an oppositional force that he chose to defy. Where Brad repeatedly emphasized his stubbornness, his interpretation of his experimental data may reflect his unwillingness to accede to the views of those around him, who valued the TSI experience and were more ambivalent about alcohol than him. (It is equally possible that Rebecca’s views on alcohol may have shifted had her date note gone as well as planned.) The intersubjective nature of embodied experimentation, especially regarding a complex cultural practice such as drinking that is often subject to judgement, may accordingly influence or even compromise the ostensible objectivity of the experimentation.

As in other forms of self-experimentation, TSIs allow participants to learn more about themselves by observing their embodied and intersubjective responses to a stimulus. The TSI framework, a period of deliberate and consciously undertaken sobriety, can facilitate not only different forms of embodiment and social relationship, but also a different attentiveness to the facets of one's life that can be affected by alcohol. The break from normal patterns, especially among those whose daily lives are affected by alcohol, draws attention to previously unnoticed reactions that had been thoroughly normalized as part of bodily absence. Participant reactions to this new information can vary greatly, but TSIs count on participants ascribing negative value to alcohol as a result of meaningful, positive, and thus impactful experiences of sobriety (or of negative experiences when they recommence drinking).

Experimentation as Ontology

Personal discoveries and gains in knowledge about the self are one hallmark of TSIs as QS inspired self-experimentation. Some participants, however, also changed their ontological understandings of alcohol via attention to the effects of sobriety. In most cases, these discoveries came as a surprise to the participants, who used terms such as "shocked" and "amazed" to convey the impact of their new understandings of alcohol's realities.

Perhaps the best example of this ontological redefinition stems from the frequently reported outcome of weight loss. FebFast's public messaging has long-touted weight loss as a likely benefit of participation (FebFast, 2013b). Participants, in line with those in other studies (Hillgrove & Thomson, 2012), reported weight loss as an effect of participation. Further to Hillgrove and Thomson's findings, which pointed to a correspondence between those expecting to lose weight and those who actually did, the more qualitative data reveals that of those who noted this effect many were also surprised by it – this despite the prevalence of general advice encouraging people to cut down or eliminate their alcohol consumption as part of any weight loss efforts (National Health and Medical Research Council, 2015). Where the public discourse of

risks associated with alcohol tend toward the more extreme (traffic accidents, assaults, alcohol poisoning) or acute (debilitating hangovers), its mundane risks constitute an ill-defined and often forgettable grouping of long-term effects (de Visser & Smith, 2007), which may include comparatively more serious or likely perils (cancer, heart, and liver disease) in addition to modest additions to the waistline.

Abstaining and losing weight, however, impressed upon many participants that alcohol is a caloric beverage that had surreptitiously been adding, both directly and indirectly, to their waistlines for years. Jillian noted her tendency to eat less – notably skipping an additional, often unhealthy, late night meal – when she refrained from drinking. Rebecca, aware that FebFast had also been challenging participants (including usual abstainers) to temporarily give up sugar, remarked that she had indirectly done that fast as well because she was no longer consuming hidden sugars via her consumption of wine. The experience of losing weight through sobriety allowed participants to experience and thus concretize their knowledge of just how much drinking added to their overall caloric intake. It thus came to be understood as an unhealthy liquid food, a reality that is often overshadowed where the public health discourse has emphasized alcohol's status as a drug and not a foodstuff (Gual, 2007) and as a pre-cursor to other unhealthy foods.

In a departure from QS methodologies that focus on embodiment, some of the realizations that led to different ontological appreciations of alcohol were tangential to the self as an embodied being, albeit still one with consumption habits. David (40, publishing) remarked: "I've cut my bottle quantity down in terms of what was going back for recycling. I found that slightly strange." Refraining from domestic alcohol consumption made him aware of alcohol as a highly packaged good with environmental impacts because his personal consumption was generating less household waste. While scholars and those working within the alcohol industry have been keenly aware of this reality (Amienyo, Camilleri, & Azapagic, 2014; Arcese, Lucchetti, & Martucci, 2012), the environmental impacts of David's personal alcohol consumption had escaped his notice for more than twenty years, despite recognizing himself as a reasonably responsible environmental citizen.

