



# **‘Goodbye mindless drinking and hello mindful living’: A feminist analysis of women’s sobriety as a practice of self-care**

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## **Abstract**

Since 2004 there has been a reduction in alcohol consumption and an increase in teetotalism in the UK, particularly amongst young people and women. This has coincided with the emergence of Western discourses regarding wellbeing and self-care, and a greater awareness of mental health. This article considers how women experience and reframe sobriety as a form of self-care, drawing on data collected as part of a wider project on women’s identities in sobriety, including participant interviews, ethnographic observations and social media posts. Findings suggest that women utilise sobriety as a strategy of self-care; to manage physical and mental health conditions, including the menstruating and (peri)menopausal body. Sobriety is used as a tool by women to strengthen their bodies and enhance feelings of control within a neoliberal society that promotes and privileges self-responsibility for health and wellbeing. This article informs understanding of the connections between feminism, sobriety and self-care. It highlights the opportunity and value of future research to investigate current online sobriety communities as a contemporary source, and practice, of feminist thinking and (lifestyle) activism.

## **Keywords**

feminism;  
health; self-care;  
sobriety; social  
media; women

This article was externally peer-reviewed.

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## **Introduction**

From a radical feminist standpoint this article will explore how adult women, who do not drink, position and perform sobriety as a strategy of self-care within a neoliberal society. This means that I analyse women’s experiences from the perspective that the ‘personal is political’ (Hanisch, 1969; Viner, 1999). I consider how women’s engagement with sobriety is a form of feminist resistance against, and response to, the patriarchy’s political control and ignorance of women’s health and bodies. Analysing from the perspective that ‘the personal is political’ also considers that the private, marginalised experiences of women are often shared by other women and should be collectivised to affect change. In writing this article, I have worked to collate and disseminate these experiences. Further, I contend that this

analysis is best conducted by a researcher who is also a woman and has an in-depth understanding of women's physiological, social and economic experiences.

I proceed in contextualising current trends and provide a review of existing literature, regarding both self-care and teetotalism. I then discuss the methods utilised and subsequently analyse the data to show how women within online sobriety communities convey their decision to abstain from alcohol as a life-changing practice of self-care for their physical, mental and menstrual health, whilst operating within, and sometimes engaging with, neoliberal wellness ideology.

### **Connections between feminism and self-care, through the lens of sobriety**

Since the turn of the 21<sup>st</sup> century, there has been increasing popular engagement with the phenomenon of self-care. In the context of this article, I refer to self-care as those (sometimes everyday) activities that individuals carry out to manage and restore their own health, both mental and physical. This is how self-care has been most commonly understood within western healthcare and clinical settings since the 20<sup>th</sup> century (Levin and Idler, 1983); for example, an individual can follow a low-sugar diet to minimise the risk of diabetes. Additionally, self-care can be defined as a form of reflexive, psychological wellness for mental health professionals who may engage with therapy to cope with their 'demanding, challenging, and emotionally taxing' profession (Barnett et al., 2007, p. 603). Self-care significantly evolved in the late 1960s as part of the Women's Liberation Movement when women formed self-help groups to perform cervical self-examinations and raise consciousness about reproductive health. Self-care was a political act for women to re-assert control over their own bodies in light of sustained historical, medicalised abuse and control at the hands of men (Dudley-Shotwell, 2020). It was further, and affirmatively, developed within Audre Lorde's *A Burst of Light* (1988 [2017]) as a radical Black feminist act to increase chances of survival within a white, heterosexist, capitalist medical system and broader society. In response to her second cancer diagnosis, Lorde turned to the alternative healing properties of shared sisterhood, homeopathic remedies, and political work – she described her self-care as 'a political decision as well as a life-saving one' (1988 [2017], p. 130).

However, self-care has since expanded beyond radical feminist circles and has been diluted for the mass market (Spicer, 2019). Tips and tricks for, and commentaries on, self-care abound within mainstream press articles (Morgan, 2020) and magazines targeted at women (Weldon, 2021). With recent greater awareness of mental health and its alleged reduced stigmatisation (Nealon, 2021), this supposed democratisation of self-care is framed as an accessible and easy way to invest in one's own health and boost resiliency in times of strife (Tokumitsu, 2018). As such, it reinforces ideas of individual responsibility – a common feature of the neo-liberal socio-economic and political model which links market forces with individual contribution and the shrinking role of the state (Springer, Birch and MacLeavy, 2016). Indeed, the post-millennium era has seen a higher socio-economic value placed on disciplined, productive bodies, which in turn has fuelled a thriving wellness and wellbeing industry (Cederström and Spicer, 2015). Themes of self-care are co-opted by consumer brands within marketing campaigns, particularly targeted at women. Products and services are sold with the promise of relaxation, fulfilment and wellness – sometimes with a substantial price-tag attached, and with the expectation that

