

**The Lived Experiences of Sexual Minority Women Who Have Recently
Reduced Their Alcohol Intake**

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To my participants, thank you for donating your time and sharing your stories openly with me. I so enjoyed speaking with you.

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ABSTRACT

Background: Sexual minority women (SMW) are more likely to report hazardous alcohol consumption than their heterosexual counterparts. However, despite a recent growth of interest in drinking transitions to reduced or no drinking, no studies to date have explored this in the context of SMW. The little research available focuses only on sobriety in SMW following alcohol addiction, rather than drinking trends from a general health promotion perspective.

Aims: Given the gaps within the literature, the study sought to investigate the experiences of SMW who have reduced alcohol consumption and the factors that contributed to this decision. This was also explored in the context of the COVID-19 pandemic guidance on social distancing.

Methods: A qualitative approach was adopted to investigate the experiences of eight SMW who had reduced their alcohol intake within the previous 18 months. Participants were recruited using social media and participated in semi-structured interviews. Interview transcripts were subjected to interpretative phenomenological analysis.

Results: Three super-ordinate themes were found across participant interviews: 1) Personal, Relational and Contextual Triggers for Changing Relationship with Alcohol; 2) Navigating the Public Arena; 3) Renegotiating the Relationship with Alcohol.

Conclusion: Findings demonstrated the commonality of experience that included facing peer pressure to consume alcohol and the need to develop coping tools to manage, such as consuming alcohol-free beverages or avoiding alcohol-centric venues. Uniquely for SMW, this avoidance also meant a transition from the LGBT+ Scene entirely due to the lack of sober venues. Reasons for reducing intake included fear of reliance on alcohol, familial history of alcohol misuse, achieving physical and mental health benefits, and intimate relationships. The context of lockdown was significant in providing an opportunity to reduce consumption away from the usual pressures. Implications for clinical practice, policy and research are proposed.

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List of Abbreviations

Abbreviation	Meaning
BME	Black and Minority Ethnicities
IPA	Interpretative Phenomenological Analysis
LB	Lesbian, Bisexual
LGB	Lesbian, Gay, Bisexual
LGBT+	Lesbian, Gay, Bisexual, Transgender and other identities
QTIPOC	Queer, Transgender, Intersex People of Colour
SES	Socio-economic Status
SMW	Sexual Minority Women
SREC	School of Psychology Research Ethics Sub-Committee

1. INTRODUCTION

The primary aim of this chapter is to introduce the reader to the subject matter, and to provide an epistemological foundation for the research. A narrative literature review will be presented, and the research questions introduced.

Throughout this paper, the author will use the terms 'sexual minority women' (SMW) to refer to women who do not identify as exclusively heterosexual. The use of the term SMW acknowledges that some individuals do not identify their sexual orientation within the boundaries of a specific label (Rosario & Schrimshaw, 2014). The use of the term itself is another form of labelling, however for the purpose of identifying a homogenous group of participants for this research, this is unavoidable. The use of the acronym LGBT+ is used to refer to Lesbian, Gay, Bisexual and Transgender people, with the '+' denoting other sexual identities such as queer or questioning. In addition, the acronym LB will be used to denote lesbian and bisexual women, as much of the available literature investigates the experiences of these two sexual orientations.

Through a narrative review of the literature, the current ideas regarding alcohol consumption and the experiences of reducing alcohol intake in the general and SMW population will be presented. The review will seek to demonstrate the gaps in the existing United Kingdom (UK) based research that this study aims to address. A narrative approach was adopted as there was insufficient literature to conduct a scoping review. Several databases were used, including PsycInfo and PubMed, and enquiries were made to the research supervisor about relevant papers. A 'snowballing' technique was implemented by searching reference lists, to identify relevant research that did not emerge from the original search. Database searches used a combination of several search terms, such as: LGBT women AND reduced drinking; sexual minority women AND alcohol AND sober; lesbian AND low risk drinking; reduced drinking AND experiences.

1.1. Epistemological Position

It has been proposed that the validity of research and the results it produces can be enriched by knowledge of the researcher's epistemological position (Elliot et al., 1999). The epistemological position of the researcher holds that there is an objective reality that exists independently of individual perception, but that individual subjective interpretation is inevitably involved in the perception of this reality (Edwards et al., 2014). Alongside this, the researcher also believes that it is impossible merely to pass information between participant and reader, due to the subjective nature of perception (Husserl, 2012). Rather, a process of shared meaning-making is inevitably undertaken as part of information transfer, due to the unavoidable presence of the researcher's 'lifeworld' (Husserl, 1982) that influences the processing, analysis, and interpretation of participants' stories of their experiences. The significance of this position relates to the researcher's topic choice that privileges the unique views of different people on a seemingly similar experience. Subsequently, qualitative methodology was adopted with the aim of capturing an individual's perception of their world (Smith et al., 2009). The epistemological position from which this research is carried out is that of critical realist phenomenological, and the methodological approach of Interpretative Phenomenological Analysis (IPA) will be adopted, discussed further in Section 2.

1.2. Drinking Trends in the UK

Culturally, alcohol consumption in the UK has long been a central part of social and occupational life, and there is increasing concern regarding heavy alcohol consumption and associated risks (Szmigin et al., 2008). Indeed, a 2009 review by Smith and Foxcroft identified that the UK has one of the highest rates of heavy alcohol consumption in the world and that between 1992 to 2009, women of all ages, and middle and older age groups of men, reported increased drinking. In addition, though decreased alcohol consumption was noted among young people aged 16 to 24 years old, increased consumption among very young adolescent drinkers was also reported (Smith & Foxcroft, 2009). These

findings are concerning due to the health consequences of heavy drinking, discussed in Section 1.3.

The way in which alcohol is consumed is also important, with weekend binge drinking thought to be the current dominant trend (Room, 2001; Measham, 2006). The notion of the “intoxicated weekend” (Parker & Williams, 2003) is most commonly seen among young adults in England and describes the practice of heavy alcohol and illicit drug consumption on the weekend under the guise of a “work hard-play hard” lifestyle. Gender differences in drinking trends have also been observed, with younger women more likely to binge drink on one day of the week, and both older and younger men more likely to drink daily as well as binge drink (Castillo et al., 2017; Twigg & Moon, 2013).

Alcohol consumption patterns also appear to differ between different ethnic groups, with minority ethnic groups more likely to report abstinence and lower alcohol intake than white British groups. People from mixed ethnic backgrounds are more likely to report higher rates of alcohol consumption than other minority groups, while Black British people are more likely to drink than South Asian ethnicities. The picture is complex and influenced by factors such as religion and geographical region in the UK (Goddard, 2006; Hurcombe et al., 2010), which is beyond the scope of this review to discuss. There is also variation in drinking trends depending on socio-economic status (SES) with higher SES a strong predictor of regularly consuming alcohol over the recommended limits, and lower SES a stronger predictor of high frequency binge drinking, regularly exceeding the highest drinking threshold, and decreased likelihood of reporting attempts to reduce intake (Beard et al., 2019; Lewer et al., 2016). Conversely, Lewer et al. (2016) observed that lower SES groups are also more likely to include those who abstain or drink lightly. This has been referred to as the ‘alcohol harm paradox’ due to the combination with other risk factors associated with living in deprived communities, such as smoking and poor diet, that compound to increase vulnerability to alcohol-related harm (Bellis et al., 2016; Lewer et al., 2016).

There is a variety of terminology, culturally and in academic writing, referring to different drinking styles. The literature noted so far tends to focus on the impact of regular and heavy alcohol consumption, and though this arguably has the biggest impact on the general population, other drinking styles are important to consider. For this review, four main drinking styles will be outlined. Firstly, according to the UK's Low Risk Drinking Guidelines (Department of Health (DOH), 2016), heavy or at-risk drinking for both men and women is defined as regularly consuming more than 14 units of alcohol per week. Secondly, binge drinking is defined as single incident consumption of more than the eight units of alcohol in one sitting for men, and more than six for women (DOH, 2007). This incidence could take place weekly, monthly, or even less frequently.

Thirdly, reduced-risk drinking refers to the act of returning to a controlled or decreased pattern of alcohol consumption following the exhibit of out-of-control drinking. Also referred to as "controlled drinking", this drinking style considers both the amount of daily alcohol intake, as well as the number of alcohol-free days per week (Rosenberg & Melville, 2005). It is this style that more recent health promotion initiatives have encouraged (DOH, 2016; Heather, 2006) compared to abstinence. Finally, abstinence, or non-drinking, describes those who do not consume alcohol at all. Non-drinking has increased in the UK in the last 20 years, though the term 'non-drinker' is used to refer both to people who are lifelong abstainers, as well as former drinkers (Fat et al., 2018).

1.3. Alcohol-related Harms in the General Population

The importance of understanding drinking behaviour in the UK relates to the negative consequences of alcohol consumption. Indeed, potential risks are significant, affecting not only the individual and their family, but also presenting a significant cost to the economy (Measham, 2006; National Audit Office, 2008). In 2008 for instance, the cost of alcohol misuse in the UK was estimated around £25.1 billion a year, with costs to the National Health Service (NHS) estimated at £2.7 billion (National Audit Office, 2008).