TSI-driven self-experimentation was also responsible for redefining the economic realities of alcohol for the participants. Where alcohol price is noted as an effective way to control alcohol sales and consumption owing to the elasticity of demand (Wagenaar, Salois, & Komro, 2009), the relatively middle to upper-middle class demographics who participated in FebFast were not (or were no longer) used to seeing cost as a limiting factor for their drinking. They had thus lost sight of alcohol as an economic product. Upon noting that they saved money because they were not drinking, many participants became newly aware of alcohol as an expense or a drain on their disposable income. Where they were able to reallocate the funds they had previously spent on alcohol (and expenses related to a night of drinking, such as a late night snack and/or taxi fare to return home) to other purchases, participants deepened their understanding of alcohol's impact on their finances. In cases such as Brad's, where the resumption of drinking entailed a shift away from quantity toward quality, alcohol also took on gradations in value that it had not previously.

Where alcohol is thoroughly but imperceptibly implicated in many aspects of an individual's life, it is easy to lose sight of just what this ubiquitous substance is: caloric foodstuff, highly packaged product or commodity of variable value. Where its reality is shaped by practice and its use entails both embodied and material effects (Mol, 2002), disuse proves just as consequential, for the alteration of these effects can alert participants to new realities of alcohol.

Conclusion

TSIs, which are born of the same neoliberal concern with self-governance, responsabilization and health optimization as the self-tracking practices of the QS movement, share some of its methodological framings, notably self-experimentation and processes of meaning-making based on self-generated data. The month of sobriety that defines TSIs is seen by self-tracking participants, as well as by some TSI campaigns, as a chance to experiment. This self-experimentation has been integral to TSI design, but is often only obliquely articulated as a simple "see for yourself"

rationale that aims to change participants' relationship with alcohol. The experience of some FebFast participants nonetheless indicates that self-experimentation can align with health-behavior change initiatives.

The insights of FebFast participants point to the practical and structural features of TSIs that facilitate QS-style self-experimentation. TSIs enforce a deviation from a behavioral baseline at the same time as they help to establish a pharmacological baseline. Comparing "normal" drinking, sobriety and "experimental" drinking when consumption resumes allows the effects of alcohol and even its ontological properties to become clearer for participants whose pre-TSI mode was one of unreflective (although not necessarily irresponsible) drinking. Even modest alcohol consumption accordingly becomes a comparator for total sobriety, although the greater the overall consumption, the easier it is likely to be for participants to notice the effects of alcohol.

As FebFast's communications campaign demonstrated, organizers can attune participants to aspects of their embodiment and other material circumstances that are affected by alcohol and thus influence these interpretive efforts, often in ways that concord with their objectives. Mobilizing what Leder (1990) refers to as "strategies of reflective observation" (p. 44), TSIs can prompt participants to consider aspects of their embodiment both under and free from the influence of alcohol that would normally escape notice. The "data" gleaned from self-experimentation accordingly make real, and real for the individual, the embodied, social and material effects of alcohol.

The pitfalls of QS methodologies, notably their reliance on participants' interpretive efforts and skills and their likely orientation toward a pre-determined outcome, are nonetheless also evident in TSIs. Participants, who typically engage in TSIs because they are ambivalent about alcohol – recognizing it both as pleasurable and/or part of their social norms but also as in some ways detrimental – are not so well guided in the objective analysis of their experimental data. Complicating variables such as other changes made at the same time and intersubjective influences can obscure the

results attributable alcohol, either investing the decision to drink or not with more or less significance than might be objectively warranted. Campaigns though are less invested in promoting good self-experimental science than they are in promoting (and claiming as evidence of success) the behavior and attitudinal changes that many participants reported (often in part) as a result of having a consciously different experience with alcohol.

This partiality notwithstanding, participants in this study point to a central mechanism by which TSIs operate and are able to effect the reported changes: they facilitate the conversion of abstract knowledge in the form of potential ambivalence into felt ambivalence. Public health warnings and advice from family members are accordingly made relevant as they are proven to participants to be applicable to them. Where felt ambivalence is a better predictor of behavior change than potential ambivalence, the TSI experience becomes a potential driver of behavior change. For some FebFast participants, alcohol transitioned from being something that was abstractly “bad for you”, if used inappropriately or overconsumed, but that was mostly a pleasurable and normative part of their lives, to something that, even at moderate levels, had discernable effects on their relationships, health and consumer habits.