consumers are able-bodied. As explored within Lavrence and Lozanski's (2014) study of the athletic-wear and yoga brand *lululemon athletica*, self-care can become a quest to reach (and maintain) an illusive destination, status, or body shape, and is allegedly more likely or attainable the more time and money one spends on the journey. Alcohol brands have also been found to draw upon similar, feminised themes of respite, reward and time-out within their marketing in order to present a healthful interpretation of alcohol-consumption. Wine or gin is sometimes portrayed as a key, constituent part in a woman's self-care routine (Atkinson et al., 2021). Thus, discourses of self-care are intimately entwined with class and gender roles.

This rise to prominence of self-care has coincided with increased rates of teetotalism, particularly amongst young people and women across Western cultures (Pape, Rossow and Brunborg, 2018) and within the UK (Office for National Statistics, 2017), since 2004. This is accompanied by an emergence of women-founded, UK-based online sobriety communities that utilise social media platforms to help people change their relationship with alcohol, such as Club Soda, Sober Girl Society and Sober & Social. These communities primarily facilitate peer to peer support and sometimes provide additional services, including coaching and social events. The majority of their members are women, compared to men, who are less likely to utilise traditional, evidence-based treatment programmes (Davey, 2021). In addition, there are growing numbers of women Instagram influencers and bloggers who promote alcohol-free living (McHugh, 2019), and mainstream press articles that support a 'mindful' approach to drinking (Bryant, 2021). There is an increasing body of research that has begun to explore this relationship between contemporary alcohol refusal and wellbeing, yet not within the specific context of online sobriety communities.

Caluzzi et al.'s (2021) research of Australian youth suggests that young people's abstinence is partially guided by a greater awareness of mental and physical health, and the serious health risks associated with alcohol consumption. Furthermore, significant connections are evident between fitness and sobriety, whereby fitness goals are used as a motivating factor in alcohol-refusal, during periods of both short- (Carah, Meurk, and Hall, 2015) and long-term sobriety (Caluzzi et al., 2022). It is more common for young women (compared to young men) to use sobriety as a tool to manage weight and calorie intake (Caluzzi et al., 2021), and - for older women - as an anti-ageing strategy (Nicholls, 2022). From these examples it is clear that sobriety is sometimes used by women as an instrument for bodily discipline and control in order to conform with societal expectations about what healthy, (re)productive and attractive women's bodies 'should' look like.

The decision to abstain from alcohol has also been conveyed as a 'turning point' (Nicholls, 2022) that provides impetus to construct a new self (Yeomans, 2019), or a return to an imagined, real, authentic self (Graber et al., 2016). Using contemporary wellness ideology (Cederström and Spicer, 2015), the stigma of being a former, problematic drinker (Hood, 2003) can be re-worked as an individual, positive, lifestyle choice that underpins the idea of an improved, enterprising self (Nicholls, 2021). Yet despite this increased engagement with alcohol-free lifestyles and discourses of self-care, existing research has yet to examine the relationship between the two themes in depth.

## Methods

This article presents findings from a mixed methods, ethnographic research project on the non-drinking practices, experiences and identities of UK-based, adult women within online sobriety communities. This study investigated women's experiences only, due to the popularity of these communities with women, as outlined in the Introduction, and due to their under-representation within existing research of recovery pathways (Davey, 2021). Despite women's substantial increase in alcohol consumption since World War II (Smith and Foxcroft, 2009), which was subsequently exacerbated during the COVID-19 pandemic (Garnett et al., 2021), and despite the recognition of women's specific gendered needs in recovery (Staddon, 2015), women's experiences of recovery are still under explored.

This paper draws upon a range of online data sources, all collected during a 3-month period between September and November 2021: influencer posts on Instagram (n=216), web-based blog posts (n=38), community posts on Instagram (n=131), community webinar recordings (n=12), and ethnographic observations from within online community platforms (n=186). Online sources were extracted manually during the last week of three consecutive months. Any posts that were older than 12 weeks were skipped and thus excluded from the study. In addition, any posts by women who were evidently not sober, or within their first 30 days of sobriety, were also skipped. This was to ensure that my research remained focussed on the practices and experiences of those with an established period of sobriety and were currently, actively utilising the community platforms. Community and influencer selection were initially based upon my 'intimate insider' (Taylor, 2011) knowledge of online sobriety communities; in 2018 I personally utilised one of the communities during my own sobriety journey and followed several sober influencers on Instagram. I subsequently supplemented these using snowballing methods. Tables 1 and 2 provide a pseudonymised overview of the communities (n=9) and influencers/founders/bloggers (n=16) respectively.

