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Voices of Temporary Sobriety – A Qualitative Diary Study of Experiences of an Alcohol Free Month in Hungary

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Abstract

Background: Temporary abstinence from alcohol as a challenge could support self-knowledge, self-care, and health consciousness in several ways. **Objectives:** The present study explored *Dry November* participants' personal experiences and coping strategies during a one-month abstinence period. The research is embedded in the Hungarian context of drinking habits, culture, society and alcohol policy. **Methods:** This qualitative study comprised the thematic analysis of 23 participants' diaries, reported twice a week for 30 days (in November 2017), to identify and understand the common experiences of temporary sobriety. **Results:** Three main themes emerged from the analysis: *challenge, community, and relationship towards alcohol and abstinence*. Results also showed that participants that were successful and unsuccessful in refraining from alcohol use appeared to differ in their types of internal and external motivation, but showed similarity in the chosen strategies in avoiding alcohol consumption. **Conclusions:** The present research demonstrated that during the challenge, rather than simply saying 'no' to alcohol, participants utilized other refusal strategies to avoid social confrontation.

Keywords: alcohol use; alcohol abstinence; temporary sobriety; healthcare challenges; diary method; thematic analysis

Introduction

Over the past decade, there has been an increasing number of health campaigns designed to get individuals to challenge themselves, and temporarily cut out things in their lives such as alcohol, cigarettes, and chocolate. Such campaigns are popular in both the print and social media and focus on questions such as: “*Do you want to change something in your life?*” and “*How could you be a better you?*” (Scott, 2018). Such questioning has a common purpose in that individuals are asked to look for, to find, and/or fulfill a challenge. Other kinds of challenge might appear as pointless or even dangerous (e.g., Hudson, 2014; Rossow, 2018) because they promote self-endangering behavior, for example, the cinnamon challenge (Kroll, 2013) or the condom challenge (Christodoulou, 2018). However, there are also meaningful challenges such as *No Shave November* (Bass, 2017), promoted by the American Cancer Society, and aimed at raising cancer-related awareness and responsibility in a broader social context, and *Movember* (Gonzalez, 2015), the 30-day fitness and health challenge with the aim of motivating men and women to move as much as they can during the month of November. These latter types of challenge provide possible health-related or mental-related improvements for individuals and social values in various ways (e.g., Boss, 2015). The popularity of these kinds of challenge-based activities is on the rise and adheres to the latest trends of self-care and self-improvement philosophy (Humphreys, et al., 2004; Bodrogi et al, 2014; Kennedy, Rogers & Bower, 2007). In Hungary (where the present study was carried out), such challenges provide additional support to the deficiencies of alcohol prevention programs in Hungary.

Sober month challenges and the science underpinning them

Many challenges are related to health promotion and self-improvement. One such challenge initiative is to avoid alcohol consumption for a whole month, which at first sight might seem

to be easy but staying the distance can result in difficulties (Cherrier, & Gurrieri, 2014). These “dry month”, or “sober month” initiatives, labelled in the literature as “temporary sobriety initiatives (TSIs)” (Robert, 2018, p. 283), have more important underlying goals such as health-promotion, self-care, self-monitoring, and raising awareness of the alcohol consumption-related risks in individuals’ lives (Whiteman, 2016). The idea of a sober month originates from the Australian *Dry July* which started an annual movement in 2008 (Robert, 2016). Several campaigns emerged as a reaction to alcohol consumption in Australia (i.e., TSIs). In 2013, the first sober month was held in the United Kingdom. It was called *Dry January*, and the main goal of these campaigns was to reduce the harmful effects caused by alcohol by getting individuals to abstain from alcohol consumption for one month. Since then, several articles have appeared in the grey literature (e.g., Barr, 2018; Coghlan, 2015; Hamilton, 2018) and scientific literature (e.g., Robert, 2016; Bartram et al. 2018; Cherrier & Gurrieri, 2013 etc.) discussing the experience and its impact on positive health (Munsterman, et al. 2018) and social benefits of alcohol abstinence for one month. These writings assert that one month of alcohol abstinence can lead to significant positive changes in an individual’s physical and psychological wellbeing. In a qualitative study, Yeomans claimed that these kinds of programs have fundamental consequences for participants’ broader perceptions of their selves which go beyond the physical and psychological effects (Yeomans, 2019). However, adverse results to such challenges also appear in the literature, indicating that temporary alcohol avoidance may lead to rebound effects. For instance, following a period of abstinence, non-human studies have reported that the amount of alcohol consumption might end up being higher than that prior to the month of alcohol abstinence (Rodd et al, 2004).

Such conflicting evaluations in the literature concerning the effects of having a self-imposed alcohol-free month, has led to greater scientific attention examining the psychological effects

of temporary alcohol abstinence. Research by de Visser et al. (2016) investigated the effects among a British sample (N=857) and found that registering for temporary alcohol abstinence aided in the development of alcohol refusal strategies and reduced problematic drinking habits. These findings challenged previous studies which found no such effect (e.g., Rodd, et al., 2004, Sinclair & Senter, 1967). To explore the effect of *Dry January* more systematically, de Visser et al.'s (2016) research included a longitudinal element. Three waves of data collection were used: a baseline questionnaire at registration, data collection after the end of one month, and follow-up data collection six months after the end of the challenge. Results showed that the participation in *Dry January* increased 'drink refusal self-efficacy' and facilitated more conscious, reflective (Fry, 2011), and moderate drinking habits. Jirarattanasopha, Witvorapong and Hanvoravongchai (2018) carried out a cohort study on the effect of a dry month, and found that community intervention had a significant effect on alcohol abstinence even three months after the dry month. Despite the popularity of self-imposed abstinence challenges, there has been relatively little empirical research in the area. The present study aimed to fill this gap by exploring Hungarian experiences using a qualitative research design.