Short-term risks of regular heavy alcohol consumption include aggressive behaviour, risky sexual encounters, and public disorder, to name but a few (Measham, 2006). In addition, it was estimated that at least 5,890 road traffic accidents in 2018 involved a driver with a blood alcohol concentration over the legal limit (Department for Transport, 2018). Long-term risks are also significant and include negative outcomes on physical health, such as increased risk of liver problems, cancers, and addiction (World Health Organisation, 2000). There is also a strong relationship between mental health and weekly alcohol consumption, though the direction of this relationship is unclear. For instance, poor mental health is thought to be one factor that maintains heavy alcohol consumption (Bell & Britton, 2014), while alcohol is commonly used as a coping mechanism for depression and anxiety (Conner et al., 2009). A survey of responses from the Health Survey England in 2014 also concluded that drinking alcohol was associated with the later development of depression (Churchill & Farrell, 2017). The risks of alcohol consumption are multiple and varied and further discussion is beyond the scope of this review, however this section has sought to summarise some of the key areas for concern, highlighting the drive for harm reduction strategies.

1.4. Motivations for Drinking Alcohol

Sociocultural contexts are found to significantly influence drinking cultures (Gordon et al., 2012) and one popular cross-cultural conception regarding the use of alcohol is as a tool for social interaction, by decreasing feelings of anxiety in social settings and facilitating a sense of social bonding (Monahan & Lannutti, 2000). Additional drivers in the UK come from culturally defined norms that dictate high consumption and drunken behaviour in social contexts (Room, 2001). Such norms also guide the use of alcohol to demonstrate engagement in social interactions, for example by participating in drinking games (Beccaria & Sande, 2003; Nairn et al., 2006) or affirming friendship by buying drinks for friends (Murphy et al., 2017), and offer perceived benefits to the drinker by eliciting feelings of community through drinking (Griffin et al., 2009), or by pursuing intoxicated happiness (Fry, 2011). This contributes to understanding of the UK binge drinking epidemic (Room, 2001).

1.5. Motivations for Drinking Less (or No) Alcohol

This section will seek to identify the common motivating factors behind the decision to reduce alcohol intake. It will consider drinking style transitions in the general population, rather than those who have been diagnosed as alcohol dependent, as this is beyond the scope of this review.

Though heavy drinking is prominent in the UK, the proportion of people who self-identify as reduced or non-drinkers is increasing. In 1998, 10% of people identified as non-drinkers, increasing to 21% in 2013 (Office for National Statistics, 2015). Among young people aged 16 to 24 years old, an emerging trend of abstaining or drinking lightly has been observed, with the proportion of non-drinkers increasing from 18% in 2005, to 29% in 2015 (Fat et al., 2018). There is no current data for the percentage of people above the age of 25 years who classify themselves as non-drinkers, however national non-drinking challenges such as Dry January, run annually by the charity Alcohol Concern since 2013, have seen an increase from 4,000 registrants in 2013, to 60,000 in 2016 (de Visser et al., 2017). Though these registration rates are also likely influenced by increased promotion funding from Public Health England, they do not account for people who took part without officially registering, estimated to be over one million. This indicates at the very least, increased interest in this drinking style.

Multiple stages of transitioning drinking style also take place across the lifespan. Maturation out of heavy consumption has typically been observed in older adults from around 60 years old and thought to be a partial consequence of experiencing poor health (Britton & Bell, 2015), concern regarding future health problems (Beard et al., 2017), and incompatibility of heavy drinking with changing lifestyles (Britton et al., 2015; Fat et al., 2015). Women also tend to cite weight-loss and restricted calorie-intake as reasons to reduce alcohol (Beard et al., 2017), while health-related motivations among young people include experiences of excessive alcohol consumption that resulted in severe consequences such as injury (Piacentini & Banister, 2009), or a wish to avoid anticipated unpleasant effects of alcohol such as the hangover (Graber et al.,

2016). 'Maturing out' is also thought to occur between the ages of 18 to 27 years old, due to the decreased acceptability of binge drinking in young adulthood (Conroy et al., 2021; Järvinen & Bom, 2019; Lee et al., 2013), as well as increased conscientiousness, transitions into life stages such as parenthood, and the importance of saving money, alongside which heavy alcohol consumption is incompatible (Beard et al., 2017; Littlefield et al., 2010).

The influence of homophilous ties, the tendency to behave as similar others do, can also impact the adoption of health behaviours (Centola, 2011). This is commonly observed in intimate relationships, with couples more likely to both follow health behaviours, such as limiting alcohol consumption (Schoeppe et al., 2018). Research has also demonstrated the positive influence of supportive significant others on alcohol treatment outcomes (Beattie, 2001; Heather et al., 2006). However, it must be acknowledged that the homophilous influence can also negatively impact health behaviours, demonstrated for example in adolescent alcohol use (Anderson et al., 2011). The suggestion of health concordance in romantic relationships is also inconsistent with findings regarding increased sedentary lifestyles and alcohol consumption in married couples (Meyler et al., 2007).

1.6. Literature on Lighter and Non-drinking

Discussion so far has demonstrated that individuals may identify a range of benefits and drawbacks from regular alcohol consumption in certain situations or periods of life. Building on this discussion, the next section will focus on literature concerning individuals who drink little or no alcohol.

1.6.1. Research Concerning Experiences of Reduced and Non-drinking

One commonly reported experience by those who reduce or stop alcohol intake, is of facing stigma and judgement from drinking peers and subsequent feelings of exclusion from social spaces (Bartram et al., 2017; Conroy & de Visser, 2014; Nairn et al., 2006). Of note in the UK is the dominant social discourse of non-drinkers as dull and socially isolated (Herring et al., 2014) and in violation of social drinking rules (Bartram et al., 2017). In a study of people

over 25 years old who had either stopped or reduced drinking, Bartram et al. (2017) identified a common experience of being stigmatised for violating the expectation of alcohol consumption. This stigma was experienced as pressure to consume alcohol and being labelled with derogatory characteristics such as 'boring', prompting feelings of discomfort in social settings. Similarly, Cherrier and Gurrieri (2013) noted the strength of social norms to conform in the collaborative consumption of alcohol, particularly in contexts of cultural obligations such as celebration. These obligations presented a significant barrier in the transition to reduced or non-drinking.

Reduced and non-drinkers must also contend with questions regarding their decision, with a distinction between culturally sanctioned reasons for not drinking, such as pregnancy or religion, and unsanctioned reasons, such as disliking alcohol (Banister et al., 2019). Decisions based on unsanctioned reasons appear to be more likely to be challenged than sanctioned reasons (Conroy & de Visser, 2014). A strong self-identity as a non-drinker may contribute to the resilience of non-drinkers (Lee et al., 2018) and Conroy and de Visser (2015) identified the importance of authenticity for non-drinkers in supporting their resolve to maintain abstinence. However, it is noteworthy that some non-drinkers reject the collective identity of 'non-drinker' due to the risk of social rejection and 'othering' that this label can prompt in social settings (Banister et al., 2019).

Studies have also identified a range of coping mechanisms to navigate drinking peers and alcohol-centric settings, including the avoidance of alcohol-centric activities and environments such as bars, and seeking alternative social activities (Bartram et al., 2017; Herring et al., 2014). Non-drinkers may also seek to adopt alternative social identities such as 'healthy' and 'sporty' to further legitimise their decision to not drink, or attempt to reconstruct the social norm of excessive alcohol consumption as undesirable (Herring et al., 2014). Non-drinkers may utilise humour to offset or defend against judgement (Piacentini & Banister, 2009), attempt to 'pass' as a drinker by consuming non-alcoholic beverages (Nairn et al., 2006), or adopt alternative social roles in drinking settings that are functional, such as designated driver or caring for drunk peers

(Herring et al., 2014; Piacentini & Banister, 2009), though it is worth noting that these roles are not necessarily welcome to the non-drinker (Herring et al., 2014). Despite allegiance to coping mechanisms, certain contexts still exist that typically present a challenge, such as new social settings that elicit feelings of anxiety or loss of confidence. To cope, non-drinkers may resolve to adhering to social norms and consuming alcohol, albeit on their terms by drinking less (Piacentini & Banister, 2009).

1.6.2. Perceptions of Non-drinkers and Non-drinking

The experiences of stigma discussed so far raise questions about the perceptions of non-drinkers by drinking peers. Cheers et al. (2020) for instance, observed that drinkers identify non-drinkers as difficult to engage in social contact, and as threatening, by causing disruption to the drinker's pleasure seeking, prompting drinkers to unwantedly reflect on their own problematic alcohol use. This aligns with research that identifies non-drinkers as less sociable and less favourable than their drinking peers (Conroy & de Visser, 2013; 2016; Young et al., 2016; Zimmermann & Sieverding, 2010). On the other hand, the views of significant others such as partners or family members suggests a different perspective, with partner support driven by moral obligation, gained advantages by also reducing drinking, and motivation to maintain the relationship, however there is little research that explores these perceptions further (Bartram, 2018).

1.7. **Substance Use and the LGBT+ Community**

This section aims to consider the presence of substances within the LGBT+ community and its associated leisure-spaces.

1.7.1. Social Spaces Within the LGBT+ Community

Prior to examining the use of substances within the LGBT+ community, one must first consider the physical spaces in which this population group typically socialises. These spaces are often referred to as the "Scene" in both popular and research literature, and encompass locations such as commercial gay bars

and clubs (Formby, 2017; Holt, 2011). The importance of the Scene lies in the historical stigma against this community, which placed limits on the availability of safe spaces in which to meet and led to the establishment of this social world. As such, the Scene has historically been considered a uniquely safe space where one can meet others who identify similarly, away from the risk of judgement and homophobia in the wider community (Formby, 2017). Its placement within bars and clubs has subsequently meant that LGBT+ individuals tend to go to such venues more often than their heterosexual counterparts (Trocki et al., 2005). However, an inevitable consequence of socialising in these settings is the central role of recreational substances within them (Condit et al., 2011; Ward et al., 2014) and studies have subsequently and consistently demonstrated the pervasiveness of heavy drinking and drug use on the Scene (Emslie et al., 2017; McNair et al., 2016). Though this pervasiveness is partly because of the physical spaces the Scene is restricted to, substances are also thought to play other roles for the LGBT+ community, such as demonstrating identity to other LGBT+ individuals, or as a coping tool for life stressors (Emslie et al., 2017; McNair et al., 2016). This will be discussed further in Section 1.7.4.