<b>Influencer/Blogger/Founder (Pseudonymised)</b>	<b>Age range</b>	<b>Followers as at 20.9.21</b>
Rita	31-40	2,001-5,000
Melissa	21 - 30	25,001-50,000
Jessica	21 - 30	10,001-25,000
Sandy	51-60	2,001-5,000
Georgie	41-50	5,001-10,000
Tunde	21 - 30	100,001-250,000
Anna	41-50	10,001-25,000
Jamie	41-50	1,000-2,000
Olivia	41-50	50,001-100,000
Leah	61+	5,001-10,000
Suzy	41-50	10,001-25,000
Clara	41-50	1,000-2,000
Beth	31-40	5,001-10,000
Mia	31-40	10,001-25,000
Flora	31-40	N/A
Hilda	51-60	N/A

**Table 2**

Community	Main platform	Members/followers	Features
A	Instagram	25,000+	In-person and virtual events.
B	Facebook	10,000-25,000	Free peer to peer support access. Further support services for one off fee. Free podcast. In-person and virtual events.
C	Facebook & web-based	100-250	Peer to peer support and services for a monthly subscription fee. Free podcast
D	Facebook	0-100	Peer to peer support and services for a monthly subscription fee
E	Facebook	250-500	Peer to peer support and services for a monthly subscription fee. Free podcast
F	Facebook	0-100	Peer to peer support and services for a monthly subscription fee. In person and virtual events
G	Facebook	100-250	Peer to peer support and services for a monthly subscription fee. In person events.
H	Facebook	500-1,000	Free peer to peer support access. Further support services for one off fee. In-person and virtual events.
I	Facebook	1,000-10,000	Free peer to peer support access. Further support services for a monthly subscription fee. Free podcast. In-person and virtual events

Between December 2021 and May 2022, I also conducted semi-structured, one-to-one interviews with 25 UK-based women who were members of online sobriety communities (not limited to those referenced in Table 2). At the time of the interview, they had been sober between 6 months and 10 years. They were predominantly white (24 out of 25) - one participant was British Indian - and they were largely educated to at least undergraduate level (18 out of 25), which is reflective of the demographics of alcohol online support groups highlighted by existing research (Davey, 2021). Participants self-identified as female when recruited to the study, and presented themselves as cis women at interview, however no further data was collected regarding gender identity. Thus, this study is limited in its scope to inform gendered experiences of self-care and sobriety beyond those of cis women, such as trans women or women who identify as non-binary, who are also underrepresented within research of alcohol consumption and recovery cultures (Connolly and Gilchrist, 2020; Connolly et al., 2020).

Table 3 details the interviewee pseudonyms, ages and length in sobriety. To protect the sobriety and wellbeing of research participants, it was required that they had at least 6 months continuous sobriety and were not undergoing medical treatment for their drinking at the time of interview. Again, this was to ensure that the research obtained a view of women’s experiences and practices of non-drinking in stable sobriety. It was also a

**Table 3**

Interviewee (Pseudonymised)	Age (y)	Length of sobriety (y)
Alice	45	5
Alison	72	0.75
Bobbie	41	2
Donna	45	0.6
Emma	49	2
Erin	56	4
Francesca	34	4
Gina	25	0.5
Helen	44	4.5
Jo	29	10
Jules	45	6
Katie	29	2
Linda	58	1
Lisa	44	2.5
Louisa	49	4
Melanie	59	0.5
Monica	51	4
Nicola	56	0.5
Payal	41	2
Petra	41	3.5
Rachel	44	8.5
Stephanie	46	2.75
Susan	48	2.5
Tina	28	5
Violet	30	1.25

condition of my ethics approval from Canterbury Christ Church University, received in February 2021.

All interviews were conducted via Zoom and lasted an average of 69.9 minutes in length. They were recorded and later transcribed by me. Transcripts and observational notes were read twice prior to coding, to ensure understanding and identify patterns across the data (Merrill and West, 2009). Guided by questions developed from a feminist standpoint (Letherby, 2003; Fonow and Cook, 1991), such as 'What are women's experiences of sobriety?' and 'How are women navigating non-drinking practices?' codes were then applied manually to link data to concepts (Coffey and Atkinson, 1996), such as 'health', 'fitness' and 'self-development', using NVivo 12. These were then sorted into a hierarchy chart and collated into three over-arching themes in response to the question 'How do women engage with practices and discourses of self-care in sobriety?': physical health, mental health, and menstrual health.