Hungarian alcohol consumption: Habits and culture

A World Health Organization (WHO) survey in 2014 (*Global Status Report on Alcohol and Health*) examined 194 WHO Member State countries' habits of alcohol consumption. The WHO reported that the greatest consumption of alcohol was in Central and Eastern European countries. The WHO reported that individuals worldwide (aged above 15 years) consumed an average of 6.2 liters of pure alcohol per year (13.5 grams/day). Hungarians were found to have drunk twice as much alcohol per year compared to the average. The high mortality rate and the recognition of increasing alcohol consumption-related problems in Hungary requires

an effective anti-alcohol strategy from the Hungarian government but this has not occurred (Varvasovsky, 1998).

Socially obligatory drinking (Bartram et al., 2017) appears to be a part of Hungarian culture and social norms. It means, that the refusal to drink alcohol might lead to subtle nonverbal responses or even physical intimidation (Paton-Simpson, 2001). Strong social norms and expectancies concerning social drinking can lead to increasing alcohol consumption (Mäkelä & Maunu, 2016). Drinking alcohol can also comprise symbolic communication of social group membership, identity, and cultural or ethnic belongings (Cherrier & Gurrieri, 2013; Health, 2012; Piacenti & Bannister, 2019; Room, 2004; Ross-Houle, Atkinson & Sumnall, 2015; Szmigin et al., 2011; Szmigin, Griffin & Hackley, 2008). In Hungary, non-governmental organizations (NGOs) have noted the lack of countrywide alcohol strategies and to the deficiencies of the healthcare system. The *Dry November* program has been one initiative introduced to try and overcome the situation.

Dry November in Hungary

Dry November is a program in Hungary which (like *Dry January* in the UK) encourages individuals to commit themselves to a 30-day period of alcohol abstinence. The Hungarian idea of *Dry November* came from the UK's Sober October program (Sajó, 2017), and is organized by the Blue Point Drug Counselling and Outpatient Centre which is a Hungarian NGO for substance users and problem drinkers. The challenge was first advertised in 2014, but it became a real success in 2016. In 2016, the event was organized on the *Facebook* social media site and reached out to one million people. According to *Facebook* statistics, the event was “watched” by 71,000 people, 13,000 “replied”, 11,000 “were there”, and 13,000 were “interested”. Because of the high level of interest, the initiative was repeated in 2017. In

2017, the *Dry November* event on *Facebook* reached 53,000 people, was “watched” by 9,000, 3,400 “replied”, 1,500 “were there”, 710 were “interested”, and 634 members were added to the closed *Facebook* group.

Dry November attempted to address a relevant healthcare and social problem in Hungary (i.e., the problem of alcohol consumption). The organizer’s aims were to gain a deeper understanding of Hungarians’ relationship with alcohol, and the role of alcohol in public events, and individuals’ everyday lives. November was chosen as the month for abstinence because it is immediately prior to the Christmas and New Year’s Eve holidays where alcohol consumption is typically heavier than other times in the year. It was posited that that individuals would be more likely to drink alcohol in a more alcohol-conscious way following a month of sobriety (Kate, 2016). The key target groups of the *Dry November* program were the low-risk drinkers and at-risk drinkers (Dawson, 2011) in whose everyday life alcohol is regularly consumed, but usually in small amounts. However, problem drinkers (Miller, 1983) and people with alcohol use disorder (APA, 2013) are not encouraged to participate and therefore excluded from the program. For people with alcohol use disorder, it was believed that their participation might cause more harm than benefit as possible withdrawal symptoms would need supervision. Beyond the target groups, *Dry November* is open to everyone and is considered most useful for low-risk drinkers and social drinkers.

By reducing alcohol consumption in the short-term (which may impact long-term) (de Visser et al., 2016, 2017), the goals of *Dry November* focus on both individual (behavioral, cognitive, affective) and social levels. It aims to (i) trigger attitude changes concerning the self-care mindset, (ii) increase community feelings and consciousness concerning alcohol usage. Furthermore, the program draws attention to individuals’ relationship towards alcohol, strengthens their responsibility taken, and reflects on the lack of alcohol politics and strategies

in Hungary. It also reflects on the deficiencies of the Hungarian health prevention and education systems. Given the cultural background of alcohol consumption in Hungary, the main research goal of the present study was to explore and understand the personal experiences of *Dry November* via participant diaries written during the month of intended sobriety. Thematic analysis (Braun & Clarke, 2006) was utilized on the diaries' text to explore their attitudes towards alcohol, consumption, and sobriety. Consequently, the present research employs a novel approach in this specific research field because it uses an online diary writing method to help organize and monitor the participants' own experiences.