When examining the Scene, one must acknowledge that the Scene is itself diminishing. Since 2006, LGBT+ nightlife in London has suffered a drastic reduction, losing 58% of its venues among which are some of the community's most valued and longstanding (Campkin & Marshall, 2017). Spaces that catered specifically to women, transgender people, and Queer, Transgender and Intersex People of Colour (QTIPOC) have been particularly affected by these closures (Campkin & Marshall, 2017). A recent survey of LGBT+ venues in London identified that between 2006-2017, 74% of venues were designated specifically for gay clientele, while only 28% were for lesbians, 19% for bisexuals, 13% for trans people, 10% for queer people, and just 1% for QTIPOC (Campkin & Marshall, 2017). These are significantly low numbers and reflect the hypocrisy of the Scene that presents as welcoming of all difference, but is both historically and currently predominantly pitched towards white, privileged, able-bodied, cisgender, gay men (Formby, 2020; Jaspal, 2017).

In terms of permanent SMW-only spaces, London currently has only one club and one bar. Though the Scene has subsequently morphed to incorporate monthly or one-off events held at a range of venues (Campkin & Marshall, 2017), there is a clear dearth of community space available solely for SMW. The significance of this relates to the importance of dedicated safe spaces where SMW can socialise without fear of judgement, and raises questions about the future of the scene (Campkin & Marshall, 2018; Casey, 2004). The potential reasons for these closures are multiple. One such reason, specifically in cities such as London in which the cost of real estate is significant, is that LGBT+ venues can no longer afford to rent the spaces in which they run (Campkin & Marshall, 2018). There is also an argument that the popularity and safety of LGBT+ spaces has increasingly attracted heterosexual people, resulting in spaces that no longer feel safe and uniquely for the LGBT+ community (Casey, 2004). Within much of this also lies the wish for LGBT+ leisure-spaces that are not based in alcohol-centric settings (Formby, 2017). Such spaces exist in cities such as Brighton (Browne & Bakshi, 2011), but at time of writing there are no such spaces in London.

It is also important to note that the current social context that has seen increases in LGBT+ rights may have influenced the wider LGBT+ leisure-scape (Browne & Bakshi, 2011). Where previously the Scene was born from necessity for safe space, generic leisure spaces are now not necessarily as unsafe or unwelcoming as they might have been (Browne & Backshi, 2011). As such, LGBT+ socialising may no longer need to be restricted to the Scene, decreasing the need for dedicated spaces. This could contribute to the spate of closures over the last decade, however it is important to note that this research by Browne and Backshi (2011) was carried out in Brighton, an area that is historically far more accepting of the LGBT+ community than elsewhere in the UK. It cannot therefore be considered a generalisable reflection of the current need for LGBT+ spaces, due to the difference between urban and rural areas regarding what the community looks like, and where it can gather (Formby, 2017).

However, in addition to these considerations, technological developments have also impacted how the LGBT+ community is able to connect, by creating unique spaces that transcend geography and reduce the need for physical spaces. Dating applications such as Tinder and Grindr have arguably made it easier for LGBT+ individuals to meet potential partners and friends without needing to frequent the Scene, while platforms such as YouTube and Instagram facilitate exposure to others who identify similarly (Zablotska et al., 2012). This is particularly true of younger generations and is arguably a positive development, facilitating connection with others, reducing feelings of isolation, and supporting self-discovery of sexual orientation and gender identity (Collins & Drinkwater, 2017).

1.7.2. Substance Use in the LGBT+ Community

Substances are central to the commercial Scene, partly because of the focus around bars and clubs (Lea et al., 2014; Trocki et al., 2005). Subsequently, rates of substance misuse are higher in the LGBT+ community than in the heterosexual population (Green & Feinstein, 2012; Ward et al., 2014), though it is difficult to precisely assess the extent of substance use within LGBT+ populations due to the scarcity of data (Moncrieff, 2014). In a review of the available literature, Green & Feinstein (2012) identified that gay and bisexual men, and LB women, are at higher risk for alcohol and drug use disorders than heterosexual counterparts. However, though the use of the acronym LGBT+ links all members of this community regardless of their gender identity and sexual orientation, one must not forget that their experiences are very different. For instance, the choice of substances between LGBT+ men and women appears to differ, with “club drug” use, such as methamphetamine and ecstasy, and practices of ‘chemsex’, the combination of drug taking and having sex, almost exclusively associated with men who sleep with men (Bourne et al., 2015; Maxwell et al., 2019). LB women on the other hand, appear to be at greater risk of alcohol abuse (Green & Feinstein, 2012; Mckirnan & Peterson, 1989), though it is unclear what instigates this difference.

In considering the empirical evidence regarding LGBT+ substance misuse, it must be noted that these conclusions have historically been made from

research evidence that is not robust, whether due to small sample sizes (Lewis et al., 1982; Saghir et al., 1970), methodological issues such as interviewing bartenders for their estimates of alcohol consumption (Fifield et al., 1977), or excluding comparable information for heterosexual men and women (Greenwood et al., 2001). Many studies have recruited participants who are active users of the Scene, and as such cannot be said to represent the experiences of those who are not. Finally, much of the available literature has emerged from the United States (US) and a review of sexual minority substance use internationally demonstrated that the highest consumption was in North America (Bloomfield et al., 2012). Nevertheless, there does appear to be a consistent indication of increased substance use within the LGBT+ community compared to heterosexuals.

1.7.3. Patterns of Alcohol Consumption Among Sexual Minority Women

As noted in Section 1.7.2, SMW are more likely to abuse alcohol than drugs than heterosexual women and gay men, though it is difficult to accurately estimate the extent of alcohol abuse. Notably, this appears to be applicable across the Western world, demonstrated for instance in the UK (Buffin et al., 2014; Hagger-Johnson et al., 2013), the US (Green & Feinstein, 2012; Hughes, 2011; Kerr et al., 2015) and Australia (Lea et al., 2014; McNair et al., 2016). Compared to heterosexual women, SMW are more likely to report consuming larger quantities of alcohol, drinking more frequently, and becoming intoxicated more often, and are more likely to experience alcohol dependency and receive treatment for drinking (Cochran et al., 2000; 2004). Though significant, these findings were based on secondary data analysis of the US 1996 National Household Survey on Drug Abuse. However, a systematic review of the available international literature by King et al. (2008) demonstrated that SMW are more likely to have an increased risk of lifetime incidence of alcohol dependency compared to both men and heterosexual women. In addition, recent studies in the UK by Buffin et al. (2014) and Shahab et al. (2017), concluded that hazardous and binge drinking is more prevalent in LB than heterosexual women.

Protective characteristics such as older age, typically seen in heterosexual women against substance misuse, do not appear to lower the risk in LB women who are by comparison, less likely to reduce alcohol intake as they age (Parks et al., 2007; Veldhuis et al., 2017). It is noteworthy that SMW in committed, cohabiting relationships appear to consume less alcohol compared to single SMW, who are significantly more likely to report heavy drinking (Trocki et al., 2017; Veldhuis et al., 2019; 2020). It has also been suggested that SMW who identify as 'butch', more stereotypically masculine in their presentation, drink more frequently and larger quantities than SMW who identify as 'femme', more stereotypically feminine (Levitt & Hiestand, 2005; Rosario et al., 2008). This may be influenced by more experiences of homophobia and subsequent emotional distress, that butch-presenting women may experience more than femme-presenting women, who may pass as heterosexual. This study looked at a relatively small sample, though it is interesting to note these differences in informing health promotion initiatives.

Among people aged 18-19 years old who identify as LGB in England, alcohol consumption is more likely to be reported by those who identify as lesbian compared to heterosexual (Hagger-Johnson et al., 2013). Of note is that identifying as bisexual is not associated with regular alcohol consumption. This is an interesting difference compared to adult bisexual women, as studies have demonstrated higher alcohol intake and binge drinking frequency compared to lesbian women (Molina et al., 2015; Talley et al., 2014). This disparity between adolescent and adult bisexual drinkers could be influenced by the accumulation of bisexual-related minority stress over time (Colledge et al., 2015; Fredriksen-Goldsen et al., 2011; Molina et al., 2015). This difference demonstrates the importance of acknowledging the unique experiences of individuals who fall under the title of "sexual minority women". There is even less known about the experiences of those who identify as transgender, though it is thought that trans women consume more alcohol than women who identify as lesbian, gay, or queer (Talley et al., 2014).

There is also some indication that drinking practices differ between SMW who identify as white or as a black and minority ethnicity (BME), however the

available literature is minimal and based mainly in the US. The overrepresentation of whiteness in the literature reflects the racism and assumptions of whiteness within the LGBT+ community (Formby, 2020; McNeil et al., 2012), and is a glaring omission of BME experiences. What has been identified from the little literature available however, is that Black and Hispanic SMW engage in heavier alcohol consumption than white SMW, and that Black SMW are more likely than both White and Hispanic SMW to be heavy drinkers (Greene et al., 2020; Hughes, 2011; Lewis et al., 2016), however there is little available to draw further conclusions. Again, the significance of majority US-based literature is that SMW in North America were noted to engage in higher risk drinking compared to Europe (Bloomfield et al., 2012). This could reflect higher levels of stigma and discrimination in North America against SMW (Bloomfield et al., 2012), but could also reflect the increased alcohol consumption of heterosexual women in the UK that decreases the disparity (Smith & Foxcroft, 2009).

