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**New Year, New You: A Qualitative Study of Dry January, Self-Formation and Positive Regulation**

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# **New Year, New You: A Qualitative Study of Dry January, Self-Formation and Positive Regulation**

## **Abstract**

In the last five years, giving up alcohol for January has become a common social practice in the UK. Inspired by Alcohol Concern's Dry January initiative and other related campaigns, an estimated five million UK adults attempted to abstain from alcohol in January 2017 (Alcohol Concern, 2017). Moreover, evaluative research has suggested that a one-month spell of abstinence is an effective way of reducing average, longer-term drinking (De Visser, Robinson & Bond, 2016). However, the popularity and apparent effectiveness of Dry January are not well-understood. This article presents the first qualitative analysis of the meaning and significance of this important new cultural phenomenon. Based on analysis of media and social media content, it examines both how Dry January is managed by Alcohol Concern and how it is experienced by participants. The burgeoning popularity of Dry January is found to result from how this process of temporary abstinence is underpinned by positive regulatory techniques and the salience of embodiment. Consequently, rather than being a simple regime of bodily abstinence and self-control, Dry January should instead be understood as an embodied experience of ethical self-formation. The article also reflects on the implications of this finding for alcohol regulation more widely.

**Keywords:** Dry January, temporary abstinence, temporary sobriety, alcohol, drinking, positive regulation, embodiment, self-formation

# **New Year, New You: A Qualitative Study of Dry January, Self-Formation and Positive Regulation**

## **Introduction**

In the last decade, temporary spells of abstinence have become a familiar feature of individual drinking habits in some Western countries. These cultural practices are tied to temporary abstinence initiatives, which were pioneered by Australian campaigns, such as Dry July and FebFast (Robert, 2016a) and have spread to other countries including, notably, the UK. Dry January was the UK's first temporary abstinence initiative (TAI) and, since its establishment by Alcohol Concern in 2013, has annually invited participants to seek financial sponsorship to give up drinking for one month.<sup>1</sup> It has been followed by similar charity-led TAIs, such as Cancer Research's Dryathlon and Macmillan's Sober October. The emergence of TAIs is important partly because of the sheer scale of their proliferation. Whether participating in a charity-led campaign or not, it has been estimated that five million UK adults attempted to abstain from alcohol in January 2017 (Alcohol Concern, 2017). Moreover, TAIs are also important because evaluative research has suggested that giving up drinking for January is an effective way of reducing average, longer-term alcohol consumption (De Visser et al., 2016). Dry January has thus become a sizeable, annual cultural event in the UK and may be having a permanent effect on national drinking habits. As such, it is crucially important to ascertain the precise reasons for the popularity and apparent effectiveness of Dry January as well as considering its wider implications for how alcohol consumption is governed.

This article explores the popularity and apparent effectiveness of Dry January by examining the meaning and significance of the campaign to its participants and its organisers. It presents findings from the first qualitative study of Dry January or any other UK TAI. There is a small but growing literature on permanent abstinence from alcohol within 'wet' or 'ambivalent' Western drinking cultures (Nairn, Higgins, Thompson, Anderson & Fu, 2006; Piacentini & Banister, 2009; Herring, Bayley & Hurcombe, 2012; etc), although this is focused on young people and/or students. Studies

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<sup>1</sup> Robert refers to these campaigns as 'temporary sobriety initiatives' (2016a: 413). However, the campaigns are based around abstinence from alcohol rather than simply a commitment to remain in a psychological or pharmacological condition of sobriety. Hence, I prefer to use the temporary abstinence initiative.

of temporary abstinence are much rarer. There are several studies of prominent Australian campaigns such as Hello Sunday Morning, which seeks to support temporary or permanent changes to drinking habits (e.g. Pennay, MacLean and Rankin, 2015; Carah, Meurk and Angus, 2017), and the temporary abstinence campaigns FebFast (Cherrier and Gurrieri, 2012) and Dry July (Bartram, Hanson-Easey & Elliott, 2018). Existing research on Dry January is limited. De Visser et al's (2016) quantitative study is useful in its assessment of the characteristics of Dry January participants and the longer-term effects of participation. A further article, De Visser et al (2017), posits that Dry January's growing popularity is linked to a "social contagion" effect. However, the precise appeal of Dry January to its participants, the experience of participation or how the campaign operates have not yet been researched in depth and, consequently, the reasons for the popularity and apparent effectiveness of Dry January are not well-understood. As well as these existing studies of Dry January, this article will build especially on Robert's qualitative studies of Australian TAIs (2016a; 2016b). It will also, inspired by wider sociological and socio-legal literatures on regulation and governance, conceptualise Dry January as a form of drinking regulation. This conceptualisation will allow Dry January to be compared with other forms of alcohol regulation and, as such, enhance understandings of its distinctive appeal as well as its potential policy implications. The article, therefore, seeks to advance knowledge of Dry January specifically and abstinence from alcohol generally, in addition to making a contribution to wider debates about alcohol policy.