Methods

Sample collection process

Participants were recruited via online social media networks (e.g., *Facebook*), Hungarian public media, media roadshows in the most popular Hungarian journals, and television channels. Thanks to the media pillar of the program, *Dry November's* message was broadcasted, advertised, and distributed in a broader social context. Anyone with a valid *Facebook* profile could join the *Facebook* event of *Dry November*, and reach out to the Dry November Society. The Blue Point Drug Counselling and Outpatient Centre and Tilos (Forbidden) Radio channel cooperated with Qualitative Psychology Research Group of Eotvos Lorand University, and publicized the research study and shared the study link on the *Dry November Facebook* event page. Those who intended to take part in the research clicked on the link in the research advertisement. The link led to a *Qualtrics* interface which provided a description of the research study and the consent statement. By the acceptance of the conditions, participants could join the research study by entering their email address. After joining the study, participants received two emails per week (on Monday and Friday) with personalized links to complete online diaries. These days were chosen because weekends

typically provide more opportunities for alcohol drinking (Monday's diary entries covered the three days of the weekend [Friday, Saturday, and Sunday] while Friday's entries covered the experiences of the weekdays). The diary completion was carried out utilizing the *Qualtrics* interface via the use of an anonymous personal code. The maximum number of diary entries was eight (i.e., twice per week during the four-week period).

Data collection process

Once the *Qualtrics* interface opened, general questions were responded to by the participants. Participants were asked to respond to the questions in two different templates; on Monday (mainly about the weekend) and on Friday (mainly about the weekdays). In the templates, the first and the second questions yielded yes/no responses. Participants were asked to evaluate how well they kept up with the program's 'non-drinking' goals (*"Were you able to keep to the Dry November program or not?"* and *"Have you had any difficulties with maintaining abstinence during these past days or not?"*). In the third question, participants were asked to write detailed experiences about the program (*"Write your thoughts, feelings, experiences, and how you were able or unable to maintain abstinence during the program"*).

Diary writing has been shown to have numerous positive effects because it helps individuals to organize memories into a coherent structure (Pennebaker & Evans, 2014) and helps individuals to see themselves from an external perspective. Furthermore, labeling emotions or putting them into words can support and regulate the affect (Kircanski, Lieberman & Craske, 2012). Pennay et al (2016) analyzed blog entries to investigate the participants' meaning of alcohol consumption within the online program of *Hello Sunday Morning*. Analyzing blog entries is a similar methodological approach as that used in the present study. If the participant failed to keep sober, they were asked to write about the circumstances of their

failure and what they considered to be the reason for the lapse, and how they interpreted it. If the participant was successful in keeping sober, they were asked how they managed to achieve it, under what circumstances, and what it meant to them.

Sample

In total 79 participants started diarizing from which 56 participants dropped out from the research because they stopped diarizing early (after zero, one, or two entries). They stopped participating for unknown reasons and they never returned. A total of 23 participants participated in the research, therefore, the diaries of 23 participants were analyzed. The analyses are based on 12 participants who completed the challenge successfully (without drinking during the program) and supplementary analyses of 11 participants who failed to complete the challenge (because they drank at least once or more during *Dry November*).

There were two inclusion criteria. One regarding those participants who successfully finished the challenge, and the other for those who failed. The first inclusion criterion for successful participants was the completion of at least six completed diary entries. For participants who failed the challenge, a different criterion was applied. The number of diary entries could be below six entries. This is because fails did not depend on the research design and it could not be predicted when participants were going to fail. During the analysis, it was found that the diary entries of failed participants were detailed and rich enough (7-65 words in each entry) to explore the experience and reasons for failure. Therefore, these data were considered as useful to analyze in the context of the present study. In total, the number diary entries of the 23 participants which were used for analysis was 104 (91 entries of 12 ‘successful’ participants and 13 entries of 11 ‘unsuccessful’ participants).

Of the 12, seven participants completed all eight diarizing occasions (which was the maximum possible), while five partially completed them (i.e., did not complete them on every occasion), but the participants completed at least six diarizing occasions, in total each of them seven. In total the 12 ‘successful’ participants comprised 91 entries and the diary entries were between 7 and 65 words.

It should also be noted that a further 11 participants’ diaries who failed to keep abstinent were analyzed (and the experiences of the failed participants’ analyzed diaries are presented in the section entitled ‘*The fall*’). These participants provided experiences or explanations about their causes of their failure. Of these 11 participants, nine of them had only one or two entries. They failed to keep abstinent from alcohol during the first or second week. One participant wrote four entries, and failed to keep abstinent from alcohol during the third week. Finally, there was one participant who drank alcohol twice during the first week, but continued and kept abstinent till the end. These participants provided 13 entries which contained reflections about the failure to keep abstinent from alcohol.

Data analysis

Thematic analysis (Braun & Clarke, 2006) was utilized for analyzing the diary entries. This qualitative analysis of the data is based on a constructivist paradigm within psychology (Willig & Rogers 2017), and provides sufficient detailed and rigorous analysis to identify the common themes (Vaismoradi et.al. 2013). Braun and Clarke suggest six steps for a transparent thematic analysis (Braun & Clarke, 2006). This was to ensure that the coding process of thematic analysis was rigorous and unambiguous. At first, textual data were read and re-read several times followed by an initial coding. Here, the most important and interesting features of the texts were noted. Following this, coders developed themes from the

codes by classifying them in meaningful categories. Categories were then reviewed by the coders, and clear definitions of the themes were operationalized. The analysis was made independently by the first and seventh authors. Once the initial analyses were ready, the two coders discussed their results. In the case of disagreement, another four authors were involved in the discussion and consensus was reached together.