1.7.4. Reasons for Alcohol Use by Sexual Minority Women

The experiences of discrimination and marginalisation that SMW are subjected to because of their sexual orientation is thought to be one reason for greater risk of heavy drinking. This experience, termed 'minority stress' (Meyer, 2013), considers the impact of chronic psychological stress to minority groups, due to stigmatised status in society (Meyer, 2013; Ratts & Pedersen, 2014). This can present for example, through homophobic abuse and internalised homophobia, negative feelings about being gay (Diplacido, 1998; Williamson, 2000). It is important to note that the term 'internalised homophobia' has garnered criticism in its localisation of the problem within the homosexual individual as being wrong in some way, without acknowledging the influence of social and political oppression, nor the experiences of those who do not identify as 'homosexual'. Instead, the term 'heterosexism' has emerged to encapsulate the prevalence of heteronormative assumptions within society, and considering not only the influence of social and political injustice and invalidating social environments, but also prejudice against all LGBTQ+ identities (Smith et al., 2012). As such 'internalised heterosexism' further recognises prejudice that LGBTQ+ individuals may develop against their own and others' sexual minority identities

from experiences embedded within heterosexist contexts (Herek, 2000; Puckett & Levitt, 2015; Szymanski & Meyer, 2008). Another term, 'gay oppression', has also been proposed to denote the subjugation of the LGBTQ+ community both historically and in the present (Smith et al., 2012). For the purpose of this study, to encapsulate the privileging of heterosexuality and the internalised stigma connected to external systems that marginalise sexual minorities, while also inviting the reader to recognise the overt acts of gay oppression that occur in society, the term 'internalised heterosexism' will be used.

In the context of minority stress, the use of alcohol subsequently emerges as a coping mechanism to manage psychological stress and avoid heterosexist social norms (Hughes, 2011; Meyer, 2013; Peralta, 2008). The experience of minority stress is also associated with social isolation and marginalisation, factors also linked with risky drinking (Lewis et al., 2016; McKay et al., 2017). Add to this intersectionality between minority identities, at a minimum being female and a sexual minority, but that can also include being a person of colour, disabled, low SES or gender diverse, and the complexity and stressors increase (Balsam et al., 2004; Bowleg et al., 2003; Crenshaw, 1989; Hughes, 2011; Lewis et al., 2016). This is demonstrated for example, by the bisexual-specific minority stressors due to biphobia in both heterosexual and LGBT+ settings, and indications of increased alcohol consumption (Colledge et al., 2015; Molina et al., 2015). Importantly, membership of LGBT+ social networks may serve a protective function against the adverse psychological consequences of minority stress and homophobic oppression (Follins et al., 2014), by providing the opportunity to meet others who identify similarly, in safe and supportive environments (Formby, 2017; Lea et al., 2014).

Community trends, such as the normalisation and expectation of heavy alcohol use on the Scene, also influence heavy alcohol consumption (Condit et al., 2011; Emslie et al., 2017; Formby, 2012). There is some indication that SMW consistently over-estimate the amount of alcohol consumed by other SMW which may contribute to increased alcohol consumption (Boyle et al., 2020; Litt et al., 2015), and that if one does not drink, one feels excluded (Formby, 2012). This sense of exclusion is another reflection of the Scene's hypocrisy, that though it celebrates itself as an inclusive space for all minority sexualities, it

also has a history of excluding those who do not fit a white, male, cisgender, able-bodied and economically privileged ideal (Formby, 2020; Jaspal, 2017; Taylor, 2013).

Another consideration is the role of alcohol choices in identity construction and sexual intimacy among SMW. Emslie et al. (2017) described how some SMW use alcohol to construct a gendered identity, such as butch-identifying women drinking beer from pint glasses to present a masculine image. Alcohol also facilitates exploration of SMW's gender and sexual identities in a safe space, by increasing self-perceived confidence, permitting behaviour that might otherwise deviate from typical gendered assumptions, such as presenting as masculine (Emslie et al., 2017; Peralta, 2008; Pienaar et al., 2020), or approaching potential partners (Parks et al., 2007; Peralta, 2008). Hazardous drinking in this context has also been associated with increased sexual-risk behaviours, such as having unprotected sex, and intimacy-related expectancies, such as increasing sexual feelings (Matthews et al., 2013).

1.7.5. Sexual Minority Women and Sobriety

There is little research investigating the experiences of SMW who have reduced alcohol intake, however a small proportion of literature does look at the experiences of SMW who are sober due to hazardous drinking. Matthews et al. (2005) for instance identified the role of self-reflection in maintaining sobriety following recovery, to facilitate self-acceptance regarding previous alcohol use and internalised homophobia. Membership of sobriety programmes such as Alcoholics Anonymous (AA) was also cited as an invaluable resource, particularly where groups were specifically for SMW and offered a safe space with similar others (Matthews et al., 2005). Rowan and Butler (2014) also investigated the factors that support older lesbians aged 50 to 70 years old with a history of alcoholism, to sustain sobriety over a period of at least one year. They identified the influence of partners on triggering sobriety by drawing attention to problem drinking, as well as an influence of family history of alcoholism and awareness of the negative consequences. Factors that supported the maintenance of sobriety included support from family and friends, accessing alcohol-recovery programmes and the associated community, and valuing the importance of their health.

Interestingly, it is thought that LGBT+ people may transition away from the Scene with age, which could also influence alcohol intake. Younger SMW and those most recently “out” as LGBT+ are more likely to access the Scene as a rite of passage in the formation of their LGBT+ identity and to connect with community (Emslie et al., 2017; Simpson, 2013). This later transition could be due to the increasing availability of private homes in which to socialise, compared to the contexts of younger LGBT+ people who may still live at home and may not feel safe in such settings (Casey, 2013; Choi, 2013), however it is notable that SMW in midlife still experience more peer pressure to drink, and drink more than heterosexual women (Emslie et al., 2017). Though there is scarce research available on addiction treatment protocols specifically for SMW, there is some indication that the stressors that lead to alcohol consumption such as minority stress, can re-emerge during the process of reducing alcohol consumption (Senreich, 2009), but that there is little awareness of these LGBT+-specific issues among healthcare professionals (Brooks et al., 2018; Bush et al., 2019). This is an important consideration.

1.8. Building a Research Rationale

In conducting this literature review, the researcher was unable to find any studies that investigate the experiences of SMW reduced drinkers. Furthermore, much of the relevant literature is from the US and as such is difficult to generalise to the UK. It is noteworthy that available literature primarily examines the experiences of LB women, excluding the experiences of women who define differently, such as queer or pansexual. Furthermore, sample sizes are often small and focus on young people and students, generally aged between 18 to 25 years old, further limiting generalisability. Thus, the experiences of SMW across the lifespan are unclear. In addition, white and educated women are over-represented, and there is sparse literature on the experiences of SMW of colour and those from low SES backgrounds in relation to reduced alcohol consumption.

The researcher proposes that this is a significant gap in the literature, and one that requires investigation due to the risks associated with alcohol consumption

and the extent of hazardous drinking among SMW. Further knowledge regarding the factors that influence the decision to reduce alcohol intake and the experiences of this, are significant in developing health promotion initiatives that can acknowledge and support this community. The little understanding that currently exists among healthcare professionals and the lack of, but desire for, LGBT+ specific services for substance misuse, is reflected in the experiences of LGBT+ service users who feel unable to fully disclose their difficulties when seeking help (Moncreiff, 2014). This has both short and long-term impacts on the health and wellbeing of this population group, with SMW expressing reluctance to seek support for alcohol use (Moncreiff, 2014).

1.8.1. The COVID-19 Pandemic Context

It is important to situate the research within the relevant broader context, and previous IPA studies have garnered criticism for not adequately considering contextual or historical factors (Willig, 2013). The importance of recognising context is arguably fundamental in constructing participants' experiences, and identifying relevant contexts should aid the presentation of research outcomes and conclusions (Taylor, 2018). One must therefore consider the broader context of the global COVID-19 pandemic under which this research was conducted. The pandemic so far has resulted in the deaths of millions of people, the closure of public spaces such as bars and pubs, and the loss of thousands of jobs (Allas et al., 2020; Kontopantelis et al., 2021; Nicola et al., 2020). At the time of recruitment and interview, residents of England were in varying degrees of lockdown that restricted social gatherings outdoors and forbade social gatherings indoors. This context is unavoidable in considering the nature of group socialising and drinking practices, and the unique scenario that forbids such contact.

Since the onset of the COVID-19 pandemic, novel alcohol-related research has looked at the experience of the pandemic and social lockdown guidance on alcohol consumption. Due to the pandemic's ongoing nature, research is just emerging, however it is useful to consider what has been observed. Garnett et al. (2021), surveying 33,000 UK-based adults at the onset of lockdown, found that approximately half of participants had not changed their drinking style, a

quarter reported drinking more and a quarter reported drinking less. They also observed that higher alcohol intake during lockdown was associated with being female, younger, or struggling with anxiety (Garnett et al., 2021). Variability in drinking behaviours were also reported by Jackson et al. (2020) who found that while high-risk drinking appeared to have increased, attempts to stop or reduce alcohol intake was more likely to be reported by high-risk drinkers. Similarly, Nicholls and Conroy (2021) noted that while lockdown was experienced by some as a catalyst to reduce alcohol consumption, others reported more erratic drinking style and difficulty tracking consumption at home. These findings reflect the intricacies of a context such as the COVID-19 pandemic and its influence on alcohol consumption.