## **Methodology**

The methodology entails a qualitative analysis of media and social media content associated with the 2017 Dry January campaign. More specifically, all content included on the Dry January website during this campaign or contained within 32 generic emails sent to all Dry January participants during January or early February 2017 has been analysed. Additionally, all posts (approximately 62) and comments (around 2,500) made on the Dry January Facebook community page between 1<sup>st</sup> January 2017 and 4<sup>th</sup> February 2017 have been analysed. Social media data can be used as either a research object in its own right or a research instrument which facilitates the study of wider social phenomena (McCay-Peet and Qaan-Haase, 2017; Zeller, 2017). In this instance, social media data (alongside other media data) performs the latter function by providing an instrument for the analysis of the wider social phenomena of Dry

January and temporary abstinence. McCay-Peet and Qaan-Haase (2017) list a range of things that can be usefully studied using social media data, including social actions, experiences and presentations of self. As such, the data is well-suited for the research objectives. The use of email and website content enables the examination of how Dry January is constructed by its organisers while the analysis of social media data provides a valuable opportunity to explore how participants make sense of their involvement and experiences of Dry January.

With regards to sampling, a purposive strategy has been employed. The website is the outward face of the Dry January campaign and, as 96% of those who register for Dry January sign up to receive campaign emails (De Visser et al, 2017), emails constitute the main internal channel through which organisers communicate directly to participants. It is therefore logical to use the campaign website and emails to participants as sources to examine how organisers construct Dry January. Facebook was selected as a medium through which to study participants for two reasons. Firstly, it is widely considered to be the world's most popular social media platform with over 2 billion monthly users (see e.g. Statista, 2018) and hence could supply a large body of diverse data. Secondly, its interface is well-suited for the research objectives. It allows for participants to report on experiences and self-reflections as well as providing functions which, especially through the formation of groups and communities, support the sort of social interactions which are pertinent to the exploration of subjective meaning in qualitative research (Bryman, 2012: 18-43). All Facebook data used here came from the official Dry January community page. This page is open, public and visible to all Facebook users. Data has also been anonymised in line with usual ethical practices.<sup>2</sup> The Facebook data used proved to be diverse in its supply of a range of viewpoints and rich in the level of useful detail that was offered.

It is important to note that the Facebook comments analysed are from a self-selected sample of Dry January participants who were willing and able to record their views and experiences on one specific social media platform. As such, conclusions cannot necessarily be generalised to all participants in Dry January. Instead, the focus here is upon using qualitative analysis to develop an inductive account of temporary abstinence. Once the data was collected, it was coded with reference to reasons for participation, experiences of participation, outcomes of participation and general

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<sup>2</sup> The research project was given ethical approval by the author's institution.

perceptions of temporary abstinence. These codes enabled inductive assessments of how participants and organisers understand Dry January, of how they do or do not attribute meaning or significance to it, to be developed. The research is thus situated within the interpretivist methodological tradition of social science (see Williams, 2000). It examines how social actors make sense of, and engage with, one aspect of the world in which they live. The study thus provides a direct account of the motivations, justifications, experiences and perceptions of temporary abstinence amongst Dry January's participants and organisers. But, as subjective understanding is a key part of explanation within the interpretivist tradition (Bryman, 2012: 18-43), it will also build on this account to generate insights that help to explain both the popularity and apparent effectiveness of TAIs.

### **Dry January as Positive Regulation**

TAIs are generally organised for purposes of raising funds to support charitable or philanthropic ends and/or seeking to affect behavioural change (Robert, 2016a; Bartram et al., 2018). Although it is free to register for Dry January and sponsorship is not mandatory, Alcohol Concern are a charity and, to a degree, do use Dry January to attract donations that will help fund their various activities. This is clear in some campaign communications which, for example, ask participants to 'Donate if they feel great!' (Dry January [DJ] Campaign Email, 2/2/17). But, additionally, Dry January has always been envisaged by Alcohol Concern as a means of changing long-term behaviour by lowering participants' alcohol consumption throughout the year. This central behavioural objective distinguishes Dry January from other UK TAIs that are driven by fundraising alone. A campaign email sent in October celebrated that 'just trying the month off means that people are still drinking less six months on' (DJ Campaign Email, 10/10/16) and a further email, sent two weeks later, outlined a wider vision of 'a world where alcohol does no harm' (DJ Campaign Email, 24/10/16). Because of this second objective, Dry January can be classified as a form of behavioural regulation. It matches Koop and Lodge's description of regulation as, in essence, referring to 'intentional intervention in the activities of a target population' (2017: 104). This section begins the task of understanding Dry January's specific appeal by examining how it is organised and managed by Alcohol Concern and how it can be situated in relation to other forms of drinking regulation.