Using TSIs as a form of self-experimentation may accordingly lead to new and highly relevant knowledge about the effects of alcohol on the body and the individual. Because this knowledge eventuates among those who are already engaging in limited behavior change, it stands to be particularly impactful in terms of changes beyond the duration of the TSI. Moreover, if the suppleness of the qualitative nature of TSI-driven experimentation is well utilized, personal insights into self-stimulus relationships may also facilitate new understandings of the stimulus, alcohol, itself.

¹ Campaign organizers nonetheless provide the option of purchasing a 24 hour “time out pass” to accommodate desires to imbibe for a special occasion or as a redress for unintended drinking during the campaign by those who faltered but wish to persist with their commitment (FebFast, 2013a). Roughly a third of participants in this study

purchased a pass to accommodate a planned event, although some others varied the start and end dates of their 28 days of sobriety to accommodate an event (such as a birthday or holiday) planned for either the first or last week of February.

References

- Alcohol Research UK. (2017). *Annual Review 2016/17*. Retrieved from London: <https://www.alcoholconcern.org.uk/Handlers/Download.ashx?IDMF=869c54c7-79de-450d-ab88-b37fb7a1c115>
- Amienyo, D., Camilleri, C., & Azapagic, A. (2014). Environmental Impacts of Consumption of Australian Red Wine in the UK. *Journal of Cleaner Production*, 72(1), 110-119. doi:10.1016/j.jclepro.2014.02.044
- Arcese, G., Lucchetti, M. C., & Martucci, O. (2012). Analysis of Sustainability Based on Life Cycle Assessment: An Empirical Study of Wine Production. *Journal of Environmental Science and Engineering, B 1(5B)*, 682-689.
- Atkinson, A. J., Huang, S.-M., Lertora, J., & Markey, S. (Eds.). (2012). *Principles of Clinical Pharmacology* (3rd ed.). Cambridge, MA: Academic Press.
- Bartram, A., Elliott, J., Hanson-Easey, S., & Crabb, S. (2017). How Have People Who Have Stopped or Reduced Their Alcohol Consumption Incorporated This Into Their Social Rituals? *Psychology & Health*, 32(6), 728-744. doi:10.01080/08870446.02017.1300260
- Berridge, V. (2005). *Temperance: Its History and Impact on Current and Future Alcohol Policy*. Retrieved from London:
- Blommaert, J. (2005). *Discourse: A critical introduction*. Cambridge: Cambridge University Press.
- Boam, E., & Webb, J. (2014). The Qualified Self: Going Beyond Quantification. Retrieved from <https://designmind.frogdesign.com/2014/05/qualified-self-going-beyond-quantification/>

- Cain, C. (1991). Personal Stories: Identity Acquisition and Self-Understanding in Alcoholics Anonymous. *Ethos*, 19(2), 210-253.
- Chapman, S. (Producer). (2015, 20 September 2017). Cancer Research UK's Dryathlon. *I Wish I'd Thought of That - Case Studies*. Retrieved from <http://sofii.org/case-study/cancer-research-uks-dryathlon>
- Cherrier, H., Carah, N., & Meurk, C. (2017). Social Media Affordances for Curbing Alcohol Consumption: Insights from Hello Sunday Morning Blog Posts. In A. C. Lyons, T. McCreanor, I. Goodwin, & H. Moewaka Barnes (Eds.), *Youth Drinking Cultures in a Digital World: Alcohol, Social Media and Cultures of Intoxication* (pp. 167-184). New York: Routledge
- Cherrier, H., & Gurrieri, L. (2013). Anticonsumption Choices Performed in a Drinking Culture: Normative Struggles and Repairs. *Journal of Macromarketing*, 33(3), 232-244. doi:10.1177/0276146712467805
- Cherrier, H., & Gurrieri, L. (2014). Framing Social Marketing as a System of Interaction: A Neo-Institutional Approach to Alcohol Abstinence. *Journal of Marketing Management*, 30(78), 607-633. doi:10.1080/0267257X.2013.850110
- Choe, E. K., Lee, N. B., Lee, B., Pratt, W., & Kientz, J. A. (2014). *Understanding Quantified Selfers' Practices in Collecting and Exploring Personal Data*. Paper presented at the Thirty-Second Annual ACM Conference on Human Factors in Computing Systems, Toronto.
- Chouinard, J.-S. (2014, 7 May 2014). Défi 28 jours: 4 Keys To Success. Retrieved from <http://www.adviso.ca/en/blog/2014/05/07/4-elements-succes-28-jours-les-longs-ta-vie-2/>
- Clarkson, J. J., Tormala, Z. L., & Rucker, D. D. (2008). A New Look at the Consequences of Attitude Certainty: The Amplification Hypothesis. *Journal of Personality and Social Psychology*, 95(4), 810-825.
- Costigan, C. L., & Cox, M. J. (2001). Fathers' Participation in Family Research: Is There A Self-Selectoin Bias. *Journal of Family Psychology*, 15(4), 706-720. doi:10.1037/0893-3200.15.4.706
- Crawford, K., Lingel, J., & Karppi, T. (2015). Our Metrics, Ourselves: A Hundred years of Self-Tracking From the Wight Scale to the Wrist Wearable Device.