Finally, as discussed in Section 1.7.1., the future of the Scene was already dire. Add to this the impact of the COVID-19 pandemic, and the situation appears even bleaker as the sudden halt of social life and the closure of leisure spaces that have been witnessed so far, suggests that further changes to the Scene are inevitable (Anderson & Knee, 2020).

1.8.2. The Current Study

The following study will thus adopt an idiographic approach to explore the lived experiences of SMW who have reduced their alcohol intake, an under-researched group who may engage in higher levels of alcohol consumption relative to same-age heterosexual peers. However, understanding what motivates SMW to reduce alcohol consumption and how this plays out over time, is important to understand from a health promotion perspective.

Accordingly, the following three research questions guided the research agenda for this project:

1. What are the lived experiences of sexual minority women who have reduced their alcohol consumption over the last 18 months?
2. What factors are involved in sexual minority women's decision to reduce their alcohol consumption?
3. How has the change in drinking style been affected by the social distancing guidance during the COVID-19 pandemic?

2. METHODOLOGY

This chapter will present the methodological and epistemological framework adopted in this study. The rationale for the use of the qualitative methodology IPA in this study will be reviewed, and the sampling, data collection and ethical consideration processes will be outlined. Reflexivity and quality components will also be discussed.

2.1. Consideration of Methodologies

The research sought to explore detailed individual accounts from eight sexual minority women on the experience of reducing alcohol intake. The focus on personal experience to explore the phenomena in question, guided the researcher to adopt an idiographic stance and collect and analyse data using qualitative methodology. Different methods of qualitative analysis were considered to establish the methodology best suited to the research question, including IPA, Thematic Analysis and Grounded Theory.

2.1.1. Thematic Analysis

Thematic Analysis (TA) is considered one of the most used and even foundational methods of qualitative analysis (Braun & Clarke, 2006). TA seeks to identify, analyse, and report key themes around a research topic that reflect the original data set, and is considered independent of any theoretical or epistemological framework. As such it can be applied across a range of approaches (Braun & Clarke, 2006). TA can be conducted in either an inductive or deductive way, where the former identifies themes strongly related to the data themselves, and the latter is driven more by the researcher's own analytical or theoretical interest in the area. TA was considered because of its flexibility and usefulness as a research tool to gather rich, detailed accounts of the data (Howitt & Cramer, 2007). However, TA arguably does not examine experiences with the same complexity and depth as IPA, as it does not privilege

focus on 'lifeworld' domains such as temporality and identity (Todres et al., 2007).

2.1.2. Grounded Theory

Grounded theory (GT), similarly to IPA, is an approach tied to a theoretical framework. The core aim of the GT analytical process is to develop a useful and credible theory of the phenomena, grounded in the collected data, to develop an understanding of social phenomena not already explained through existing theories (Engward, 2013; McLeod, 2001; Holloway & Todres, 2003). GT was considered because of the importance it places on including and interpreting the perspectives and voices of the people who participate in the study (Strauss & Corbin, 1994). However, GT was not deemed suitable due to the suggested requirements for relatively large sample sizes of 30 – 50 participants (Morse, 1994), and the predictably small sample sizes that would likely be gathered for the research topic in question. Furthermore, as GT centres around generating theory, it was felt that IPA was more suitable as the current research aimed primarily to investigate the experiences of a novel and unique cohort of individuals.

2.1.3. Rationale for IPA

With these methodologies in mind, IPA was considered most appropriate as it seeks to gain an in-depth understanding of the experiences of a small, homogenous sample and the individual accounts of reality within that, rather than seeking to test a pre-determined hypothesis or an objective account of reality based on a large sample. In addition, though the exploration of experience is not unique to IPA, the depth with which IPA addresses the concepts of lifeworld, temporality, and identity arguably makes it suitable for the topic in question that seeks to explore unique individual experiences of a significant transition in life. IPA's interest in understanding the lifeworld promotes a focus on the immediate human experience, from the perspective of the reflective, meaning-making individual. Temporality is also central in IPA's consideration of patterns of meaning across time, and the influence of the individual's past on the present and the anticipated future, such as in reflections on past and present alcohol intake, and predictions for the future. Finally, the

central exploration of matters concerning identity and sense of self, in particular matters that are of great importance to the individual such as transitions in life stage and changing ideas around the self in public and in intimate relationships, arguably sets IPA aside from other qualitative methodologies (Eatough & Smith, 2017).

IPA can further aid in a researcher's endeavours to make interpretations that discuss thoughts, feelings, meanings, and behaviours (Reid et al., 2005), and is subsequently considered a robust methodological approach to analyse and understand people's experiences (Biggerstaff & Thompson, 2008). In addition, IPA has close links with health psychology in valuing understanding patients' interpretations and perspectives of their bodily experiences (Brocki & Wearden, 2006). Examples of the use of IPA in health-related research can be found in research that looks at the experiences of non-drinking students (Conroy & de Visser, 2015), and the experience of addiction and its impact on sense of self (Shinebourne & Smith, 2009). IPA has also been proposed to be suitable in the investigation of significant transitional experiences, such as the transition of drinking style proposed in this research (Smith et al., 2009). As an approach, IPA is concerned primarily with the human lived experience, and postulates that it is through the interpretation of the meaning people place upon their experiences, and the examination of relevant contextual features in relation to that experience, that a deeper understanding of experience itself could be gained (Matua & Van Der Wal, 2015; Smith et al., 2009). In this way, IPA integrates ideas from phenomenology, hermeneutics and idiography.

2.2. IPA's Philosophical Underpinnings

The philosophical assumptions of the current research are important to outline as these assumptions help determine how the researcher engages with the participants within their personal environments (Creswell, 2013). In addition, the adoption of appropriate research methods should be guided by a combination of the philosophical position of the researcher with regards to the research objectives (see Section 1.1.), the nature of the phenomena to be explored and its uniqueness in research terms, as well as pragmatic factors including

available time and resources (Holden & Lynch, 2004). Consistent with IPA's commitments, the current research adopted an idiographic approach from a critical realist phenomenological epistemology. This section will seek to briefly summarise the philosophical underpinnings of IPA and the considerations in its adoption for this study.

2.2.1. Phenomenology

Phenomenology is an approach that seeks to investigate human experience, and the way in which things present themselves to us both in and through such experience (Sokolowski, 2000). At its foundation, phenomenology argues that human beings exist in the world in a way that is always perspectival and in relation to something. As such, an individual's experience uniquely belongs to their embodied position in the world and to this position alone. Phenomenology is concerned with understanding this position as it is brought to light through a data set. The early philosophical ideas of Husserl (1931), Heidegger (1962) and Merleau-Ponty (1962) influenced the development of IPA methodology with regards to phenomenological epistemology. There are, however, subtle differences between the ideas of these key figures that have influenced the IPA process since its inception.

Husserlian phenomenology defines evidence broadly as "something that is" (p. 12), or the seeing mentally of something itself (Husserl, 1931). Indeed, Husserl (1931) developed phenomenology as an approach to understand a person's lived experiences, and the meanings made of those experiences. Husserlian phenomenology thus proposed that one could become conscious of the process of the experiencing, by identifying the key elements of experience through reflection and 'bracketing out' one's own assumptions to facilitate a more impartial and focussed understanding of a particular worldview (Smith et al., 2009). In comparison to the original Husserlian phenomenology, IPA as it is adopted today adheres more to the phenomenological approach proposed by Heidegger (1962). Heidegger (1962) emphasised the existential nature of experience and how each individual is unavoidably a 'person-in-context'. In this way, Heideggerian phenomenology emphasises the role of meaning-making within the distinctive dynamic of human existence and the embodied nature of

human life. In relation to IPA, rather than adopting the Husserlian focus of 'bracketing out', a Heideggerian phenomenological approach emphasises how phenomena are interpreted and subsequently highlights the role of researcher reflexivity in the analytic process (Smith et al., 2009).

In addition, the work of Sartre (1956/1943) must be acknowledged within the development of IPA methodology. Sartre placed a further emphasis on the need to consider the contexts of social climate, biographical history and individual life when seeking to understand the unique human experience. Finally, the considerations of Merleau-Ponty (1962) are also relevant. Though still emphasising a commitment to understanding an individual's being-in-the-world, Merleau-Ponty (1962) seeks to describe the embodied nature of an individual's relationship to that world and stresses how a phenomenological approach must aim to give as direct a description of experience as it is.

2.2.2. Hermeneutics

Hermeneutics, the theory of interpretation, also lays the groundwork for IPA's epistemological position with the argument that it is only through interpretation that the phenomenon in question can appear, and sense of the text made in dialogue with psychological theory (Schleiermacher, 1998; Smith et al., 2009). Indeed, Heidegger (1962) also argued that phenomenology is hermeneutic because ideas and concepts are self-concealed within the data set, therefore interpretation is required to understand them once they have appeared. Subsequently, despite the focus on individual experience, the researcher must inevitably become involved in the construction of these experiences due to the need for interpretation (Griffin & May, 2012). Thus, IPA can be described in terms of a double hermeneutic process due to the two-layered interpretation process: The interpretations and meanings that the participants themselves make of their experiences, followed by the researcher's attempts to decode and make sense of these meanings (Smith & Osborn, 2008).