Regulatory responses to excessive drinking come in a variety of forms ranging from the criminalisation of certain alcohol-related behaviours through to warnings about the effects on health of regularly consuming a certain number of alcoholic units. Inspired by Ayres and Braithwaite's regulatory pyramids (1992), Yeomans (2017) depicted this range of responses as a (conceptual) pyramid (see figure 1) with the most severe and most selectively-applied responses at the top and the least severe, most widely-applied responses at the bottom.<sup>3</sup> It is notable that most responses included in the diagram seek to alter behaviour through what can be classified as essentially censorious or negative means (see: Ronel & Elisha, 2011; Ronel & Segev, 2014); prosecution, civil orders, licensing and taxation all rely on some form of punishment or restriction to, in theory at least, lead people to adjust their behaviour. Public health campaigns about alcohol need not necessarily be negative but, in practice, generally do adopt this tenor. Previte, Russell-Bennett and Parkinson (2015) explain that most attempts by Western governments to change drinking habits are designed to work by evoking negative emotions on the part of drinker, such as fear or shame. For example, the UK Government's 2012 "Change4Life" campaign sought to make drinkers aware of the health risks associated with limited, but regular consumption of alcohol. Videos were circulated that explained to drinkers that just two alcoholic drinks per day 'could lead to lots of nasty things like a stroke, breast cancer or heart disease' (UK Government, 2012a) and posters encouraged drinkers to limit their drinking to within the recommended units limits (which, at the time, were 3-4 per day for men and 2-3 for women)(see UK Government, 2012b). Similarly, the UK Government's 2008 "Units. They All Add Up" public health campaign sought to make drinkers aware of the health risks associated with limited, but regular consumption of alcohol. A series of videos were circulated that depicted apparently ordinary drinkers consuming small quantities of alcohol at different points in a week before reminding viewers that regularly exceeding a certain quantity of units per day 'could add up to a serious health problem' (UK Government, 2008a, 2008b). In both instances, the campaign materials thus used

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<sup>3</sup> Licensing is applied directly only to licensees and, hence, the upper part of the licensing strata does not extend to the full width of the pyramid. The lower part of the licensing strata does extend to the full width of the pyramid to indicate that, indirectly, licensing affects all alcohol consumers within a population. See Yeomans (2017) for further discussion of this pyramid.

essentially negative tools in an attempt to prompt individuals to reduce their drinking by making them fearful of the long-term consequences of not doing so.

[Figure 1 near here.]

Dry January, however, seeks to regulate drinking through decidedly more positive means. Participants are frequently contacted with encouraging messages designed to bolster confidence and reassure doubters that any challenges encountered in the quest for temporary abstinence can be overcome. In the early part of January 2017, campaign emails sought to build confidence by telling participants that ‘you know that you can do it’ (DJ Campaign Email, 7/1/17) and ‘You’ve got this – stay awesome!’ (DJ Campaign Email, 8/1/17). A mid-month email sought to galvanise participants who were finding Dry January challenging by saying ‘You’re doing pretty well so far, and the good news is that the best is yet to come’ (DJ Campaign Email, 17/1/17). Late in the month, participants were encouraged to continue abstinence for the whole month with the feel-good message that, on the 1<sup>st</sup> February, ‘You’ll have proven to yourself that you don’t need alcohol to be amazing’ (DJ Campaign Email, 25/1/17). At the start of February, participants are showered with praise ‘You’ve done it!... we’re all incredibly proud of you!’ (DJ Campaign Email, 2/2/17). These messages are clearly designed to foster positive emotional responses, such as self-efficacy, hope and pride. While a few Dry January communications do reiterate more typical public health messages about the risks of exceeding recommended weekly units-based limits, such negative warnings are vastly outnumbered by messages offering support, encouragement or praise. As such, Dry January’s organisers intend it to function in a manner that resonates strongly with Previte et al’s (2015) description of positive approaches to behaviour change.

This positive ethos shapes the more specific techniques that are deployed by Dry January’s organisers in an effort to meet the campaign objectives. For example, participants are encouraged, not just to avoid alcohol, but to experiment with new non-alcoholic drinks. Recipes for “mocktails” (alcohol-free cocktails) were posted on the Dry January Facebook page at points in the month and, on Sundays in January, participants were encouraged to try different teas and post about them on social media (using the hashtag #SundaySelfTea). This promotion of alcohol substitutes serves an additional function of promoting the integration of participants into some form of social group or community. Whether it is exchanging tips on non-alcoholic drinks or reporting on their wider experiences of avoiding alcohol, Dry January campaign material consistently encourages participants to interact with each other. For example, a

campaign email invited participants to ‘hang out at our Facebook page’ (DJ Campaign Email, 4/1/17) and another stressed that ‘There is always strength in numbers when taking on a challenge – why not get your mates to sign up too!’ (DJ Campaign Email, 3/1/2017). The point is that Dry January is not intended to be a private experience, but something that is shared with friends, work colleagues or the Dry January online community. This wider community can be used as a source of motivation and support, thus improving the prospects for completing the dry month by bonding participants together in a shared endeavour and strengthening the resolve towards staying dry (at least until February). Substitution, integration and support are techniques through which this positive approach to changing behaviour is designed to operate.