The limitations of these methods must be recognised; there was potential for manual errors in the data collection of online sources, and researcher bias during analysis. However, such a manual approach ensures a close reading of the data, by someone who is familiar with community practices and terminology, and who is respectful of the privacy of those in the community. It is also appropriate for

this relatively small data sample. Lastly, the employment of mixed methods enabled opportunities for data triangulation (Denzin, 2006).

Throughout, this article will draw upon illustrative examples from the data and critically engage with the sources to examine how women position sobriety as a practice of self-care. These experiences and practices will then be analysed from a radical feminist standpoint to consider whether online sobriety communities can be contemporary spaces of feminist thinking and activism.

### Sobriety as self-healthcare

Within the safe confidential environment of a one-to-one interview, research participants shared stories of how sobriety has become a practice of self-care to manage physical health. The below two examples from Stephanie and Susan show how they position sobriety as a strategy of self-managed care for their chronic conditions:

**Stephanie (interviewee):** since 2015 I got diagnosed with ulcerated colitis... Definitely not drinking helps that...I would say since September last year, my condition has gone into remission...because you have flare-ups, and that just fuels my desire that I've made the right decision for my body, that I'm being healthy and I'm not in pain and suffering at the moment.

**Susan (interviewee):** I was born with arthritis; I've had it all my life. And the chronic fatigue, that was about ten years ago....and that's where it became a step by step, becoming more aware and more conscious and more healthy. And deciding to stop drinking it just felt like it was completely right...there's so many reasons why I have chronic fatigue but I don't think drinking alcohol will help. So I think it's a help to not drink alcohol rather than a hindrance, and I think that my inflammation and my arthritis is so much better. I still have arthritis but again I see it as a help not to drink. I see it as preventative.

Stephanie and Susan's application of sobriety as self-care aligns with how self-care is conceptualised within healthcare and clinical settings whereby 'individuals undertake [activities] in promoting their own health, preventing their own disease, limiting their own illness, and restoring their own health' (Levin and Idler, 1983, p. 181; Warner, 2017). Their sobriety requires regular, perhaps daily, actions of alcohol refusal (psychologically, verbally or physically) and thus becomes 'a matter of everyday living and making decisions' that Lorde describes in *A Burst of Light* (1988 [2017], p. 53). Both Stephanie and Susan know that sobriety will not cure their conditions but identify that 'living a healthy lifestyle' (Stephanie), through abstinence, facilitates their emancipation from the long-term pain and discomfort of their conditions. This rejection of society's accepted drinking practices, in order to prioritise health, aligns with the identity of the 'healthy deviant' - 'people who violate society's norms in relatively healthy ways' (Romo and Donovan-Kicken, 2012, p. 405). Therefore, sobriety as a strategy of self-care is also a form of 'political work' (Lorde, 1998 [2017], p. 128). However, the extent to which it could be deemed political may depend upon the age of the individual; Caluzzi et al. (2021) have shown that amongst Australian youth, abstinence is becoming a more normalised, accepted practice in response to health concerns.

None of my research participants suggested that medical professionals had advised sobriety as a strategy of self-care to reduce pain or the severity of a condition. Instead, they arrived at the realisation that sobriety can assist in the self-care of physical health conditions through their own research or experiential knowledge. Even for Nicola, an interviewee undergoing breast cancer treatment, she felt that she received 'ambiguous' messages from the doctor regarding alcohol abstinence:

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

Nicola's experience somewhat echoes Audre Lorde's sentiments regarding her cancer diagnosis and treatment journey (1988 [2017]). In response to a lack of options presented by healthcare specialists, none of which provided many guarantees regarding longevity or quality of life, Lorde independently researched and pursued holistic alternatives. Neither Lorde nor Nicola rejected professional medical care altogether but utilised their own self-care strategies to minimise the extreme discomfort and maximise their chances (or length) of survival. Nicola's decision to abstain could also be framed within Lorde's discourse of self-control, self-determination, and agency over the fate of one's own body and legacy; an attempt to have some influence in a situation whereby medical professionals are authoritative, and cancer is indiscriminate.

Some forms of self-care, such as the homeopathic treatment that Lorde pursued, can be costly and thus exclude those without disposable income. While the act of alcohol refusal has no cost attached, access to an online sobriety community and its related courses or events may incur greater cost. In consideration of the typical socioeconomic demographic of online sobriety communities (Davey, 2021), more work needs to be done to establish whether sobriety is an accessible form of self-care to women across the socioeconomic spectrum, and to those like Nicola who may be unable to work whilst receiving medical treatment. However, health inequalities will persist if there is no robust communication to patients regarding the impact of alcohol on physical health conditions and accessible sobriety support.