2.2.3. Idiography

Idiography focuses on the uniqueness of each individual (Smith, 2015) and is committed to detailed, in-depth analysis to understand how particular experiential phenomena have been understood from the perspective of a particular person, in a particular context (Smith et al., 1995). IPA can therefore also be considered an ideographical approach in that it seeks to grant the researcher a deeper insight into the perceptions, experiences, and understandings of a small number of individuals (Pietkiewicz & Smith, 2014), rather than seeking more general claims that can be extended to a wider population (Smith & Osborn, 2003).

In summary so far, IPA's philosophical underpinning is phenomenological in its concern with understanding the phenomenon as it emerges, hermeneutic in its need for further interpretation to understand what has emerged, and idiographic in its concern with understanding the particular experiential phenomenon from the unique perspective of particular people (Smith et al., 2009).

2.3. IPA's Ontological and Epistemological Positions

This section aims to outline the ontological and epistemological positions of IPA, applied to the research in question. Ontology is concerned with questions about the nature of reality. The position of the current study adopts an approach that owes something to a relativist ontology. This ontological starting point is appropriate given the project aim to seek to understand phenomena which exist as emotional and experiential structures outside of the research borders, and which are socially constructed to some extent by, for instance, the individual's family history and culture (Willig, 2016). Relativist ontologies also acknowledge the range of interpretations that can be applied to phenomena (Willig, 2013).

Epistemology is the study of knowledge and is concerned with how we know what we know. Moving from IPA's philosophical commitments to consider its epistemological position, one could argue that IPA is underpinned by a critical realist phenomenological epistemology. From a phenomenological

epistemological stance, one would understand the achievement of knowledge and the study of an individual's lived experience to take place through a process of interpretation (Smith et al., 2009). Alongside this, a critical realist epistemology is understood to not fall entirely into either the realist or constructionist accounts of reality and knowledge, where realism seeks to uncover an objective reality (Kukla, 2006), while constructionism recognises the significance of subjectivity and the influence of pre-conceived ideas in research development (Jacobs & Manzi, 2000). Critical realists instead aim to produce accounts of phenomena that do not reject the possibility that the findings are to some extent transferable, but that also do not separate completely from the constructionist emphasis on reflexivity, cultural context, and the linguistic properties of text. Wikgren (2005) also noted that critical realism assumes that reality is comprised of different levels, including cultural, social, psychological, and biological, and that phenomena cannot be explained a single level alone.

As such, the epistemologies of phenomenology and critical realism can be considered complementary, and the strengths of each approach can aid researchers (Budd, 2012). In relation to IPA, this method does not seek to distil an objective account of a given phenomenon, nor does it understand language purely in constructionist terms, and is neither constrained nor defined by the functions of language. Subsequently, the IPA researcher is not just looking at the constructive activity involved in text, but also considers positioning, the historical and cultural context, and what it reveals about the lived experience in question (Larkin et al., 2011).

2.4. Appraising IPA

The limitations of IPA must be acknowledged, alongside its suitability. IPA can be criticised for its reliance on the interpretations of both participant and researcher, and its reliance on language that requires that participants are able to sufficiently articulate their experiences and thoughts to reflect the nuances (Baillie et al., 2000; Willig, 2013). The skills of the researcher must also be considered, such as their ability to ask clear non-leading questions, to use therapeutic skills to facilitate the participant's comfort to talk openly, and to be

able to skilfully explore the participants answers and observations (Baillie et al., 2000). Additionally, IPA lacks standardisation of the process of interpretation and requires that the researcher be able to sufficiently reflect, analyse and interpret without being guided by their pre-awareness and interests in the topic area, in order that interpretation of the participant's personal world is as uninterrupted as possible. As a novice IPA researcher this was important to consider, though a rigid IPA protocol would arguably be problematic by limiting the nuanced interpretations central to IPA research (Tuffour, 2017).

2.5. Participants

This section will review the recruitment strategies and demographic information of the participants.

2.5.1. Inclusion and Exclusion Criteria

Participants were required to be over the legal drinking age of 18 years, to identify as a sexual minority woman, to socialise with others who identify similarly, and have reduced drinking in the last 18 months. These criteria were proposed to increase the likelihood that participants would have legally accessed the LGBT+ Scene (see Section 1.7.1.) and socialise with LGBT+ peers. The requirement that drinking be reduced within 18 months prior to recruitment was intended to capture participants in the process of transition, to explore the acute experiences and adaptations of this. Participants were also required not to have used substance misuse or psychiatric services either historically or presently, to reduce the likelihood of distress during interview and to capture the experiences of regular drinkers.

2.5.2. Sampling Approach

A purposive approach to sampling (Tongco, 2007) was adopted to ensure that participants were homogenous and met the inclusion and exclusion criteria. This was done to capture and interpret the commonality of their experiences so that a better understanding of participant's lived experiences could be gained (Smith et al., 2009). As further noted by Creswell (2013), "it is essential that all

participants have [similar lived] experience of the phenomena being studied” (p. 155). Similarities were not required in terms of ethnic backgrounds or age. This was to help achieve a natural level of participant variability that reflected the diversity of the LGBT+ community, though it must be acknowledged that the Scene has also garnered criticism for privileging white homonormativity and enacting prejudices that are racist, ableist and sexist (Vo, 2021) so variability could be minimal.

2.5.3. Recruitment

Prior to application for ethical approval, the researcher consulted an LGBT+ sober socialising organisation and permission was granted to recruit from their membership. Recruitment took place between June 2020 and September 2020 following ethical approval. The researcher shared a recruitment poster on their personal profiles on the social media platforms Facebook and Instagram (Appendix A). This poster was also distributed through the LGBT+ sober socialising organisations’ monthly newsletter. The recruitment poster contained information about the study, a link to an online recruitment survey hosted on Qualtrics, and contact details for the researcher for further information. The survey presented participants with a consent form (Appendix B) and consisted of 22 questions about participants’ demographic information, current alcohol intake and current socialising practices (Appendix C), with the intention to identify participants in-line with the inclusion and exclusion criteria. Following survey completion, an email was sent to appropriate participants to invite them to interview (Appendix D). All survey participants were entered into a raffle to win one of two £10 Amazon vouchers, and all interview participants were given an £8 Amazon voucher to thank them for their time.

Of the 22 individuals who started the survey, 16 completed it, 16 met the inclusion criteria and eight were willing to be interviewed. Table 1 displays the participant characteristics and details about drinking transitions. Pseudonyms are used to protect participant confidentiality.

Table 1.

Participant Demographic Information and Pseudonyms

Participant ID	Pseudonym	Age	Sexual Orientation	Ethnicity	Duration of reduced alcohol intake (months)
P1	Robin	27	Lesbian	White British	8
P2	Ari	27	Gay	White British	6
P3	Rachel	31	Bisexual	Black British	4
P4	Frankie	40	Lesbian	White British	4
P5	Alice	37	Bisexual	White British	5
P6	Erin	51	Lesbian	White British	6
P7	Alex	30	Queer	White British	3
P8	Jamie	30	Lesbian	White British	6

Note: Table displaying the demographic information and pseudonyms of interviewed participants.

2.6. Ethical Considerations and Approval

This section will provide an overview of the ethical considerations relevant to this study.

2.6.1. Ethical Approval

Ethical approval was granted by the University of East London (UEL) School of Psychology Research Ethics Sub-Committee (SREC; Appendix E), to gain permission to carry out the study and to help ensure the safety of participants (Madill & Gough, 2008).

2.6.2. Informed Consent

Prior to survey participation, participants were required to read a Participant Information Sheet (PIS; Appendix F) explaining the study purpose and process, and to sign a Consent Form (Appendix B). Prior to interview participation, all participants were emailed a PIS (Appendix G) containing information about what the interview would entail, and a Consent Form (Appendix H), which they were requested to sign and return via email before the agreed interview date. At the onset of each interview, participants were reminded of their freedom to withdraw consent at any point during, and three weeks after the interview. Participants were informed that collected data would be stored confidentially, that all identifying characteristics would be removed during the transcription process, and that direct quotes would be used in the write-up.

Following both the survey and interview, participants were sent a debrief sheet containing further information regarding the study and contact details for relevant mental health and alcohol-misuse services if needed (Appendices I & J). Contact details were provided for the researcher and supervisor for further questions.

2.6.3. Confidentiality

All participant personal identifying information, consent forms and interview data were kept confidential and anonymous in line with the Data Protection Act (2018) and stored in encrypted form between a password-controlled laptop belonging to the researcher, the UEL H: Drive server and the OneDrive for Business. Transcripts and analysis will be stored securely for three years to allow for data dissemination and will then be destroyed. Only the researcher and the Supervisor have access to these materials. The recordings and transcripts of each participant were assigned a matching numerical code, for example 'P1', and participants were referred to by this code during discussions between the researcher and supervisor.

As interviews were conducted via Microsoft Teams and thus in personal homes, the use of a quiet and private space was ensured prior to commencing all interviews.

2.6.4. Addressing Risk of Participant Distress

Though no significant risk of harm was predicted, there was still a risk of participant distress from discussing potentially upsetting experiences regarding alcohol use (Lehavot & Simoni, 2011) or sexual orientation, such as experiences of homophobic abuse (Diplacido, 1998). As such, exclusion criteria (see Section 2.5.1.) were developed to reduce the likelihood of emotional distress. At the beginning of the interview, participants were advised that they could request a break at any point should they need to. Ultimately, no interviews were paused due to participant distress.

2.7. Study Specific Method Details

The following section will outline the approach to data collection and analysis.