- European Journal of Cultural Studies*, 18(4-5), 479-496.
doi:10.1177/1367549415584857
- de Visser, R. O., Robinson, E., & Bond, R. (2016). Voluntary Temporary Abstinence from Alcohol During "Dry January" and Subsequent Alcohol Use. *Health Psychology*, 35(3), 281-289. doi:10.1037/hea0000297
- de Visser, R. O., Robinson, E., Smith, T., Cass, G., & Walmsley, M. (2017). The Growth of 'Dry January': Promoting Participation and the Benefits of Participation. *European Journal of Public Health*, 27(5), 929-931.
doi:10.1093/eurpub/ckx124
- de Visser, R. O., & Smith, J. A. (2007). Young Men's Ambivalence Toward Alcohol. *Social Science & Medicine*, 64, 350-362.
- Dry January. (2015). Dry January. Retrieved from <http://www.dryjanuary.org.uk/>
- Dry July. (2015). *Dry July 2014/2015 Annual Report*. Retrieved from Sydney:
- Dry July. (2016). *Dry July 2015/2016 Annual Report*. Retrieved from Sydney:
- Duff, C. (2012). Accounting for context: exploring the role of objects and spaces in the consumption of alcohol and other drugs. *Social & Cultural Geography*, 13(2), 145-159. doi:10.1080/14649365.2012.655765
- Dugard, P., File, P., & Todman, J. (2012). *Single-Case and Small-n Experimental Designs: A Practical Guide to Randomization Tests* (2 ed.). New York: Routledge.
- Emanuel, J. (2014, October 21 2014). The Fast Way to Fundraising. *Third Sector Magazine*.
- FebFast. (2008). *Financial Report for the Year Ended 30 June 2008*. Retrieved from Melbourne: <http://febfast.org.au/wp-content/uploads/2012/04/FINAL-FEBFAST-ANNUAL-REPORT-BW.pdf>
- FebFast. (2013a). FAQ. Retrieved from <http://febfast.org.au/faq/>
- FebFast. (2013b). Why It's Good For You. Retrieved from <http://febfast.org.au/whyitsgoodforyou/>
- Fraser, S., & Moore, D. (2011). The Drug Effect: Constructing Drugs and Addiction. In S. Fraser & D. Moore (Eds.), *The Drug Effect: Health, Crime and Society* (pp. 1). Melbourne: Cambridge University Press.