So, Dry January is intended as a fundamentally positive experience. A general ethos of praise and encouragement, alongside the specific use of techniques like substitution, integration and support, are constructed for the purposes of supporting individuals in changing their behaviour in the short term and, potentially, the long term too. In its organisation, Dry January is thus distinct from the negative regulatory techniques that constitute most state-led attempts to change drinking behaviour. The next section will examine the experiences of Dry January participants and consider whether these can be characterised as similarly positive.

### **Participants’ Experiences of Dry January**

Campaign organisers promote Dry January on the basis that it will have a range of positive effects such as enabling participants to ‘save money, lose weight and feel better’ (DJ Campaign Email, 10/10/17). This message is reinforced by the circulation of personal testimonies from participants in previous years’ campaigns. For example, an email one week into the dry month included a personal testimony stating that ‘I felt the positive effects throughout the month, not only had I shed a few pounds and felt in better health, I had also managed to save a bit of money – bonus!’ (DJ Campaign Email, 7/1/17). Broadly speaking, the experiences that participants have recorded in Facebook comments support the campaign organisers’ claims.

A large amount of Facebook comments concern the physical effects of temporary abstinence from alcohol and the majority of these reflect favourably on the effects of temporary abstinence. Reported physical effects are not limited to weight loss and also include improved sleep, better skin and a general sense of having more energy. One participant summarised that ‘sleep, skin, weight and energy... all 100% better’ (DJ

Facebook Comment, 30/1/17) and another remarked that they were ‘so amazed at how much better I feel’ (DJ Facebook Comment, 28/1/17). There were some participants who reported negative physical effects associated with stopping drinking, such as headaches, and others who reported a lack of effect by, for example, complaining that their sleep had not improved (DJ Facebook Comment, 26/1/17) or that they had “not lost a lb” (DJ Facebook Comment, 26/1/17). However, non-positive comments were in the minority. Most comments reinforced Dry January organisers’ claim that temporary abstinence will improve physical wellbeing. Some comments also supported the claim that Dry January is good for financial health, for example ‘saved a small fortune’ (DJ Facebook Comment, 26/1/17) and ‘realized how many things I can buy myself and treat myself to rather than wasting it on buying drinks!’ (DJ Facebook Comment, 26/1/17). Expressions of improved personal finances were, however, much less common than discussion of physical health or wellbeing.

Direct physical or financial benefits resulting from temporary abstinence are not the sum total of ways in which participants felt affected. As Robert (2016a) has shown in her study of FebFast, the key to exploring the wider benefits of TAIs is the conceptualisation of temporary abstinence as a fundamentally embodied experience. This notion of embodiment proceeds from a refutation of the Cartesian duality of body and mind and an assertion that, as the body is the primary vehicle through which life is experienced, body and mind are mutually constitutive components of individual persons (Shilling, 2005: 1-8; Shilling, 2013; Fox & Thomson, 2017). Following this sociological trope, it would be expected that a change to consumption habits would have effects beyond the physical body and, indeed, many Dry January participants reported enhanced psychological wellbeing as a result of stopping drinking. For example, early in January one participant reported that they were ‘actually waking up & feeling positive for once’ (DJ Facebook Comment, 4/1/17) while, late in the month, another reported that they were ‘Much less stressed and anxious. Sleeping well. Generally feeling in control!’ (DJ Facebook Comment, 26/1/17). In these examples, psychological improvements are located with reference to the physical improvement of better sleep. For other participants, psychological benefits are articulated in separation from any physical benefits; as one participant succinctly put it, ‘Happiness, control and heaps of motivation!’ (DJ Facebook Comment, 26/1/17). But, whatever the precise level of connection between physical and psychological that is postulated, these reported experiences underline the salience of embodiment. A bodily or dietary routine of

abstinence has physical and psychological effects that are mediated through a symbiotic configuration of body and mind.