In some instances, sobriety performs a more superficial role in women's physical health management. Within online sobriety community posts, one of the most common techniques that women use to demonstrate sobriety's role in their physical self-care is the comparison of selfies<sup>1</sup> taken before and after they stopped drinking. An alternative mediation on the same theme is to offer comparative selfies that document the sobriety journey – day one versus day ninety of sobriety, for instance. The selfie taken earliest in the sobriety journey or prior to sobriety, often displays the woman looking tired, with minimal grooming in terms of hair, cosmetics and clothing. She is not smiling and has a puffy, blotchy complexion. The photo is taken with poor lighting, no photographic filters, at an unflattering angle (usually from below the chin), whilst she is slumped on the sofa. This is then contrasted with a picture of the woman in established sobriety. This version of the same woman displays her very differently. It is often the case that she has washed and styled her hair, applied make-up and is dressed-up ready to go out. She is smiling directly at the camera with bright eyes, even skin tones (sometimes smoothed by filters), and is positioned underneath soft lighting. She appears healthy, vibrant and happy. These photographs are usually accompanied by captions such as 'Different lighting but I think I can see subtle differences. 100% feeling better', or 'my skin is better than it's been in decades'. Women use these photographs as a tool for accountability and motivation – spurred on by the physical benefits of alcohol-free living. The dominant focus on skin and its appearance within these community posts conveys whether one is 'ageing well' (Peel, Bartlett and McClure, 2004), or 'ageing backwards' (Suzy, community founder). This framing of sobriety as an alternative, anti-ageing, self-care regime aligns with Nicholls' recent research findings which suggest that midlife can act as a stimulus for women to renegotiate their drinking practices in order to mitigate the appearances of ageing

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<sup>1</sup> A selfie is a photograph taken of oneself, usually with a smart phone or portable device.

(Nicholls, 2022). It is evident that women are socially incentivised, to pursue strategies which uphold society's patriarchal conceptualisation that youthfulness equals beauty and health.

Women within the sobriety communities are encouraged by the graphical representation of themselves that shows a 'healthy', attractive, display of heteronormative femininities. In contrast, their past drinking selves are shown to be failing and lacking in this regard (Mackiewicz, 2015; Day, Gough and McFadden, 2007). Thus, the role of sobriety in self-caring for physical health is also a strategy to manage reputation and respectability (Skeggs, 1997), and can serve to uphold traditional gender roles. This additional labour of, and investment into, self-care and the performance of self-care, is part of a neo-liberal trend towards wellness as a signifier of class (Cederström and Spicer, 2015; Lavrence and Lozanski, 2014). However, this performative practice of self-care for physical health is primarily conducted by white women who are less likely, compared to Black women and women of colour, to experience consequential damage to their reputation and respectability as a result of sharing pictures that evidence problematic drinking and failings of femininity (Atkinson and Sumnall, 2016). Furthermore, women were less likely to share their 'before' and 'after' selfies within a LGBTQ+ sobriety community that formed part of my study. This suggests that LGBTQ+ women are less engaged with the performative nature of sobriety as self-care for physical health, potentially due the aforementioned, intimate connections with heteronormative femininities, which poses another barrier to LGBTQ+ women's engagement with recovery communities/services, in addition to those identified within existing research (Dimova et al., 2022; Cochran, Peavy and Robohm, 2007; Smith, 2016). The exclusionary nature of this performativity supports existing research that suggests social media is a space which reinforces the hegemony of Western standards of beauty and heteronormative displays of gender (Marwick, 2013). It also suggests that accessibility to self-care as a *practice*, versus a *performance*, of physical health is different - there are greater barriers to participate in the public performativity of self-care which reduces the potential political impact of sobriety as self-care, and its potential to improve the physical health of a broad demographic.

## Managing Mental Health

Sobriety as a form of self-care to manage mental health also featured prominently across the data. Whilst I was completing some observational research, Jamie - co-founder of *Community B* - said that five years ago weight-loss used to be the most commonly cited reason as to why people wanted to join their community and give up alcohol, and now it is mental health. This is reflected across the social media sources; sobriety is portrayed as a self-care solution to reduce feelings of anxiety, depression, loneliness and suicidal ideation. Interview participants also frequently commented on the improvement to mental health in sobriety, similar to Louisa's experiences below:

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

Some interviewees linked their former mental health challenges to previous experiences of abuse or assaults by men, and felt that sobriety had helped them to identify and process these experiences; 5 of 25 interviewees shared experiences of men's violence, and 7 shared their experiences of childhood trauma from their fathers' drinking. During interviews and within online posts, some references were made to anti-depressants and therapy but only Alison said that she had consulted her GP about her drinking – the rest pursued help from online communities or treatment centres independently, purposefully rejecting the idea of speaking to their GP. As such, sobriety (particularly through online sobriety communities) is one way in which women can improve their mental health whilst operating outside of the medicalised mental health care system that disproportionately diagnoses women with disorders and medicates them, prior to providing them with support, even if they have been subjected to men's violence (Riecher-Rössler, 2017; Taylor, 2022). As such, they were able to improve their mental health whilst avoiding or minimising the gendered, classed and racialised stigmatisation attached to mental health struggles (Taylor, 2022) and 'problematic' alcohol consumption (Lyons and Willot, 2008; Hood, 2003). In this way, sobriety can be framed as a feminist self-care strategy that rejects the patriarchal pathologisation, victim-blaming and control of women through mental healthcare services and the stigmatisation that it perpetuates.

Generally, women were open in sharing their experiences of sobriety and its role in their mental health management within community forums. However, these references were typically cloaked within pictures of, and references to, the outdoors and natural landscapes. The outdoors environment is frequently referenced by those within online sobriety communities as an opportunity to improve mental health, either through exercise or connectedness to nature (White et al., 2019). Sobriety is positioned as the catalyst which provides the time and energy to engage in outdoor pursuits, and participate in outdoor spaces, which in turn has a positive impact on mental health:

**Clara (influencer):** I absolutely love walking in the Countryside... Surrounding myself with nature gives me a feeling/sense of inner calm and peace. I've read research, and there's so many benefits to surrounding ourselves with nature, like reducing stress levels. I never wanted to do these things whilst I was drinking.

Through sharing pictures and posts about outdoor activities and natural landscapes, women create visual representations of their mental health and sobriety. It transforms the often-invisible self-care of mental health and sobriety into something physical and tangible, which in turn can be shared, measured and compared. Sharing this content subsequently creates a competitive angle to self-care, whereby photos are posted on social media to position one's own self-care practice in comparison to those of other people. It also serves to locate the responsibility for mental health management and care within individualised choices; the choice to go outside, and the choice to do activities. Such photos create the appearance of 'working' or 'labouring' at mental health in the same way that we might work on our bodies at the gym – it conveys self-discipline. While Audre Lorde positioned her own self-care as 'work', it was intimately connected to her political work in dismantling racism and heterosexism (Lorde, 1998 [2017], p. 128). In the contemporary spaces of online sobriety communities, such 'work' on mental self-care is used to generate social (and sometimes economic) capital, particularly by social media influencers or

community founders. With such socioeconomic incentives tied to health and wellbeing, it could be questioned whether these forms of ‘work’ on mental health management are reflective of reality or merely performative – likely elements of both. Furthermore, those least likely to be able to capitalise on the performativity of sobriety in the outdoors, are those who do not have the time for, proximity to, knowledge of, or ability to explore, green spaces which subsequently exacerbates health inequalities (Masterton, Carver and Parkes, 2020). Resultingly, those of marginalised and disadvantaged identities cannot participate in such discourses and imagery of wellbeing that serve to destigmatise mental health issues.

Within online sobriety communities, alcohol refusal is also connected to the mental-health practice of mindfulness in multiple ways. Mindfulness, ‘a state of hyper-awareness tempered with disciplined calm’ (Tokumitsu, 2018, p. 9), is a Buddhist practice that has been reappropriated by Western capitalism as a form of wellbeing and self-care, particularly for mental health. However, 3 of the 25 women interviewed for this study entered sobriety partly because they wanted to remove the dissonance between alcohol consumption and their practice of Buddhism. Linda, Gina, and Susan all felt that drinking conflicted with the Eightfold Path which contains the primary teachings of Buddhism, including ‘right mindfulness’. Sobriety was framed as an act of self-care that supports the spiritual practice of mindfulness.

The direct positioning of sobriety as a precursor to mindfulness and subsequent good mental health was more prevalent in public content and community marketing and events. This Instagram post by Rita, a sober influencer, presents sobriety itself as a mindfulness practice:

**Rita (influencer and community founder):** Being sober allows me to prioritise my self-care, make better choices and have clarity in my life. Goodbye mindless drinking and hello mindful living.

Here she suggests that there is greater presence of mind in her daily living through not consuming alcohol, which in turn brings positivity to her life. The association between mindfulness, sobriety and self-care presents a more mainstream, saleable, fashionable angle to abstinence, and echoes similarities to the ‘social and spiritual activism rooted in bodily improvement’ that Lavrence and Lozanski identified in *lululemon athletica’s* branding (2014, p. 77). This has been further cemented through the term ‘mindful drinking’ which is utilised by some community branding, and has become common parlance for those who are tempering their alcohol consumption (Walker, 2017). ‘Mindful drinking’ offers a contemporary re-branding of the controversial term ‘moderation’ that assigns responsibility back on the individual to self-care for their mental health in light of pressures created by the neoliberal society and an addictive substance (Yeomans, 2013).