Results

From the thematic analysis of these texts, three main themes emerged, comprising six sub-categories (two within each theme – see Table 1).

[Table 1 here]

Theme 1: Challenge

This first theme contains participants' experiences and concepts of the challenge. The theme comprised two sub-categories labeled 'Accepting the challenge' (where participants described their concepts of *Dry November*) and 'Challenge strategies' (where participants described their strategies for maintaining temporary abstinence from alcohol).

Accepting the challenge

'Accepting the challenge' is a sub-theme referring to how participants described how *Dry November* appeared in their life, how they chose to address the challenge, what it meant to them, and how they evaluated it. They depicted *Dry November* as a challenge that they took which helped them to explore their general relationship with alcohol. The underlying motivations were curiosity and the desire to fulfill a challenge. Participants described how it was beneficial to test oneself in a new challenging situation. An important part of the participation of the challenge was to discover the reaction of those in their social environment.

“I was curious what my girlfriend will say about me not drinking alcohol”
(Participant 1).

Some of the other entries described *Dry November* as it “*came in handy that time*” and found them in the right place, at the right time. These written experiences suggested that they had previous thoughts concerning their relationship with alcohol and *Dry November* appeared to be a good opportunity to test it. *Dry November* was evaluated as an opportunity, which fitted into the current life situation because alcohol consumption habits had started to become of concern. Among some participants’ experience, *Dry November* appeared as an “*issue*”. This provided a formal framework for the meaning of *Dry November* to some participants. The *Dry November* challenge also brought a retentiveness and protection function which gave a framework for the sobriety and provided the experience of self-control.

“As I have got this far, I would like to finish it – get to the end” (Participant 22).

Some participants considered *Dry November* as being involved in a fashionable trend and labelled it as “*playing Dry November*”. They compared it to other challenges such as the “*Slow Movement*” (Participant 2; i.e., the cultural shift to slowing down the pace of life), and labeling *Dry November* as part of the “*health conscious trend of our age*” (Participant 2), which are popular trends in the new global culture.

Challenge strategies

‘Challenge strategies’ is a sub-theme referring to the strategies that participants used to maintain the challenge and the way they coped with the difficulties of keeping abstinent from alcohol. Participants reported that keeping abstinent was most difficult at social events, such as friends’ or family gatherings, nightlife, and attending concerts. To cope with such

situations where the social pressure and the desire to consume alcohol was strong, they used various strategies to keep abstinent from consuming alcohol. Participants had to refuse drink offers, which often made them feel ashamed for not drinking. They sometimes used tricks to deceive other individuals in their social context and to avoid social pressure towards drinking alcohol. One of the tricks used was that the participant accepted the drink, but instead of drinking it, poured the drink into another individual's glass to trick the one who bought the drink.

“Finally, I succeeded not to drink by twice pouring my champagne and later my whisky into my friend’s glass” (Participant 3).

Another strategy to avoid the social pressure to drink was when participants stayed away or escaped from situations which they thought were too risky. Some participants found other drinks or food to use as a substitution to alcohol, so they could still consume something, but which had different kinds of benefits and experiences compared to alcohol consumption. For example, *“hot chocolate”* (Participant 3) brought back memories of making them feel warm in a cold place and helped them in a difficult situation when they refused alcohol in a social setting. By eating and consuming different refreshments, such as *“water with gas and tonic”* (Participant 4), they reported substituting the somatic feeling of fullness caused by alcohol. They could also focus on different aspects of the experience of drinking and eating.

“I asked for hot chocolate and I got it in a dotted mug, which is very similar the one I drank from at home for almost a decade. It brings back good memories” (Participant 3).

Some participants simply chose to refuse the offers of alcoholic drinks. They reported several situations where they had to refuse friends' and family members' offers to drink alcohol.

"They offered me [alcohol], but I refused it" (Participant 2).

Some of the participants tried to suppress the desire for alcohol and the experience of being drunk by using other substances; taking "magnesium", "frontin" (Alprazolam), smoking a "joint", or doing different activities for self-rewarding such as: "shopping", or "eating a Burger King menu" or "grapes". They were engaged in to reduce the alcohol desire, or to gain another body sensation which they considered to be satisfying.

Theme 2: Community

This second theme related to 'community' and comprised two sub-categories labeled 'Sharing' (where participants described the types of communities) and 'Neutral and negative reactions' (where participants described the reactions of the social environment for the temporary abstinence).

Sharing

'Sharing' is a sub-theme referring to supportive online (virtual space) and offline friendships. Participants undergoing *Dry November* reported that simply sharing their participation with their family and friends was a good experience. The offline community (who are also abstinent or alcohol-consuming friends and family members) helped each other to maintain the abstinence of alcohol through sharing their experiences and empathizing with each other.

"It's good to experience it together (offline community). To share it. To talk it out. I missed it" (Participant 5).

These surrounding relatives or friends appeared to help each other resist drinking alcohol by sharing their experiences and motivating each other. Some of the participants experienced acceptance (what she had never previously experienced, “*I missed it*”) in the offline community, from people who were not participating *Dry November*. These participants reported that they discussed their decisions with their friends, who understood and respected their choice. This accepting community helped the participants keep their resolution and to be more purposive.