2.7.1. Interview Schedule Development

A semi-structured interview schedule is commonly adopted within IPA, for which the interviewer develops a prompt sheet containing several key themes for discussion with participants (Biggerstaff & Thompson, 2008). The use of a schedule is intended to be neither prescriptive nor constraining, but rather intends to create a foundation for conversation from which the unique experiences of participants can be responded to. A prompt sheet was prepared using the guidelines outlined by Smith et al. (2009) for IPA interviews, allowing for rapport building at its onset (e.g. What is a typical day like for you at the moment?), leading to more general research-related questions about socialising practices (e.g. What are your experiences of LGBT+ venues?), to more specific research-related questions about the change in drinking practices (e.g. What prompted you to reduce your typical alcohol consumption?), and the impact of Covid-19 socialising restrictions (e.g. What have your experiences of drinking alcohol been like since the COVID-19 pandemic and guidance around social

distancing?). The question wording was considered to ensure open rather than closed questions, to elicit participant's individual experiences. Following the initial interview and discussion with the supervisor, the schedule was modified to ensure it allowed for rich and detailed discussion (Appendix K).

2.7.2. Data Collection Context

Questionnaire data was used to recruit participants who met the inclusion criteria. Semi-structured interviews provided the main source of data and each interview lasted between 45 - 75 minutes. Following each interview, a brief discussion was had with participants about their experiences of the interview, and what they planned to do subsequently to ensure self-care, to informally assess whether they required any further support. No participant expressed this desire, and several reflections were made regarding the usefulness of the conversation to reflect on their personal journeys with alcohol.

All interviews were conducted on Microsoft Teams, following guidance set by the UEL ethics board in line with government COVID-19 guidance. Interviews were recorded using the recording function on Microsoft Teams and a backup recording made on the researcher's password-protected dictaphone. Interview recordings were automatically saved on Microsoft Stream, and the recording and transcript downloaded from the website, uploaded from the dictaphone, and stored on the researcher's laptop. Recordings were then deleted from the dictaphone and Microsoft Stream.

2.7.3. Data Analysis

Audio recordings were transcribed verbatim by the researcher. During transcription, in accordance with IPA research guidelines (Smith et al., 2009), initial notes were made on observations of interview content and personal reflections, such as how personal characteristics of the researcher and participants may have affected rapport. Initial notes were recorded separately to ensure that simplistic summaries of interviews were avoided, and the analysis was not rushed. This also helped to keep pre-suppositions separate during the later stages of analysis, so that focus on the data itself could be maintained,

and the process of critical judgement and critical engagement with the data could be suspended till a later stage of the analysis (Husserl, 1982; Spinelli, 2005).

Following preliminary familiarisation with the data, the initial stage of analysis commenced. Each transcript was read while listening to the interview recording, and then re-read multiple times to become fully immersed in the data. Any points of interest were noted alongside the transcript document to produce a detailed set of comments about the data. Three focus areas guided this exploratory commentary: descriptive comments on the context of participants' speech; linguistic comments on participant's specific use of language; and conceptual comments to begin engaging with the data on a more interpretative and interrogative level (Smith et al., 2009).

The next stage involved the development of emerging themes from the provisional notes. Each transcript was considered individually, with care given to ensure that pre-suppositions from previous transcripts were bracketed to avoid influencing interpretation at this stage (Smith et al., 2009). Possible connections between themes were provisionally identified, while maintaining awareness of emerging themes or material that did not appear to match the evolving picture (Biggerstaff & Thompson, 2008).

Following this, an overarching structure was created by identifying related themes and clustering them into concepts. The researcher used several methods to achieve this including: abstraction to identify patterns between themes and develop a sense of super-ordinate themes; polarisation to identify oppositional relationships between themes; and contextualisation of narrative elements within the analysis (Smith et al., 2009). These methods reflected the dual quality of IPA, identifying the ways in which participants both share higher order qualities, while also presenting unique, idiosyncratic examples. These steps were taken for each transcript individually in a cyclical process of analysis. An excerpt of the analysis and example process is demonstrated in Appendix L. A master table of themes was then constructed, identifying the

finalised themes and pertinent quotes, and their line location within each transcript (Appendix M).

2.8. Dissemination

A summary of research findings will be shared with participants, and a webinar or blog post shared through the sober socialising organisation's platform, as agreed following their contribution in recruitment (see Section 2.5.3.).

Publication of findings in a peer-reviewed journal is also intended, for further knowledge dissemination.

2.9. Quality in Qualitative Research

Throughout this process, the researcher endeavoured to employ quality standards as set out in guidance developed by Yardley (2008). Yardley (2008) identified four areas that qualitative research quality could be measured by: sensitivity to context; commitment and rigour; coherence and transparency; and impact and importance.

2.9.1. Context Sensitivity

Sensitivity to context is an important factor in demonstrating the validity of a study (Yardley, 2008). This study adopted a narrative review of the literature, which aimed to understand the information identified within existing literature and highlight gaps in knowledge. This helped to inform the research question. The researcher also had some awareness of the role of alcohol on the Scene through personal experience as a gay woman, and as a light drinker.

Throughout the interviews, the researcher was mindful to demonstrate sensitivity to the "interactional nature of data collection within the interview" (Smith et al., 2009, p. 180) and the potentially sensitive information divulged by participants. This was done by allowing participants to stop the interview at any point and to ask the researcher questions. Finally, the Results chapter will seek to demonstrate how the idiographic nature of IPA has been upheld by acknowledging the unique contexts of each participant. This will be

demonstrated using quotations from the interviews to highlight divergences between experiences (Smith et al., 2009).

2.9.2. Commitment and Rigour

The researcher's ethical application and subsequent approval by the UEL ethics board demonstrated a comprehensive awareness of ethical issues.

Furthermore, the researcher endeavoured to put participants at ease during data collection, and to conduct a thorough and in-depth interview in which the semi-structured schedule was adhered to, but important cues also identified and explored. The researcher was rigorous in the effort to perform a thorough and systematic analysis, and the inclusion of an exert of the analytic process (Appendix L) is an attempt to evidence this.

2.9.3. Coherence and Transparency

Transparency in research considers how clearly the process and rationale for each step can be understood by the reader (Yardley, 2008). This began with the narrative review through which the researcher was able to provide a rationale for the current study. This review attempted to demonstrate the proposed link between SMW and alcohol consumption as a mechanism through which to cope with the psychological impact of issues such as minority stress, identity development as a SMW that contradicts heterosexist social norms, and socialising restricted to the alcohol-centric Scene. Intersectionality, defined as the social and psychological impact of multiple interlinking minority identities (Crenshaw, 1989) was also noted here to make clear the interlinking minority identities of, at a minimum, sexual orientation and female gender in a society which is arguably heterosexist and patriarchal. The value of the intersectional perspective was also considered in relation to the experience of drinking transitions that are unlikely to be the same across demographic and social categories. In this instance, among SMW who are part of a community where alcohol might be expected to play a particular role, and thus where changing drinking behaviour might be expected to be more demanding in terms of social pressures and use of alcohol. Transparency in the selection of the IPA method was also attempted, by outlining the consideration of other methodologies, providing a rationale for the eventual selection, and discussing its limitations.

The researcher aimed for transparency in the analysis, in the description of steps involved, and aimed to outline logical narratives in both the Introduction and Results chapter, and to provide excerpts in the Results to provide transparency regarding participant's reported experiences. Providing statements of the researcher's epistemological positions (Section 1.1) and reflexivity (Section 2.10) also created transparency and aimed to offer the reader an awareness of the perspective from which the researcher had come.

2.9.4. Impact and Importance

A study's validity is intrinsically linked with its potential to have an impact and be of use. Regarding the subject of this study, very little research has been conducted and the researcher hopes that important information may emerge that could be of use to health promotion initiatives, LGBT+ services and other researchers. The study findings hope to increase the presence and number of sober and reduced-drinking LGBT+ voices, and could be used in developing specialist alcohol services, training healthcare professionals and teaching alcohol refusal skills for LGBT+ women. Implications and recommendations will be proposed in the Discussion chapter (Section 4).

2.10. Reflexivity

An important aspect of IPA is the maintenance of a reflective stance regarding one's "perceptions, conceptions and processes" (Smith et al., 2009, p. 80). This relates to the double hermeneutic feature of IPA research which acknowledges that the researcher's assumptions will inevitably influence the data collection, analysis, and interpretation. It is thus important to "own one's perspective" (Elliot et al., 1999, p. 22) and clarify what these assumptions are, and previous IPA research has garnered some criticism for not discussing the researcher's interpretative role (Brocki & Wearden, 2006). As such, the researcher's position is outlined here in first person, to reflect their personal perspective. A reflective journal was also kept throughout the research to record reflections on the presence of preconceptions in relation to data collection and analysis (Appendix N).

I identify as a 30-year-old, gay, White British, cisgender woman who though active in the LGBT+ community, participates as a light drinker. My observations of consistently heavy alcohol consumption among the majority of LGBT+ peers from student years to young adulthood, prompted questions regarding the role and prevalence of alcohol on the Scene, and the seemingly limited presence and experiences of those who did not consume alcohol in the same way. Later, clinical practice as a trainee clinical psychologist and the exploration of mental health experiences through the lens of intersectionality and social inequality, led to the consideration of minority status and stigma on the psychological stress experienced by SMW and the tools used to cope. The value of LGBT+ community membership has also been significant for me, but the experience of difference in relation to alcohol consumption raised questions about the impact of this for others. I was conscious of the acts of exclusion that the LGBT+ Scene already enacts, for instance in the prevalence of biphobia and racism, and of the consequences for those individuals. As such, I wanted to investigate the experiences of the reduced-drinking minority within the SMW community.