This individualised strategy of mindfulness is a departure from the radical feminist, political discourse of self-care outlined by Lorde (1988 [2017]), and the collective action practiced within the Women’s Liberation Movement (Dudley-Shotwell, 2020). Indeed, Tokumitsu interprets mindfulness as ‘fundamentally anti-revolutionary’ for its ability to ensure internalisation of social issues (such as alcohol and mental health) and reduce any feelings of discontent about these social issues: it ‘head[s] off any mutinous stirrings

before they have a chance to gain momentum' (2018, p. 9). Arguably, however, alcohol refusal does serve to 'liberate us from the sources of our anxiety and depression' (Tokumitsu, 2018, p. 11) – the source being the addictive substance, but also the neoliberal ideology that we can work hard, play hard, and have it all, particularly as women. The growing memberships of online sobriety communities, and posts on social media about this topic, also suggest that there is a growing collective consciousness regarding the impact of alcohol on mental health.

### **Caring for the menstruating and (peri)menopausal body**

Of the 25 women interviewed for this study, 7 were entering menopause or were perimenopausal, and 4 of these had specifically chosen to stop drinking as a strategy to care for their bodies and mitigate the turbulent symptoms. A further 2 of these 7 had found that there was some alleviation to symptoms once they stopped drinking. Donna was one of the 4 women who utilised sobriety as a self-care strategy to cope with the perimenopause:

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

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

Women can feel isolated and alone in the self-care of their (peri)menopausal bodies but are increasingly utilising online sobriety communities for support. Some interviewees who use *Community1* told me of a specific support group that had been created to offer dedicated time and space for women who were struggling with, or wanted to discuss, their experiences of (peri)menopause. Indeed, joining a private peer-to-peer support group is an act of self-care itself when there are few public-health-funded alternatives. Furthermore, sharing of (peri)menopausal stories within these communities contributes to consciousness raising across the membership more broadly: two interviewees suggested that whilst they were not currently experiencing (peri)menopausal symptoms, they had learned from the experiences and stories of those who were older than them within the communities and felt better prepared to cope with the symptoms in the future. Jules explains below:

**Jules (interviewee):** Yes, there are a few of my friends on [Community] who are 5 to 10 years ahead of me and they've been going through the menopause and from that I have naturally read more and experienced through their eyes what they're going through and they all say '100% glad I stopped drinking because I'm much more able to cope with the psychological and physical aspects of it'.

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

Unfortunately, possibly due to the social shaming of women's ageing, messy, menopausal bodies, there was only one sobriety influencer who addressed the topic of the (peri)menopause on her public social media account. In doing so, she off-set the stigma by shrouding her advocacy of self-care within post-feminist discourse that emphasises femininity, empowerment and self-responsibility (Ortner, 2014; Rottenberg, 2014); she posted a holistic 'recipe for supporting yourself in the menopause like a boss' to 'love your badass goddess' (Sandy, community co-founder). This choice of language makes a taboo topic more palatable for a contemporary Instagram audience that is less likely to engage with political posts (Caldeira, 2021), whilst simultaneously reinforcing and reclaiming the femininity and power of the ageing woman's body in light of the patriarchy's derision. Despite the public awakening and verbalisation of the (peri)menopause that was taking place in the UK at a similar time to data collection, as a result of Channel 4's documentary *Sex, Myths and the Menopause* that was aired in May 2021, these accounts show that women's experiences and non-medical strategies of self-care are still confined to private online spaces. The role of sobriety as a means of caring for the (peri)menopausal body remains hidden; the forbidden knowledge is retained within the cloistered walls of online sobriety communities. The discussions within online sobriety communities about caring for the (peri)menopausal body do not seem to be entering mainstream discussion, or even feature within many public social media posts. Public engagement with, and awareness-raising of, the connection between sobriety and the menopause are rare.