It is further notable that Dry January participants extensively reported that temporary abstinence impacted upon their senses of self. As already indicated, campaign emails regularly sought to enhance the pride and self-efficacy of participants. Moreover, De Visser et al (2016) found that increased self-efficacy was a common outcome of participation in Dry January – even for those who did not complete the full month without drinking. It can be added here that many participants do have a positive emotional response to Dry January. This is partly demonstrated through the pride widely reported by participants who completed the whole month without consuming an alcoholic drink. ‘Never thought I could do it but I did! So chuffed!’ (DJ Facebook Comment, 1/2/17) said one participant; ‘so proud, never ever did I believe in myself to do this’ said another (who followed this statement with a triple smiley face emoji) (DJ Facebook Comment, 28/1/17). In some instances, positive emotional responses are also reported to result from participants’ successful attempts to attend social events without consuming alcohol. Some participants reported enjoying, not just the absence of hangovers or other negative effects of excessive drinking, but the experience of socialising sober itself. Some participants described reaching a realisation ‘that any notion of me missing out is merely in my head’ (DJ Facebook Comment, 13/1/17) or being ‘genuinely surprised myself with both how much I enjoyed it and how easy I found it’ (DJ Facebook Comment, 14/1/17). There were again some dissenting comments from participants who reported that their lives were now ‘grey and dull’ (DJ Facebook Comment, 14/1/14) or that their friends had stopped talking to them (DJ Facebook Comment, 14/1/14). But these were outweighed by comments from those who did seem to be accepting the Dry January campaign’s message that ‘it’s you that’s incredible, and alcohol isn’t needed to make you that way’ (DJ Campaign Email, 11/1/17). Many participants did, therefore, report experiencing an enhanced perception of self as a result of temporary abstinence.

So, the analysis presented in this section is supportive of the wider claims of Dry January campaign organisers about the positive effects of participation. These positive effects must be understood to result from the fact that, like its Australian counterparts (Robert, 2016a), Dry January is fundamentally an embodied experience. It is not just a bodily regime of altered consumption as psychological and/or emotional changes are experienced alongside the physical effects of temporary abstinence. Importantly,

conceptualising Dry January as an embodied experience helps explain how temporary abstinence from alcohol can result in new or enhanced perceptions of self. Interestingly, it should also be noted here that there was very little discussion of fundraising in these Facebook comments. This finding resonates with De Visser et al's (2016) conclusion that fundraising activities were not a good predictor of whether participants would successfully complete a month without alcohol or not. Both points firmly indicate that the embodied experience of Dry January is not principally an altruistic or philanthropic campaign undertaken by participants to raise awareness or resources to help address alcohol-related social problems. This feature separates Dry January from some Australian TAIs, particularly "Dry July" which Bartram et al (2018) found constructs participants as altruistic "heroes". Whether its positive effects are felt in body, mind, perceptions of self or elsewhere, Dry January is primarily about doing something for the self rather than for others.

### **Dry January, Self and Regulation**

The embodied experience of Dry January thus has effects that go beyond the physical, or even the psychological, and have fundamental repercussions for participants' broader perceptions of their selves. This section will examine in more detail how Dry January impacts upon the self. In order to best understand this distinctive impact, it will further the comparisons to alcohol health promotion campaigns and other forms of alcohol regulation that were raised earlier.

The first means through which Dry January can alter the self is through learning. Robert's study of Australian TAIs found that they function largely as forms of 'embodied learning' (Robert, 2016a: 413) and consideration of comments by participants shows that Dry January has much the same effect. For example, one participant explained that they participated in Dry January in order to 'prove to myself that I can' (DJ Facebook Comment, 4/1/17) and another commented that 'the biggest thing for me is the realisation that I don't need a glass of wine to help me relax or have fun' (DJ Facebook Comment, 14/1/17). In both examples, temporary abstinence has supported drinkers in the discovery of hitherto unknown capacities to go without alcohol or aided learning about the unexpected fortitude of known capacities to abstain. This was a commonly described experiential lesson and several participants expressed surprise at learning this: 'I went to the pub with friends tonight and wasn't even tempted to have an alcoholic drink, I'm so surprised at myself' (DJ Facebook Comment,

20/1/17). Such realisations often prompt participants to assess the wider role of drinking in their lives. Participants commented, for instance, that Dry January provided a ‘reality check’ (DJ Facebook Comment, 1/2/17) or ‘helped me examine my relationship with alcohol’ (DJ Facebook Comment, 30/1/17). As a pedagogy, Dry January thus mirrors Australian TAIs in that it supports ‘body-centred’ forms of learning (Robert, 2016a: 414) in which the alteration of daily consumption habits enhances knowledge or understanding of the self.