- Fry, M.-L. (2014). Case Study: Hello Sunday Morning! - Towards 'Practices' of Responsible Drinking. In L. Brennan, W. Binney, L. Parker, T. Aleti, & D. Nguyen (Eds.), *Social Marketing and Behaviour Change: Models, Theory and Applications* (pp. 109-117). Cheltenham, UK: Edward Elgar.
- Government of Australia: Department of Health. (2013, 22 January 2013). National Binge Drinking Strategy. Retrieved from <http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/cli>
- Gual, A. (2007). Is Alcohol Foodstuff? *Addiction*, *102*(8), 1190-1191.
doi:10.1111/j.1360-0443.2007.01873.x
- Hamilton, I., & Gilmore, I. (2016). Could Campaigns Like Dry January Do More Harm Than Good? *British Medical Journal*, *352*, i143.
- Hart, A., & Moore, D. (2014). Alcohol and Alcohol Effects: Constituting Causality in Alcohol Epidemiology. *Contemporary Drug Problems*, *41*(3), 393-416.
doi:10.1177/009145091404100306
- Hillgrove, T., & Thomson, L. (2012). *Evaluation of the Impact of FebFast Participation. Final Report*. Retrieved from Carlton:
- Kazdin, A. E. (1982). *Single-Case Research Designs: Methods for Clinical and Applied Settings*. Oxford: Oxford University Press.
- Keane, H. (2000). Setting Yourself Free: Techniques of Recovery. *Health*, *4*(3), 324-346.
- Kim, H. S. A., & Wohl, M. J. A. (2015). The Bright Side of Self-Discontinuity: Feeling Disconnected With the Past Self Increases Readiness to Change Addictive Behaviors (via Nostalgia). *Social Psychological and Personality Science*, *6*(2), 229-237.
- Kimball, M. (2017, 1 March 2017). #AlcoholFreeFor40 Challenge begins March 1: Are you in? . *Times-Picayune*. Retrieved from http://www.nola.com/healthy-eating/2017/03/alcoholfreefor40_challenge_beg.html
- Leder, D. (1990). *The Absent Body*. Chicago: Univeristy of Chicago Press.
- Longano, J. A. (2013). Five Reasons I Failed Dry July (...And What I'm Doing About it). In *All or Nothing - A Blog that Lives Life to the Max* (Vol. 2014).
- Lupton, D. (2016). *The Quantified Self: A Sociology of Self-Tracking*. Cambridge: Polity.

- MacDonald, T. K., & Zanna, M. P. (1998). Cross-Dimension Ambivalence Toward Social Groups: Can Ambivalence Affect Intentions to Hire Feminists? *Personality and Social Psychology Bulletin*, *24*(4), 427-441.
doi:10.1177/0146167298244009
- Mäkelä, P., & Maunu, A. (2016). Come On, Have a Drink: The Prevalence and Cultural Logic of Social Pressure to Drink More. *Drugs: Education, Prevention and Policy*, *23*(4), 312-321. doi:10.1080/09687637.2016.1179718
- Mehta, G., Macdonald, S., Maurice, J., Al-Khatib, S., Piao, S., Rosselli, M., . . . Moore, K. (2015). *Short Term Abstinence from Alcohol Improves Insulin Resistance and Fatty Liver Phenotype in Moderate Drinkers*. Paper presented at the 66th Annual Meeting of the American Association for the Study of Liver Disease, San Francisco, CA.
- Mol, A. (2002). *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press.
- Nafus, D., & Sherman, J. (2014). The One Does Not Go Up To 11: The Quantified Self Movement as an Alternative Big Data Practice. *International Journal of Communication*, *8*, 1784-1794. doi:1932-8036/20140005
- National Health and Medical Research Council. (2015). Eat For Health. In N. H. a. M. R. C. D. o. H. a. Ageing (Ed.). Canberra: Australian Government.
- Newby-Clark, I. R., McGregor, I., & Zanna, M. P. (2002). Thinking and Caring About Cognitive Inconsistency: When and for Whom Does Attitudinal Ambivalence Feel Uncomfortable? *Journal of Personality and Social Psychology*, *82*(2), 157-166.
- O'Malley, P., & Valverde, M. (2004). Pleasure, Freedom and Drugs: The Uses of "Pleasure" in Liberal Governance of Drug and Alcohol Consumption. *Sociology*, *38*(1), 25-42.
- Paton-Simpson, G. (2001). Socially Obligatory Drinking: A Sociological Analysis of Norms Governing Minimum Drinking Levels. *Contemporary Drug Problems*, *28*(1), 133-177. doi:10.1177/009145090102800105
- Pryor, L. (2010, 24 July 2010). What shall we do with the drunken abstainer? A Dry July pickle. *Sydney Morning Herald*. Retrieved from

<http://www.smh.com.au/federal-politics/society-and-culture/what-shall-we-do-with-the-drunken-abstainer-a-dry-july-pickle-20100723-10p29.html>