Across all interview participants there was a general sentiment that women had a greater awareness of how their bodies were feeling in relation to the menstrual cycle and associated mood fluctuations. As such, sobriety assists with the 'demystification' of their body that women sought from feminist self-help circles in the 1960s (Dudley-Shotwell,

2020, p. 7). While menstrual management has been critiqued as part of the neoliberal drive towards self-discipline and productivity optimization (Spicer, 2019), this was not referenced as a motivating factor, or desired side-effect, by interviewees. Periods have typically been an issue for women to care for themselves – privately – due to the patriarchal pathologisation of menstruation (Taylor, 2022) and the ensuing stigma of bad/dirty femininities (Commane, 2020). This is reinforced by the fact that despite the high participation of women within online sobriety communities, periods and the menstrual cycle were underrepresented topics within online sobriety community posts. Therefore, women's unwillingness to share within the communities may be influenced by the shame and stigma surrounding a bodily function over which there is limited control, and a desire to maintain respectable femininities (Skeggs, 1997).

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

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

Katie's experience reinforces earlier analysis that the self-care strategy of sobriety assists women in gathering information about their own embodied experiences of illness, and makes them feel more empowered to challenge medical authorities. However, it also serves to highlight that women have to push to convey the limitations of self-care to an increasingly neoliberal model of state-funded healthcare. They have to evidence how hard they have 'worked' at self-caring before they are deemed worthy of further resources (Cederström and Spicer, 2015) in order to transition the responsibility away from the self towards the state-funded healthcare system: 'I've improved my health on my own as much as I can, this is still not working'. Furthermore, Katie's reflections suggest that when she was drinking, and thus not working hard at health and self-care, she felt less worthy of asking for help: 'I felt like it might be because I was drinking and so I didn't really feel like I had a leg to stand on'. This echoes Metz's arguments within *Against Health* (2010) that those who do not conform with the neoliberal ideology of wellness experience stigmatisation.

Once Katie had stopped drinking, and more closely aligned with this ideology, she felt morally able to utilise state resources and be a trustworthy source of embodied knowledge. Katie's account shows that while sobriety can be experienced as a form of radical feminist self-care that empowers women to trust their embodied knowledge and challenge the patriarchy, they still have to navigate the neoliberal socioeconomic institutions by operating within the dominant ideologies and unofficial 'rules' regarding individual responsibility and health and wellbeing in order to pass checks and gatekeepers.

## **Conclusion**

Through illustrative examples from online sobriety communities and participant interviews, this article has shown how women draw on discourses of wellbeing to position sobriety as a practice of individualised, embodied self-care whereby they experience improvements to their physical, mental and menstrual health. It has been shown how some women use sobriety as a strategy of care for their minds and bodies when medical assistance is not forthcoming or lacking. In doing so, they sometimes raise the consciousness of other women through sharing their experiences within online sobriety communities. The stories and experiences shared by the women featured in this paper suggest that when women feel empowered regarding their own bodies, and are equipped with self-knowledge, they feel more able to resist against what is deemed accepted knowledge and practices regarding women's health and bodies. This article has also reflected upon the feminist and socio-political tensions within the practice of sobriety as self-care. When analysed from a radical feminist standpoint, sites of feminist resistance have been identified within their practices of self-care whilst acknowledging the limitations of these as sources of organised, collective, and political action. It would be too reductive to interpret these experiences of sobriety as self-care as merely individualised, neoliberal investments in wellbeing. The impact of sobriety on the self-care of these women is tangible, life-changing and long-lasting - often a radical choice in moments of desperation. However, there is clearly a disparate relationship between women's embodied practices of sobriety as self-care, and the marketing or performative content that promotes sobriety as self-care; the latter has been shown to demonstrate stronger connections with neoliberal ideologies of health and wellness. It must be recognised that there are limitations in the extent to which conclusions can be drawn from online sources regarding the private, embodied experiences of women. It is important that the performativity of self-care on social media platforms has been considered on balance with interview data which typically provided more intimate, in-depth insights to women's practices. Yet this paper has demonstrated the rich potential for future investigations of online spaces as sources of contemporary, and sometimes feminist, engagement with practices of self-care.

As emphasised previously, this study cannot be deemed representative of all women's experiences in sobriety; those within online sobriety communities are overwhelmingly white and middle-class. However, the interview participants did show diversity across geographical location within the UK, and age. This paper has contributed to the limited evidence regarding the changing affordances of sobriety and self-care for women across the life course (Godfrey et al., 2010), particularly in relation to self-care of the (peri)menopausal body which warrants continued and further exploration. Although this research project focussed only on the experiences of cis women, there is potential for future

investigations to understand how those of other sexes or gender identities engage with sobriety as a form of self-care. Indeed, across all demographics, it is critical to understand how discourses of self-care may act as an exclusionary barrier to those who want to, or are trying to, maintain sobriety. This paper has also contributed to the limited, emerging research of online sobriety communities and the rise in alcohol-free living, whilst providing a contemporary lens through which self-care could be examined as a continued, radical feminist practice that has relevance and purchase in the 21<sup>st</sup> century.

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