The second means through which Dry January has relevance for the self relates to self-optimisation. Dry January organisers tell participants that, during the dry month, they can expect ‘to feel like a better version of you’ (DJ Campaign Email, 1/1/17) and, again, Facebook comments from participants largely corroborate this claim. Many participants reported taking up running or other new physical activities whilst temporarily teetotal and several who already had established routines talked of improved athletic performance; indicative comments include ‘I can run faster’ (DJ Facebook Comment, 26/1/17) and ‘Full power!’ (DJ Facebook comment, 9/1/17). Strikingly, one participant described how they had ‘become virtually tee total [sic] last year. I started running, have done about 7 10ks and 4 half marathons. I lost a stone in weight, slept much better, made new friends and have bags more energy’ (DJ Facebook Comment, 22/1/17). These comments about things like speed, weight loss and energy levels all connect to the idea that individuals are, with the aid of temporary teetotalism, now performing at the full of their bodily capacities. Self-optimisation, of course, is a broad cultural phenomenon that extends beyond TAIs and alcohol consumption. The expressed opinions of Dry January participants should thus be contextualised within contemporary health discourse in which, to borrow from Race, the pursuit of physical wellbeing is not ‘limited to the goal of preventing disease or prolonging life’ and ‘now incorporates various attempts to reshape, enhance, improve and optimize the body’ (2012: 74). It is important to add that some Dry January participants also reported an enhancement in their ability to perform other activities, such as tidying and general domestic chores (DJ Facebook Comment, 7/1/17). The apparently self-optimising potential of Dry January has thus spilt over from the discursive realm of sport and exercise and is now perceived to have a similarly improving effect on individuals’ abilities to also successfully fulfil other socio-economic functions.

Whether supporting self-learning, self-optimisation or both, the underlying proposition here is that Dry January aids in the creation of a new or reformed self. As

discussed earlier, while participation inevitably involves the temporary alteration of consumption practices and can affect social life as well as other aspects of lifestyle, organisers hope that a month free of alcohol will lead to long-term changes in individual drinking habits; for example, a campaign email on 1<sup>st</sup> January was simply titled ‘New Year, New You’ (DJ Campaign Email, 1/1/17). Comments such as ‘Lifechanger’ (DJ Facebook Comment, 4/2/17) and ‘Never going back to my bad habits’ (DJ Facebook Comment, 22/1/17) suggest that the learning and/or optimising components of Dry January are ensuring that the organisers’ aspirations for behavioural change are being realised. Whether or not participants’ expressed intentions result in permanently reduced drinking or not, supporting participants in envisaging and adopting versions of their selves that either drink less or do not drink at all is central to how Alcohol Concern pursue long-term behavioural change through the Dry January campaign. Through bodily learning about themselves and their relationships with alcohol, or through experiencing optimising effects by giving up drinking, many individuals do indeed report that participation in Dry January allows them to forge new selves. This process of self-formation is usually expressed through the drawing of distinctions between “new me” and “old me”; for example, ‘I'm loving the new me’ (DJ Facebook Comment, 14/1/17) and ‘dont want the old me who drank out of habit to creep back!’ (DJ Facebook Comment, 14/1/17). As a regulatory project targeted at changing long-term behaviour, Dry January thus rests largely on the instigation and support of new processes of self-formation within individual drinkers.

The centrality of self-formation is significant for understanding the distinctiveness of Dry January as a form of drinking regulation. As described earlier, orthodox health promotion campaigns have sought to reduce drinking by raising awareness of the health risks associated with, or physical harms that may result from, alcohol consumption. The desired outcome of such campaigns is that, spurred on by new understandings of bodily risk and harm, drinkers will exercise greater self-control in their consumption habits. The urge to enjoy drinking in the short-term will thus be constrained by a wish to be physically healthy in the long-term; the future self will be prioritised over the present self. Such exhortations are indicative of broader contemporary discourse on health in which, as is widely observed, self-control, self-discipline and self-denial are constructed as morally and politically desirable practices that enable virtuous individuals to successfully manage their own health and wellbeing (e.g. Lupton, 1995; Crawford, 2006). However, as a regulatory project, Dry January

circumvents such conflicts of bodily health versus enjoyment/happiness and short-term versus long-term. As an embodied experience predicated on the idea that the body and mind are mutually constitutive, Dry January is not constructed by its organisers or, based on this analysis, understood by its participants to be a zero-sum game in which the mind or body is benefitted in the long-term or short-term to the detriment of the other. Dry January is instead broadly understood to be a positive sum game in which temporary abstinence from alcohol can be enjoyable and beneficial in the short-term as well as being good for long-term health. Dry January is not, therefore, about denying yourself drink but enjoying abstinence; it is not about prudently planning for your bodily future but perceiving that healthful embodied practices promote wellbeing and happiness in the present too. The self does not need to be disciplined so much as it needs to be reformed or replaced with a ‘new me’ or ‘new you’ that, not only performs a more moderate or abstemious pattern of alcohol consumption, but also takes short-term gratification from it.