“It helped that I told my friends that I was participating this program, and we were talking about this. This conversation strengthened my desire to continue” (Participant 3).

Engaging in *Dry November* also meant entering a new online social community at the same time. Getting in touch with this new online holding community, where the common feelings and experiences of the participation created the possibility to read other’s posts with the same difficulties, which appeared to have provided further power and support to succeed. This was especially helpful for those participants whose entertainment habits, and friendly and collegial meetings were usually connected to alcohol consumption. Finding a new, supportive community became a resource maintain temporary abstinence of alcohol.

“I am alone a lot. I try to read and watch [television] series. My friends and my brother, and also the virtual community support me. They help me” (Participant 7).

During the challenge, a supportive online community was formed, and functioned as a background community supporting the temporary abstinence. It was established by the

members of Blue Point Society, the members of closed *Facebook* group, and the participants' friends. The online community membership, the closed *Facebook* group, helped participants to reach strategies shared by reading fellow members about similar experiences. This community functioned as a platform where they could share their tips, tricks, and strategies which helped them to avoid drinking.

“I joined the closed Dry November (Facebook) group. It was good to read how others handle their things. It helps me as well” (Participant 6).

Neutral and negative reactions

‘Neutral and negative reactions’ is a sub-theme referring to the reactions from a neutral attitude to an antagonist attitude. In friend and family gatherings, some participants reported that they did not meet any opposition to their non-drinking of alcohol. They did not find alcohol relevant in social occasions, such as social gatherings and attending concerts, and they felt no social pressure to drink alcohol from their friends or family. They found this non-oppositional attitude comfortable and made it easier for them to continue with the challenge.

“I announced half-loudly that I will [cheer] with peach juice, and nobody asked why...if somebody offered around his wine, not even he forced me to drink. Nobody was interested in what is in whose glass. It was very good” (Participant 1).

“Luckily nobody was hurt by my decision. They didn't want me to drink. There was no pressure from this aspect” (Participant 7).

In other social contexts, participants were met with a negative response. The refusal of the offered beverage resulted in social disfavor, insulting aggressive jokes (“*blood sucking*”), and “*wagging*” (i.e., nonverbal expression of deprecation), or light dismissive reactions to a participant’s decision to engage in temporary sobriety. The deprecation was experienced as disturbance and disappointment in the social environment (by friends, relatives), which could break the enthusiasm and pride of taking the challenge.

“It was weird to my friends that I refused to drink” (Participant 3).

“They ordered some cocktails while I drank an apple spritzer. The waiter was wagging disdainfully” (Participant 5).

One of the extremities of friends and relatives’ reactions to the challenge in the social environment was the aggressive and/or abusive comments on refusing alcohol and heavily disregarding the program.

“They were sucking my blood, that ‘don’t you drink, it’s dumb, and it is only for those who are drinking massively’” (Participant 8).

These comments contained personal insults, anger, and criticism. In some cases, the participant had to experience forceful opposition when individuals in their environment were pushing them to drink alcoholic beverage. It was explained that everybody in the environment had to drink alcohol. It appeared to be considered as a social norm, which has to be fulfilled by every member of the community.

“There was a little forcing. My friend poured palinka to everybody, and I said ‘Thank you, but I can’t drink now’ which he considered to be dumbness” (Participant 9).

The refusal of the drink had its punishment because the participant was said to be “*dumb*”. This was frustrating for participants because they had to break social norms to fulfill the challenge.

“I am afraid. Now that I undertook Dry November, what will my friend think, who used to order a beer before I arrived when we met?” (Participant 5).

In some situations, participants experienced “*belittling disparagement*” (Participant 3) where somebody from their social environment (friends, colleagues, relatives) was belittling the challenge and believed *Dry November* to be silly and pitiful challenge which is not worth taking seriously. Consequently, some participants felt humiliated and “*afraid of scorning gesture*” (Participant 4) which made one-month sobriety even more difficult. The complex situation of personal feelings towards the resolution and the disparaging comments of those in the social environment led to successful coping strategies.

Theme 3: Relationship towards alcohol and abstinence

The final theme concerned the ‘relationship towards alcohol and abstinence’ and comprised two sub-categories labeled ‘Alcohol experience’ (where participants described the meaning of – and relationships towards – alcohol) and ‘Alcohol abstinence’ (where participants described the meaning of – and relationships towards – abstinence).

Alcohol experience

‘Alcohol experience’ is a sub-theme referring to participants’ relationships towards alcohol, and the meaning they attached to alcohol consumption. Three categories of experiences with alcohol consumption arose: alcohol as a medicine, alcohol as a social norm in particular social

contexts, and the mental and physical experiences of abstinence. In some cases, alcohol and the habit of drinking appeared to be an alternative self-medication tool, which was used to alleviate physical and mental discomfort and illnesses. For instance, some participants considered alcohol to be a proper medicine for “*sore throat*” and “*diarrhea*”. Other participants considered alcohol to have a stress and social-anxiety reducing effect.

“It would be nice to be dazed, to dim the emotions, to turn down the switch and to fall into the shelter. Not knowing about anything” (Participant 9).

Several contexts were reported to be strongly connected to alcohol consumption encouraging participants to drink such as “*night sightseeing*”, “*concerts*”, “*happy hour*”, “*pub*”, “*hockey game*”, and “*ganging together*”. These contexts provided social opportunities and chances to drink alcoholic beverages, while being associated with drinking (“*there are no concerts without alcohol*”).