- Ramanathan, S., & Williams, P. (2007). Immediate and Delayed Emotional Consequences of Indulgence: The Moderating Influence of Personality Type on Mixed Emotions. *Journal of Consumer Research*, 34(2), 212-223.
doi:10.1086/519149
- Rapp, A., & Tirassa, M. (2017). Know Thyself: A theory of the Self for Personal Informatics. *Human-Computer Interaction*, 32(5-6), 335-380.
doi:10.1080/07370024.2017.1285704
- Robert, J. (2015). Temporary sobriety initiatives as public pedagogy: Windows of opportunity for embodied learning. *Health*, 20(4), 413-429.
doi:0.1177/1363459315600772
- Robert, J. (2016). Temporary Sobriety Initiatives: Emergence, Possibilities and Constraints. *Continuum*, 30(6), 646-658.
doi:10.1080/10304312.2016.1231786
- Room, R. (2010). The Long Reaction Against the Wowser: The Prehistory of Alcohol Deregulation in Australia. *Health Sociology Review*, 19(2), 151-163.
doi:10.5172/hesr.2010.19.2.151
- Ryan, G. W., & Bernard, H. R. (2003). Techniques to Identify Themes. *Field Methods*, 15(1), 85-108.
- Smith, J. A. (1996). Beyond the Divide Between Cognition and Discourse: Using Interpretive Phenomenological Analysis in Health Psychology. *Psychology & Health*, 11(2), 261-271. doi:10.1080/08870449608400256
- Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health Literacy and Public Health: A Systematic Review and Integration of Definitions and Models. *BMC Public Health*, 12(80).
doi:10.1186/1471-2458-12-80
- Sreenivasan, H. (Writer). (2013). The Quantified Self: Data Gone Wild? In *PBS Newshour*.
- Swan, M. (2013). The Quantified Self: Fundamental Disruption in Big Data Science and Biological Discovery. *Big Data*, 1(2), 85-99. doi:10.1089/big.2012.0002

- Thompson, M. M., Zanna, M. P., & Griffin, D. W. (1995). Let's Not Be Indifferent About (Attitudinal) Ambivalence. In J. Krosnick & R. E. Petty (Eds.), *Attitude Strength: Antecedents and consequences* (pp. 361-386). Hillsdale, NJ: Erlbaum.
- Valverde, M. (1998). *Diseases of the Will: Alcohol and the Dilemmas of Freedom*. Cambridge: Cambridge University Press.
- Vamos, S., & Klein, K. (2016). Our Self-Tracking Movement and Health Literacy: Are We Really Making Every Moment Count? *Global Health Promotion*. Retrieved from doi:10.1177/17579759166660674
- Varamäki, R. (n.d.). *Alcohol-free January*. Retrieved from Berlin: http://www.dhs.de/fileadmin/user_upload/pdf/Innovative_Projects/Finland/Binge_drinking_project_alcohol_free_january.pdf
- Wagenaar, A. C., Salois, M. J., & Komro, K. A. (2009). Effects of Beverage Alcohol Price and Tax Levels on Drinking: A Meta-Analysis of 1003 Estimates from 112 Studies. *Addiction*, 104(2), 179-190. doi:10.01111/j.1360-0443.2008.02438.x
- Yeomans, H. (2017). *The Rise and Rise of Dry January: Implications for Embodiment, Self and Regulation*. Paper presented at the Drinking Bodies: Alcohol, Embodiment and Social Difference, University of Manchester.
- YouGov. (2017). *New Year's Resolutions Survey*. Retrieved from London: https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/2041y00vbb/InternalResults_170106_NYResolutions_W.pdf
- Zanec Soft Tech Private Limited. (2017). *Dry January & Beyond (Version 2.2)*. London: Alcohol Concern.

Appendix A: Participant Characteristics (N=15)

Pseudonym	Age	Gender	Occupation	Self-described drinking pattern
Jillian	37	F	Teacher	Light drinker with infrequent binges
Brad	34	M	Information technology	Daily drinker, heavier on weekends
Rebecca	45	F	Marketing	Heavy drinker
Jessica	29	F	Marketing	Daily drinker, heavier on weekends
Steven	54	M	Television production	Daily drinker
Lesley	26	F	Pharmacist	Light drinker
Sarah	32	F	Teacher	Moderate social drinker, mostly on weekends
David	40	M	Publishing	Moderate social drinker
Faith	30	F	Media manager	Moderate social drinker
Jennifer	28	F	Project manager	Moderate social drinker with infrequent binges
Clint	44	M	Information technology	Moderate social drinker with occasional binges
Shawn	29	M	Marketing	Moderate social drinker
Kath	44	F	Social work	Moderate social drinker
Seamus	49	M	Management, technology	Moderate daily drinker
Louise	44	F	Office manager	Moderate social drinker