In some respects, Dry January could thus be construed as an empowering or liberating initiative that provides drinkers with a valuable opportunity to reform the self by building new relationships with alcohol. Notwithstanding the potential value of this opportunity to participants, it must be emphasised that Dry January does not exist within a governmental vacuum. Fundamentally, it is a regulatory technology; it is, to return to Koop and Lodge’s definition, an ‘intentional intervention in the activities of a target population’. The intervention is made by an external agency – a charity – who are explicit in their intention to permanently reduce individuals’ alcohol consumption. The target population is drinkers broadly and, as with some other TAIs (see Robert, 2016b), the only group specifically advised not to participate are those who may be dependent or addicted to alcohol (Alcohol Concern, 2018). In these respects, the objectives and targets of Dry January mirror those of wider alcohol policy. The “Change4Life” and “Units They All Add Up” campaigns similarly sought to intervene in the drinking behaviour of a broad, non-dependent population and steer them towards permanently reduced alcohol consumption habits. Dry January is operated by a charity rather than an official agency of the state, but it has been endorsed and promoted by Public Health England (Public Health England, 2014; also De Visser et al, 2017). This non-state initiative thus reproduces some of the norms and values that are characteristic of wider alcohol regulation and broader public health discourse. Established public health tropes relating to how non-dependent and non-excessive drinking is still problematic

(Yeomans, 2013), and how responsible actors are obliged to care for the self through reflexive self-regulation (Lupton, 1995; Crawford, 2006; Lupton, 2012), are borrowed and refashioned as persuasive and positive attempts to promote volitional behavioural change. There is, in short, an interaction between the norms and values embedded in wider discourse and regulation surrounding drinking and the meanings inherent within the Dry January campaign. Dry January can be seen as a form of what Rose calls 'ethopolitics'; a "medium" through which the self-government of the autonomous individual can be connected up with the imperatives of good government' (Rose, 2001: 18).

Dry January is not, therefore, a straightforward means through which individuals are liberated from the yoke of detrimental drinking practices but an alternative, non-state means through which some wider, state-led regulatory projects are complemented and advanced. Of course, most forms of state alcohol regulation (see Figure 1) involve more formal, legal and/or coercive forms of intervention than Dry January. Health promotion campaigns are more similar as, like Dry January, they entail external organisations seeking to activate personal agency by persuading individuals to adopt drinking practices more in line with socially or politically desired norms and values. Both interventions could thus be considered as forms of ethical self-formation although, importantly, such practices can vary significantly with regards to the extent to which they balance 'governance of the self' and 'governance of others' (Cricher, 2009). The health promotion campaigns that have been discussed were initiated by the state and operationalised through a variety of media (TV adverts, online content, leaflets etc) which sought, either, to appeal directly to drinkers or to engage medical practitioners who would then use encounters with patients to promote the idea that alcohol consumption should be restricted to within the UK's recommended units limits (UK Government, 2012b). It was ultimately up to the individual to decide whether or not to act upon their self but, as medical encounters are widely understood to be structured by large power differentials (see Lupton, 2012: 105-136), it is likely that individuals' experiences will have been shaped by the conduct of medical practitioners. This factor, in addition to its broad scope, means health promotion involves a reasonable degree of governance of others. In contrast, Dry January is promoted through a narrower set of mostly social media tools and, in the absence of power-heavy medical encounters to promote participation, is much more reliant on drinkers' volitional application of

temporary abstinence to themselves. As such, Dry January involves less governance of others than health promotion and markedly more governance of the self.

So, TAIs with regulatory objectives can now be situated within the sort of regulatory pyramid referred to in section 2.<sup>4</sup> As has been established, they are not equivalent to non-state health promotion and hence cannot simply be included at the same level as health promotion and education. They affect a smaller number of people and hence require a narrower strata. They are less formal, less coercive and are applied principally to the self and must thus sit on a level beneath health promotion and education (see Figure 2). While Dry January can and should be understood as an ethopolitical campaign that is shaped by the norms, values and regulatory processes found in wider society, this does not detract from the extent to which its fundamental experiential mechanism, its active regulatory ingredient if you will, is self-formation. The primacy of self-formation to Dry January is its central defining characteristic as a form of alcohol regulation.

[Figure 2 near here]

## **Conclusion**

This article set out to explore the meaning of Dry January to its organisers and participants. Through qualitative analysis of a range of media and social media content, it has been possible to generate a number of significant insights into both how Dry January is designed and organised as well as how it is experienced by participants. Firstly, despite Dry January being superficially characterised by dual objectives of fundraising to support Alcohol Concern's charitable activities and changing participants' drinking habits, it is clear that organisers' communications and participants' motivations principally pertain to impacting upon the self rather than others. Dry January is an embodied experience that commonly impacts upon the participant's body, mind and sense of self. Secondly, while acting upon the self is crucial, Dry January is based around a generative, positive sum game of self-formation rather than the sort of zero-sum games of self-control that typify traditional public health attempts to persuade drinkers to consume less alcohol. Dry January does not

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<sup>4</sup> It is acknowledged that, geometrically, this is not a pyramid but a heptagon. However, it is arranged according to the same principles that Ayres and Braithwaite (1992) – and subsequently many others – have used to discuss regulatory pyramids. Hence, it is conceptually pyramidal.

require the bodily health of a future self to be prioritised over the enjoyments of a present self and, in the intentions of its organisers and experiences of many participants, exists as something that brings physical, psychological and emotional benefits in the short-term and long-term. Thirdly, the manner in which Dry January reproduces certain social and cultural norms relating to drinking, as well as aligning to the goals of some state-led regulatory interventions, shows that it can be understood as a form of ethical self-formation. This point should not, however, detract from the idiosyncrasy of Dry January as a form of alcohol regulation. Its direction towards the self, its reported capacity to produce a range of holistic benefits to the individual and its provision of a valuable opportunity for (supported) ethical self-formation all help to mark Dry January out as an exemplar of a highly unusual form of alcohol regulation.