Alcohol abstinence

‘Alcohol abstinence’ is a sub-theme referring to participants’ relationships towards sobriety. Participants described the physical and mental effects of abstinence including “*headache*”, “*social isolation*”, “*craving*”, “*insomnia*”, and “*irritability*”. They were mostly mentioned alongside an evaluation, and the problem of the side-effects of abstinence were solved by itself, or with some little tricks, such as reading before sleeping. Experiencing these symptoms from headache to craving caused by the abstinence were claimed to be tiring and uncomfortable.

Participating and fulfilling the challenge enabled participants to have meaningful personal experiences. They were able to evaluate their drinking habits, develop skills (“*Now, I’m more*

focused on regular sporting activities and eating more healthily” [Participant 7]) and strategies in refusing alcohol, and to grow self-confidence (“*Before lunch I would have a shot, but I did not drink because I was strong!!!*” [Participant 8]; *Altogether I’ve been running five times. It fills me with pride*” [Participant 7]). Participants made several evaluations and expressed their personal meaning concerning their one-month-long sobriety period. Participants felt pride in completing and fulfilling the challenge. They experienced their ability of refusing drink offers, once they decided to stay abstinent from alcohol for a month. The experience of “*proudly refused*” offers made them feel self-confident and proud in those situations where the alcohol consumption was an expectation and part of the event. The alcohol abstinence enabled some participants to experience sobriety, and thanks to abstinence they avoided the unwanted effects of alcohol consumption, such as a hangover, or sleeping difficulties. It provided them with free time to initiate other activities. Doing these new activities regularly gave them the feeling of productivity and self-activity.

“I’ve succeeded to move more. I practice yoga. Quite a lot” (Participant 7).

“The following day I could wake up in time to go for swimming in the morning, so I was pretty happy that the night happened as it happened” (Participant 7).

Furthermore, participants reported that staying sober provided a new experience and led to an outsider perspective. They saw drunk people around them, and to be sober in the same company was considered to be “*pretty strengthening*” (Participant 22). This sober, outsider position gave safe distance from consuming alcohol, and provided a rewarding feeling of being sober.

Some of the participants considered *Dry November* as a resolution, an internal choice to reach the aim of one-month alcohol sobriety. Experiencing *Dry November* as a resolution that the

participant intended to keep, is likely to strengthen the feeling of self-control because participants feel that they can achieve their aim of keeping sober for a month. Through the struggles and difficulties of the one-month abstinence, different self-experiences, knowledge, tactics were gained.

Successfully engaging in *Dry November* led to paying attention to one's health conditions and drinking habits became important as a sign of increasing self-control. During the temporary alcohol abstinence, some of the participants had positive mental and physical experiences and the feeling of success and control motivated them to make cumulative additional resolutions. These resolutions were health-conscious ones, such as “*taking part in sports*”, “*restraining meat consumption*”, “*improving social life*”, and “*taking control over quarter-life crisis*”. However, some participants gave up their resolutions because they realized it was too many resolutions at one time:

“I am getting tired...This month seems very long. Maybe it is not because of not drinking, but a lot of additional resolutions. Last week I did sports four times”
(Participant 5).

The fall

Unfortunately, several participants did not complete their diaries on a regular basis, and did not complete the research study. There were 11 participants who announced their failure in being unable to go one-month abstinence from alcohol. Consequently, their diaries were difficult to analyze due to the small amount of text (one or two simple sentences in many cases). Nine of them completed one or two entries in the beginning of the study, but did not write further entries in the diary before their final entry. They failed during the first or second week. One male participant wrote four entries, but failed on the third week. In his four entries,

similar themes appeared to those of successful participants. He highlighted the self-medication aspect, the difficulties keeping abstinent, and the use of substitutions (*“alcohol-free beer”*). Some participants gave explanations for the failure:

“To tell you the truth, after the long over hours, I felt that I deserved a beer on Friday. And I did” (Participant 62).

There was one participant, who drank alcohol twice during the first week, but continued and kept abstinent till the end. This unique situation meant he was neither in the totally successful, nor the totally unsuccessful category. The given explanation for his continuation was the following:

“I did not succeed at the weekend because I could not refuse the invitation for alcohol, but I've succeeded since I've been able to tell more about Dry November and the significance of it” (Participant 35).

The failure was considered to be the result of social pressure and social norms, such as *“drinking beer with workmates”*, *“workplace gatherings”*, going to parties, and attending concerts. Failure to be alcohol-abstinent was explained by external circumstances. However, some participants reported personal responsibility and a personal need for drinking. Some of them reported abstinence to be *“impossible”* under particular circumstances. Some participants claimed inner compulsion and stress was a cause of their alcohol consumption. Alcohol appeared as an external *“safety net”*, which helped individuals to overcome stress and to cope with anxiety. One participant reported experiencing alcohol *“withdrawal symptoms”* (Participant 63) which led him to stop engaging in *Dry November*.

Discussion

The present study examined the diaries of participants engaging in *Dry November* and explored their personal experiences and coping strategies during their temporary abstinence from drinking alcohol. Through the thematic analysis of online diaries, the present study found three main underlying themes relating to the experience, evaluation, and meaning of *Dry November*: (i) *challenge*, (ii) *community* and (iii) *relationship towards alcohol and abstinence*.

