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This paper explores the emotions experienced by individuals who give up excessive drinking. A narrative methodology, based on in-depth interviews and diary records, was adopted. Findings indicate that individuals' (mostly) positive emotions work as a powerful mechanism in maintaining their responsible drinking behavior.

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Sustaining Behavioural Change: The Power of Positive Emotions

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INTRODUCTION

This study explores emotions experienced by consumers who give up excessive drinking and considers how these emotions help consumers to sustain their healthy consumption behaviours. Current studies mostly focus on *changing* risky consumption behaviours (excessive drinking, smoking and gambling), rather than *sustaining* the positive behavioural change, which is a key challenge for consumers (Peattie and Peattie 2009; Scammon et al. 2011). Negative emotional appeals such as guilt and fear have been widely used to discourage these unhealthy consumption behaviours (Antonetti, Baines, and Walker 2015; De Hoog, Stroebe, and de Wit 2007). However, negative emotional appeals can encourage maladaptive responses that could be damaging for healthy behaviour (Hastings, Stead, and Webb 2004) and some authors urge the use of positive emotions such as hope, love, and excitement to *sustain* a behavioural change (Peter and Honea 2012). Yet, we know little about positive emotions experienced by consumers who transit from a risky behaviour to a less risky behaviour (Fry 2014) and how these emotions may help them to sustain this change. As this study demonstrates, these emotions can be fundamental in the process of achieving and sustaining responsible drinking behaviour.

THEORETICAL BACKGROUND

Alcohol has consistently been promoted through fun and excitement (Smith and Foxcroft 2009), which has made excessive drinking common amongst young people in the UK (Hackley et al. 2013; Measham and Brain 2005). Thus, alcohol is embedded in the culture of the UK (Piacentini and Banister 2006) and thereby young people are “invited to binge” (Haydock 2015, 1057). Countering this dominant practice is challenging for individuals because it can lead to their stigmatisation (Piacentini and Banister 2006) or exclusion (Cherrier and Gurrieri 2013). While this was found to cause negative emotions such as tension, shame (Piacentini, Chatzidakis, and Banister 2012), stress and agony (Fry 2014), the positive emotions that emerge while opposing dominant consumption practices have been neglected. Nevertheless, resisting overconsumption can lead to happiness (Cherrier 2009) and life satisfaction (Boujbel and D’Astous 2012). Peter and Honea (2012) also suggested that positive emotions associated with optimism are a key driver for sustaining a pro-social behaviour.

Alcohol consumption as a symbolic act (Szmigin et al. 2011) helps define young drinkers’ self- and social identities, and their behaviour (Fry 2010; Piacentini et al. 2012). In these circumstances, for individuals to alter and sustain responsible alcohol consuming practices they need to change their social roles and social groups (Piacentini et al. 2012) and develop a new identity contrary to the dominant culture (Fry 2014). According to theories of social identity (Tajfel and Turner 1986) and self-identity (Stryker 1968) these new identities require recognition and validation from others. Success or failure in enacting a new identity may cause strong emotional reactions (Stets and Burke 2014). Thus, gaining validation for an identity or meeting one’s identity expectations produces positive emotions and failure to do so produces negative emotions (Turner and Stets 2005). Therefore, in this situation positive emotions emerge when individuals are able to validate their *sober self* (Cast and Burke 2002) or/and when individuals are able to achieve a match between an *ideal*

sober self with the *actual performance of the self* (Turner and Stets 2005). Positive emotions linked to the sober identity strengthens the commitment towards that identity (Stryker 1980), which will aid in sustaining the behavioural change.

METHODOLOGY

We adapted a narrative methodology which is suited to deep exploration of: context-specific consumption (Shankar, Elliott, and Goulding 2001), such as drinking alcohol; turning points in life (Barrios, Piacentini, and Salciuviene 2012); and identity-related concepts (Ricoeur 2002). Data was collected using narrative interviews (Fry 2010; Szmigin et al. 2008) with 25 self-reported ex-binge drinkers who had given up excessive drinking for 6 months or more (Peter and Honea 2012). Taking the view that reality is socially constructed (Hudson and Ozanne 1988), we let participants elaborate on the construction of their emotions (Shankar et al. 2001) when countering the UK heavy-drinking culture. Participants were aged 19-35 and interviews lasted 90-150 minutes. In order to enrich narratives and obtain insights about emotional changes (Tennen, Suls, and Affleck 1991), an event-based online diary was also used. The 25 interviewees were asked to note their alcohol-related experiences and associated emotions, over a period of 8 weeks (Burton and Nesbit 2015). We conducted a thematic analysis of the data (Davis and Francis 2014). After gaining a grasp of the overall shape of the data (Riessman 2008), we coded it using NVivo 11 (Ryan and Bernard 2003; Spiggle 1994). Codes were guided by identity theories, and the emotions literature (Miles and Huberman 1994). Some categories emerged from the data itself (Miles and Huberman 1994). Finally, the themes were discussed and modified by the three researchers until reaching a consensus (Price, Arnould, and Curasi 2000).