The roots of this unusual form of alcohol regulation lie in the fact that, although consisting essentially of a regime of bodily abstinence, Dry January possesses significant additional meanings. This situation exists partly because Dry January's short-term teetotalism is experienced, not just as a bodily practice, but an embodied undertaking replete with wider implications for mind, identity and self. It also occurs because Dry January exists within a specific organizational context of positive regulation. The relentlessly upbeat and supportive rhetoric of campaign communications is accompanied by widely reported experiences of self-formation that see individuals feel that, through giving up drinking for a month, they are gaining something rather than losing something. Embodiment and positivity thus transform a simple practice of temporary abstinence from alcohol consumption into something that, because of its provision of an opportunity for participants to explore their relationship with alcohol and use this to constructively remake themselves, is much more meaningful to both organisers and participants. These facets distinguish Dry January from both fundraising-driven TAIs and, as has been demonstrated, orthodox health promotion campaigns relating to alcohol. To return to the questions posed at the start of this article, it can thus be concluded that the popularity of Dry January is connected to the distinctive manner in which it offers participants an embodied experience of ethical self-formation.

It is interesting that the importance of self-formation identified here resonates with the findings of some studies of permanent abstinence from alcohol amongst young people or students (e.g. Nairn et al., 2006; Herring et al., 2012; Conroy & De Visser, 2015; Supski & Lindsey, 2016). The manner in which some Dry January participants

draw distinctions between different selves (i.e. old and new) is also reminiscent of the narratives of recovery articulated by those who are (or have been) addicted to (or dependent on) alcohol or other drugs (see e.g. McIntosh and McKeganey, 2000). Hence, examining the relationships between temporary abstinence, permanent abstinence and recovery from substance addiction (or dependence) may offer fruitful avenues for future research. More importantly, this article's findings have implications for the small but growing literature on temporary abstinence internationally. This article's original discussion of positivity, within both campaign rhetoric and constructive experiences of self-formation, means that Robert's (2016a) work on the centrality of embodiment to Australian TAIs can be reinforced and extended. Specifically, it appears that both embodiment and positivity must be foregrounded within future studies as both are central to the proliferation of TAIs as a popular cultural practice.

Conclusions relating to Dry January's effectiveness must here be constrained. This study has not sought to measure participants' levels of drinking and involved a self-selected sample of participants who engaged with certain social media.<sup>5</sup> Nevertheless, the qualitative data analysed is largely consistent with De Visser et al's (2016) conclusions about the effectiveness of Dry January in that participants generally saw this TAI as a viable means of managing personal drinking. Moreover, by conceptualising Dry January as a regulatory technology, this article has created scope to compare it to other forms of alcohol regulation, particularly other 'soft' interventions such as health promotion campaigns. In light of this, it is worth noting that such public health campaigns of education and persuasion are generally regarded as ineffective means of regulating drinking (Babor et al., 2010). The consistently limited knowledge of alcoholic units found within the UK population (e.g. De Visser & Birch, 2012) further implies that the effects of the specific campaigns highlighted here are likely to have been limited. So, if Dry January is indeed effective at reducing long-term alcohol consumption, then it is sensible to seek an explanation for this divergence from state-led health promotion outcomes within a comparison of how each form of regulation is designed and experienced. As such, the conclusion that Dry January's specific appeal lies in the opportunity for ethical self-formation resulting from embodiment and positivity is likely to be important for understanding the effectiveness or ineffectiveness

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<sup>5</sup> Plus, participants in TAIs may not be representative of drinkers in general. Indeed, evidence suggests that moderate drinkers are more likely to participate (Robert, 2016b).

of a range of interventions in individual's drinking habits. This point, of course, is pertinent to the broad international field of alcohol policy studies; put simply, it begs the question of whether government alcohol policies broadly could be enhanced by the adoption of some of the characteristics or techniques of Dry January. Ultimately, this question can only be answered by further research. At this stage, it remains a tantalising possibility that, as well as providing individuals with opportunities for embodied experiences of ethical self-formation, Dry January may also hold lessons for how government agencies could use wider alcohol policies to regulate drinking in a more positive and potentially more effective manner.

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The author reports no conflict of interest

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