The *challenge* theme comprised the evaluation of *Dry November* and the strategies which were used to maintain sobriety. These evaluations and strategies were influenced and used in the social environment of the participants. The *community* theme comprised the types of communities, whether they were online and/or offline, and whether they were considered supportive, neutral, or antagonistic. The reaction and behavior of the participants' social environment towards the act of participating in the *Dry November* program were reviewed. Some participants appeared to learn skills to enhance alcohol sobriety as well as skills to handle the pressure to drink alcohol in a variety of social environments. Via this learning process they got the '*Alcohol abstinence*' (the sixth sub-theme) where their relationship with alcohol became more reflected as their pride, self-control, productivity, and the suppression of the desire towards alcohol were increased. These experiences can be depicted on a matrix which has two dimensions (see Table 2). One is motivating-demotivating phenomena (Chantal, Vallerand & Vallieres, 1996) and the other is internal and external factors (Rotter, 1966, Cooper, 1994).

[Table 2 near here]

Via this categorization, the present authors suggest that there are four kinds of impacts which participants reported experiencing during *Dry November*. These impact categories are: internal-supporting, internal-obstructing, external-supporting, and external-obstructing. The internal-supporting category contains those individual feelings which are motivating and help participants in reaching their goals (e.g., self-evaluation, self-care). Internal obstructing impacts are those feelings and emotions that make it difficult to maintain abstinence (e.g., feeling alone and withdrawal symptoms). External factors are the reactions and behavior of the social environment. External supporting comprises those communities where participants could share their feelings and strengthen each other.

The challenge-form of *Dry November*, and the opportunity to start new activities and to participate in a new community were also considered to be external supporting. External-obstructing impacts comprise the forced-to-drink situations, the arguments with those in the social environment because of not drinking, belittling by others, and social isolation. The experience of one-month alcohol abstinence can be depicted as the interplay of these four impact-categories. A single situation can be interpreted differently. For example, some participants experienced the forced-to-drink alcohol situation as an external obstruction, whereas others explained it as feeling guilty because of their refusal to drink alcohol (internal obstruction). Other participants reported themselves of being proud of refusing alcohol offers (internal support). These strategies are in agreement with the previous findings by Conroy and de Visser (2014) on how non-drinkers handle drinking situations

Impacts might also turn one impact into another. Internal feelings, such as having more free time might lead to external impacts (e.g., new activities, new community memberships). New community memberships might then create internal support (e.g., improvement in self-

evaluation, self-understanding, etc.). Based on their research, Graber et al. (2016) suggested interventions aimed at social support, sense of core self, self-monitoring, self-efficacy, and planning. They believe that such interventions help in building up resilience towards culture-based alcohol consumption. Consequently, one-month of alcohol abstinence might lead to several experiences where the resulting interplay leads to different benefits and inconveniences. In the diaries of participants who failed the *Dry November* challenge, external obstructions were regarded as unchangeable pressure, which forced them to drink alcohol.

The main difference between those who succeed in being alcohol-abstinent for a month and those who fail might lay in the interpretation and evaluation of impacts. Those who failed referred to social norms, habits, traditions of drinking, and external pressure, as the causes of their failure. They appeared to view themselves as passive agents in an unchangeable situation. This suggests that such individuals need help in activating their perception of personal responsibilities, decision-making, and meaning making. Via the creation of a new community or changing perceptions within existing communities, individuals can share their experiences and strategies and create 'tools' which help them maintain sobriety, as in the case of education of new narration (Taieb, 2008; Pienaar & Dilkes-Frayne, 2017). The challenge might provide an opportunity to say 'no' to alcohol, similar to the research by de Visser, Robinson and Bond (2016).

The present study found that the participants used bypass alcohol refusal strategies (tricks, substitutions, and avoidance) to avoid social confrontation, rather than say 'no' (Borsari & Carey, 2001). According to the participants it appeared to be shameful or socially unacceptable not to drink. However, it is not known whether this is a Hungarian cultural

characteristic or a peculiarity of the social environment more generally. On the other hand, alcohol consumption consciousness appears to be more self-reflective attitude according to the analysis of the diaries, and is supportive of the findings by de Visser, Robinson and Bond (2016) and Fry (2011). Qualitative analyses by Yeomans (2019) and Cherrier and Gurrieri (2014) are also consistent with the findings of the present study because sober month can help participants to facilitate self-improvement via redefining their relationship towards alcohol (Robert, 2018) and develop techniques and strategies to refuse alcohol (Conroy & de Visser, 2014), and to gain a more complex perspective about drinking in general – even in cultures where regular consumption is deeply embedded within the society (Pennay, et al, 2016).

Socially obligatory drinking (Bartram et al., 2017) is deeply embedded in Hungarian alcohol culture as well as in other European countries (Mäkelä & Maunu, 2016), and in New Zealand (Paton-Simpson, 2001), and should be the focus of further research. Rehm et al. (2011) argued that there is a need for alcohol policy in more European countries (including Hungary) to reduce alcohol consumption more successfully. Despite the fact that there are strict laws for regulating alcohol consumption, the enforcement is poor (Brand et al., 2007) suggesting there is no consistency in strategic principles. The *Dry November* program, simply reflects on the lack of alcohol policy strategies in Hungary. Its promotion in the mass media also draws attention to the phenomenon and strengthens preventive attitudes on individual and social levels.

de Visser et al. (2016) provided some evidence concerning the long-term effects of temporary sobriety. They found in a six-month follow-up study, that DRSE (drink refusal self-efficacy) increased, and average drinking days per week, drinks per drinking day, and drunk episodes in the past month decreased significantly, when they compared those who completed *Dry*

January and those who did not. If the initiative gains more media exposure, it could create a *Dry November* community that serves as an adjunct to decreasing alcohol consumption over time. By the creation of new networks, and new life circumstances, individual identity might also undergo positive changes (Breakwell, 1983).