ANALYSIS AND DISCUSSION

This section explains emotions experienced by individuals who give up excessive drinking. Participants experienced emotions that are complex and sometimes “bittersweet” (Price et al. 2000, 186). In most cases, happiness and pride were prominent. These emotions were described as enduring or self-fulfilling and enabled participants to overcome negative emotions such as sadness, loneliness and nostalgia. Equally, feelings of hope and relief about their “new”, “better” selves were intertwined with embarrassment, shame and guilt about their past drinking selves. As our participants indicate, the positive emotions experienced helped them to maintain their new sober, or responsible drinking, behaviour.

Self-Fulfilling Happiness as Opposed to Temporary Enjoyment

Most of our participants reported experiencing happiness as a result of quitting excessive alcohol consumption. Mogilner, Aaker, and Kamvar (2012) suggested that happiness can be twofold: on the one hand associated with excitement, elation and enthusiasm; and on the other with calmness, peacefulness and serenity. Our participants’ experiences seem to be of the latter type; for example, Jacob says:

I think I am definitely happy now. Hmmm I feel that I am wasting less time because of being hungover. (...) I guess if you see on social media you see pictures of people that post when they

are on night outs. Then you might think that “ohh my God they are having fun”. But I know that if I really want to, then I could organise something like that easily. So I would say **that looking forward to different things and looking forward to spending time with people you love is better**. Also, whenever I am trying to be **mindful**, try and do some **meditation or something like that I try and focus on how my body is feeling** and I know if I drink alcohol my body doesn't **feel healthier** and it **doesn't feel good** as it does.

(Jacob, 22 years old, responsible drinker, *Interview data*)

Jacob's experience of happiness is one of contentment and tranquillity rather than excitement and fun. He compares his current “healthier”, more responsible and mindful self favourably with his previous “hangover” self. This agrees with identity theorists who describe happiness as an outcome of evaluating one's current state in relation to an earlier state or to some reference group (Stets and Trettevik 2016). Although he may feel loss for the fun he is missing with others, Jacob is focused on enjoying new things and the company of loved ones. Jacob's new reflective and mindful persona makes him feel better and more in control, which is instrumental in sustaining his new self, as this diary entry also indicates:

*Day out to socialise with friends and attend a football match. Alcohol was involved as **drinking was a social thing** to do before the match began (...) I was part of a large crowd of people who were drinking. I made sure I did not drink 'too much' alcohol and stayed within my limits. **I felt calm, happy and in control for the whole situation.***

(Jacob, 22 years old, responsible drinker, *Diary data 7th week*)

Becoming a responsible drinker is challenging and like Jacob, other participants experienced negative emotions when confronted with what they were missing. However, participants' contentment about their new lives and selves acts as a powerful driver to maintain their behaviour (Peter and Honea 2012) and cope with these negative emotions:

*I have my friends and I see them on **Facebook**, my friends were **going out and having great fun** when I was at home eating lettuce so that made me feel **really, really sad**. I wasn't being sociable. (...) But (...) on the other hand **I see it as better**. I feel a lot **healthier** and a lot **happy**. It's a different feeling.*

(Kim, 23 years old, responsible drinker, *Interview data*)

Similarly, many other participants experienced this self-fulfilling happiness associated with being able to spend time with people they loved (Benjamin 30, Jeremy 28, Gerard, 23), being in control (Alicia 23, Charles 30, Lizzie, 25), saving money and time (Bella 25), not making situations unpleasant (Jeremy 28, Max 35) and living more healthily (Andrew 27, Jeremy 28, Kim 23).

I am Proud because I am a Better Person

Participants' happiness with their new selves was linked to pride, a positive emotion associated with a sense of achievement and self-esteem (Brown and Marshall 2001). According to self-identity theory, validation of an identity produces feelings of competence and increased self-esteem (Cast and Burke 2002). As our participants achieved and confirmed their “responsible drinker” or “sober” identity goals, they experienced pride. This confirmation comes partly from their self-evaluation wherein they compared their drinking-self (and behaviour) with their sober-self (Tracy and Robins 2004). Im-

portantly, however, this confirmation also arises from the responses from significant others, as Kim's account illustrates:

*I think actually everybody now sees me as a **pillar of society** (laughs) if you know what I mean, I know my **grandparents, my parents are so proud of me**. (...) I would say I am a healthy 23 year old who **isn't alcoholic and nobody abuses**. I think they see me now as “**well done**”. I think even my **friends look up to me**. I think my friends are still at the university and I think they think like “Oh wow she is doing well and **she is an adult!**” “Doesn't drink much” (...) sometimes when they are laying in the floor. I am like “it's ok. They will grow up” (laughs) so I think they **see me not as equal anymore***

(Kim, 23 years old, responsible drinker, *Interview data*)

Kim's new, sober self is a “superior” and “successful adult” whom “no one abuses” as opposed to her friends “who are laying in the floor” and need to “grow up”. Similarly, many participants were proud because they have “matured” (Lisa 20, Gerard 23, Miriam 19, Yara 23), have “will-power” (Bella 25, Jacob 22, Susan 25, Yara 23, Jeremy 28), are “confident” (Alicia 23) and “successful” (Carmel 25, Lilly 25).

While feeling proud of their current selves, several participants also felt guilt and regret for their former excessive drinking selves. Interestingly, some were able to find a silver lining (Gilovich and Medvec 1995), resulting from having grown-up with the experience:

*I wouldn't be **the same character and like resilient personality** if I haven't been into so much shit on myself. It definitely made me I think like more of a like **confident and like vocal person**.*

(Carmel, 25 years old, responsible drinker, *Interview data*)

In this way participants can find valuable meaning in their experiences, which helps them to overcome negative emotions associated with their previous drinking selves. Similarly, many participants said they were hopeful about the future because of the life lessons they learnt. These and other participants' enhanced feelings of self-worth or pride seem to be a determinant in sustaining their responsible drinking behaviour even when they could have been tempted to do otherwise:

*[I] went to a wedding of two friends. I felt **comfortable**. People around me were drinking more than I was. **But it didn't bother me**. The glass of wine felt right to toast ...**I felt proud of myself for sticking to the one glass**. (...) They were surprised. I would not abuse the alcohol and nor did I feel that I would want more after drinking just the glass. I felt like I was a **stronger person and a brave person** (...) I have a **healthy life style now unlike others***

(Alicia, 23 years old, responsible drinker, *diary data 3rd week*)

Alicia constructs herself as “heroic” because of her ability to oppose widely shared consumption practices and as “different” due to the healthy lifestyle. Her pride helps her foster “good” behaviour while hindering “wrong” behaviour (Gregory-Smith, Smith, and Winklhofer 2013). Similarly, many participants who were unable to get validation of their new, sober identities from dominant, drinking groups, developed a sense of self-worth and pride through lifestyle and behavioural changes and sustained their responsible consumption.

GENERAL DISCUSSION AND IMPLICATIONS

“Sober identity” validation in the UK can be challenging because individuals are countering a dominant consumption practice i.e. excessive drinking (Fry 2014; Piacentini and Banister 2006). Literature on identity tells us that in such a situation negative emotions could emerge (Stets 2004). In the process of becoming abstainers or responsible drinkers, participants experienced ambivalent emotions about their sober decision (Otnes, Lowrey, and Shrum 1997). However, for most of them positive emotions such as happiness, pride and hope worked as a “repairing strategy” to overcome negative feelings (Zeelenberg and Pieters 2007) emerging from the perceived losses of fun, company or excitement in participants’ lives. That is, participants felt content with their more mature, wiser, respected and healthier selves. Importantly, these positive emotions emerged as a result of individuals’ perceived “superiority” over their previous selves and drinking friends. These positive emotions worked as a defence mechanism to sustain their sobriety or responsible drinking. This supports the argument of Peter and Honea (2012) that positive emotions are key to maintaining pro-social behaviours.

Theoretically, this paper elaborates on the power of positive emotions to *sustain* healthy consumption choices, especially when the choices are contrary to dominant practices. Secondly, explaining emotions in light of identity theories provides a new perspective for consumer researchers to understand the intertwined nature of identity and emotions. This study also provides implications for social marketing practitioners and policy makers interested in maintaining a positive behavioural change. Specifically, we suggest that social marketing campaigns using positive emotions associated with “achiever” or “heroic” sober selves, who are able to defeat the dominant drinking culture, could more effectively maintain healthy behaviours than merely using negative emotions such as fear, fear and sadness.

LIMITATIONS AND FUTURE RESEARCH

These findings can be used to inform future studies examining the sustainability of other healthy consumption choices, such as healthy eating, non-smoking, weight loss, and physical activities. Equally, future studies could explore in greater depth the identity negotiations associated with the emotions that individuals experience while adopting healthy consumption practices. This study was limited to a particular age group in the UK and we relied on self-reported accounts of participants. Further research into a broader population, employing a quantitative approach could provide an interesting extension of evidence.

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