During short periods of alcohol abstinence, some new experiences and self-knowledge might be gained. From another aspect, temporary abstinence provides the opportunity for individuals to collect experiences in refusing alcohol, which can be considered as a script-learning process. The script-learning approach is used in cognitive therapies to help those recovering from addiction and initiating lifestyle changes (Marlatt, 1996; Gollwitzer, 1999). Sniehotta et al. (2005) state that the motivation and the learned scripts are quintessential for successful lifestyle change (Sheeran, 2002). The more detailed a script is, the more likely the success is. *Dry November* serves as an opportunity to write and learn new scripts, which can be utilized in the future.

The present authors consider *Dry November* as a checkpoint and self-knowledge opportunity where individuals have the opportunity to experience their relationship with alcohol, to learn through craving whether their alcohol consumption is ‘risky’ or not, and if their social environment is centered on alcohol consumption. The present research also demonstrates that the program is appropriate for the risk-drinking population and for raising attention to alcohol consumption, but it does not provide solution for those who have alcohol use disorder, as in the case of one of the present study’s participants who experienced withdrawal symptoms and left the program. When withdrawal symptoms appeared, other external and internal impacts were not mentioned, which might mean that the experience of the withdrawal symptoms

might be dominant and take primacy over all other feelings, thoughts, and experiences of the individual.

Limitations

The present study is not without its limitations. As it is a qualitative study, the findings cannot be generalized to broader populations. Furthermore, because the present study was not longitudinal and did not conduct a follow-up, the long-term effects of one month's alcohol abstinence in Hungary are unknown. The approach of the present study was exploratory, and focused on the deeper understanding of participants' experiences. The study did explore the efficiency of the challenge type program. From the starting number of participants, relatively few participants rigorously completed their diaries and brevity in their writing was commonplace. Because no incentive was provided to participate, there is likely to have been a lack of motivation by participants. The study did not find any categorical differences between successful and non-successful participants. However, any comparisons need to be made with considerable caution because two different inclusion criteria were applied.

It was difficult to analyze the diaries of those that were unsuccessful in abstaining from alcohol because they did not diarize continuously, or failed to be abstinent during the first or second week. There were strict rules during the program because drinking alcohol just once meant the end for the participants. Therefore, the dropout ratio in the study was relatively high. As little scientific research has been carried out in this field, the predominantly 'grey' literature was used as the empirical basis for the study which is likely be less trustworthy than studies published in the peer-reviewed literature. As the program itself did not expose any solutions to the phenomenon of risky alcohol drinking, the main aim of *Dry November* was to draw attention to (and raise awareness of) a social phenomenon. The present study aimed to

gain more detailed knowledge on the effects of temporary abstinence of drinking alcohol from the user perspective.

Conclusion

This study succeeded in exploring alcohol drinkers' experiences, and gaining initial understanding and mapping the possible inhibitors and barriers to alcohol drinking prevention. It also demonstrated and highlighted relevant information about the most common phenomena concerning drinking habits and traditions, such as social norms and social pressure. The study's findings reflect the interplay of internal and external factors of alcohol consumption. The research draws attention to an alcohol prevention initiative which tries to solve a social-level problem by emphasizing the role of the geographical community and the forming of new online communities. This research aims to broaden the horizon of qualitative studies which give voice to the lived experience of participants undergoing one-month abstinence programs.

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Data availability statement

Data are available on request from the authors. The data that support the findings of this study are available from the corresponding author, [JR], upon reasonable request.

Declaration of conflicting interests

The authors declare that they do not have any conflicts of interest that could constitute a real, potential or apparent issue with respect to their involvement in the publication. The authors also declare that they do not have any financial or other relations (e.g. directorship, consultancy or speaker fee) with companies, trade associations, unions or groups (including civic associations and public interest groups) that may affect the results or conclusions in the study.

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Table 1. Main themes and sub-categories concerning the *Dry November* program

1. CHALLENGE		2. COMMUNITY		3. RELATIONSHIP TOWARDS ALCOHOL AND ABSTINENCE	
Accepting the challenge	Challenge strategies	Sharing	Neutral and negative reactions	Alcohol experience	Alcohol abstinence
The participants' concepts of Dry November	Strategies for keeping the temporary abstinence from alcohol	Types of communities	The reactions of the social environment for the temporary abstinence	Meaning of (and relationships towards) alcohol	Meaning of (and relationships towards) abstinence

Table 2. Impacts of Experiences

	Internal	External
Supporting	self-evaluation, self-care, self understand, pride, productivity	online community, accepting community, supporting, challenge, new activities, new community,
Obstructing	feeling alone, withdrawal symptoms, feeling guilty because of refusing	isolation, force to drink, arguments, wagging, insulting aggressive jokes, belittling