3. RESULTS

This chapter aims to present a narrative of an IPA analysis of the lived experiences of sexual minority women who have recently reduced their alcohol intake. Three super-ordinate themes arose from the systematic analysis of the transcripts described in Section 2, each containing four sub-ordinate themes which will be described in detail in the following chapter.

It is important to acknowledge that though IPA is concerned with the unique experiences and meanings of the individual, the double hermeneutic cannot be ignored within the very act of interpretation that involves the researcher's attempts to decode and make sense of these meanings (Smith & Osborn, 2008). In the reading of this chapter, one is also advised to consider a third layer of meaning-making: that of the reader's own perceptions, meanings and biases that will inevitably influence both the reading and understanding of the presented findings (Smith et al., 2009).

3.1. Introduction to the Analysis

The presentation of results will aim to demonstrate not just the "commonality" between participants' experience, but also their "individuality" (Smith et al., 2009, p.107). As such, the themes in Table 2 will be presented in narrative form and interspersed with relevant quotes from interviews. These quotes will help to offer sensitivity to context (Yardley, 2008) and facilitate the reader's understanding of the interpretations that have been made (Elliot et al., 1999).

Pseudonyms have been assigned to each participant to maintain confidentiality and preserve anonymity, and any potential identifiable information of either the participant or significant people or places is indicated by '*'. The approach adopted in the inclusion of excerpts has been to present more substantial extracts that are, where appropriate, composite extracts from across the interview. The use of square brackets and ellipsis, for example [...], will be used to reflect where data was diffused throughout the interview as participants moved around their conversation. Additional words included in the extracts to

clarify meaning are indicated by brackets, for example '[them]'. Parts of extracts which have been removed to improve readability and for brevity will be indicated by ellipsis: '...'. Information in parentheses following extracts denotes participant pseudonym, age, self-identified sexuality, and time in months since drinking transition.

Table 2.

Super-ordinate and Sub-ordinate Themes

Super-ordinate Themes	Sub-ordinate Themes
Personal, Relational and Contextual Factors Involving in Changing Relationship with Alcohol	<i>Recognising Problem Drinking and Reliance on Alcohol</i> <i>Addressing the Impact of Alcohol on Mental and Physical Health</i> <i>Influence of Intimate Relationships</i> <i>Opportunity of Lockdown</i>
Navigating the Public Arena	<i>Experiencing Judgement and Pressure From Peers</i> <i>Managing the Pressure To Drink</i> <i>Transitioning Away from Alcohol-Centric Spaces</i> <i>Adjusting to the Changing Social Self</i>
Renegotiating the Relationship with Alcohol	<i>Removing the Beer Goggles</i> <i>Adapting Approach to Drinking</i> <i>Experiencing Positive Change</i> <i>Continued Self-Reflection</i>

Note: Table containing the three super-ordinate themes and the corresponding sub-ordinate themes within them.

3.2. Theme 1 – Personal, relational and contextual factors involved in changing relationship with alcohol

The first super-ordinate theme concerns the multi-layered, personal, relational and contextual factors that contributed to participants' decisions to re-assess their relationship with alcohol and reduce alcohol intake.

3.2.1. Recognising Problem Drinking and Reliance on Alcohol

This sub-ordinate theme seeks to demonstrate how one significant factor that triggered participants to reduce alcohol intake was reaching a point of realisation regarding ever-increasing reliance on alcohol.

Erin identified the realisation of losing control over her alcohol intake, and how fear of this was located in family history of problem drinking:

I just had this increasingly strong suspicion that it was becoming too important to me and that if there was an opportunity to drink, I would take that opportunity to drink... it was becoming maybe less of a choice...
...You know my dad's a very heavy drinker... that's caused problems...
I've got a cousin who's got a very significant alcohol problem, that's caused horrific problems. (Erin, 51, lesbian, 6 months)

The notion of Erin's "increasingly strong suspicion" indicates a gradual process of realisation regarding problem alcohol use, slowed perhaps by a denial or the challenge of admitting a problem to herself. Of note were Erin's experiences with her father and cousin which could indicate fear of developing a drinking problem, having witnessed the problems this caused. Indeed, she appears acutely aware of the potential consequences, and as such the idea of experimenting with sobriety is perhaps an attempt to gain certainty that she can avoid going down the same familial path of alcoholism.

Robin expressed a similar rationale in discussing her reasons for reducing alcohol:

... but my mum is an alcoholic and so even though I don't think I like have it in me to be an alcoholic just from a tolerance perspective, like I still just don't like the idea of drinking alone. (Robin, 27, lesbian, 8 months)

It is of note that Robin's response was prompted by a question about whether she generally drinks alone or with peers, and yet Robin's fear of developing an alcohol problem emerges here, having witnessed this in relation to her Mum. The significance of drinking alone as a reflection of problem drinking identifies this as a red flag for Robin, and something to be avoided, lest it result in developing a similar alcohol problem. Further, Robin's direct use of the word "alcoholic" removes any doubt regarding her Mum's use of alcohol and could also emphasise the significance of this in Robin's life. As one of the younger participants, it could be that the memory of the impact of her Mum's use of alcohol in her childhood is still vivid.

The idea that to drink alone is a signal of an escalating drinking problem was also reflected by Frankie in recalling the moment when she recognised an increasing reliance on alcohol:

... It was the [drinking] alone thing that I... That made me kind of think yeah this is probably not good [...] It was becoming a habit... Yeah I think I could tell that I was like medicating... (Frankie, 40, lesbian, 4 months)

It is interesting to note how Frankie's tone and language shifts throughout this excerpt, from more blithe phrasing "the alone thing", to expressing herself with firmer language regarding her use of alcohol to self-medicate. This could reflect the journey she herself took in recognising a growing reliance on alcohol, from denial, through to acceptance and recognition of the reasons. In addition, the repeated use of the first person without mention of other individuals, also points to the isolation of this experience for Frankie where it was not the observations of or the impacts on others that triggered a change, but the very act of habitually drinking alone.

In comparison to drinking alone, other participants were brought to terms with their drinking through the impact on others. As expressed by Alex for instance:

I was... pitifully drunk... it was ridiculous, absolutely ridiculous ... I was going to surprise [my parents] to come home... And I was too hungover to even get out of bed... And they were so hurt and so upset and basically said that I'd used them... I felt so, so so guilty and so so sheepish and ashamed... that was another straw... because it's happened before. (Alex, 30, queer, 3 months)

In this excerpt, the emotive language reflects the strength of difficult emotion that Alex experienced at the time having hurt her parents, and arguably still does on recounting this incident. The experience of intense shame appears to have contributed to prompting behaviour change, exacerbated by disappointing her parents and, ultimately, herself. This suggests the importance for Alex of demonstrating affection for, and adult responsibility to, her parents, and how betrayal of this and the resulting shame or embarrassment influenced her decision to reduce her alcohol intake. In addition to shame, an additional trigger point could also be the fact that it was not a singular event, but something that had taken place on numerous occasions. The idea of this incident being the final “straw” suggests the impact of a rock-bottom moment in Alex’s recognition of problematic alcohol consumption, that prompted the decision to make a change.

The experience of shame was also indicated by Jamie:

... it got to the point where... parties and weddings... that would have been great moments in my life but I just like couldn't fucking remember... I'm a bit bored of not being able to remember important stuff except like from like awful photos. And that is funny, but like it gets less funny when you get older and they're a bit more important. (Jamie, 30, lesbian, 6 months)

The shame in this instance is triggered by missing out on significant life events that would normally create shared memories with others because of drinking so

much that the memory of them is lost. Jamie expresses this in language that reflects frustration and anger with the self: "I just like couldn't fucking remember". Jamie also expresses a belief that excessive drinking and blacking out becomes less acceptable as one gets older and life responsibilities become more significant. In addition, the remnants of social events being captured in "awful photos" that may have been considered "funny" at a younger age, is further triggering of shame as one transitions from one stage of life to another, where there might be greater awareness and importance of upholding a positive reputation within social circles.

Finally, the experience of recognising increased reliance on alcohol as a motivation to reduce intake was also expressed by Rachel:

I think if you're in like a party situation and like the kind of subject comes up [about sexual orientation] ... I think it is easier for me to be relaxed and talk about it if I'm not sober... you can kind of maybe get away with things that you wouldn't say... I don't want to be one of those people who like always drinks in order to like have a meaningful conversation or when the going gets like rough. (Rachel, 31, bisexual, 4 months)

That Rachel finds it easier to talk openly about her sexual orientation under the influence of alcohol is particularly interesting to note as an individual who self-defined at other points in the interview as "one of those invisible people" in terms of her sexual orientation and place on the Scene. The idea of needing alcohol to talk honestly, but to be able to blame alcohol should she later be questioned, indicates perhaps an internalised shame that Rachel experiences in relation to her sexual orientation, and the use of alcohol to cope with those negative feelings. The indication that Rachel uses alcohol to have honest conversations and yet the desire to not be "one of those people" who uses alcohol in this way, speaks to a dual judgement of individuals who rely on alcohol and a fear that she herself is one, providing motivation for change.

This sub-ordinate theme illustrates how participants were partly driven to reduce their alcohol intake following realisation of increasing reliance on alcohol and the impact this was having on relationships with others. From using alcohol to

cope in social situations, to fearing developing alcoholism whose consequences they had already witnessed within their families, participants were motivated to make a change through a desire to change the way they related both to others and themselves.

3.2.2. Addressing the Impact of Alcohol on Physical and Mental Health

New approaches to alcohol were also sought by participants following a growing desire to address the negative impact of alcohol on both mental and physical health. As expressed by Alex for instance:

I began to identify the reasons that I was drinking and how drinking wasn't helping me grow in a way. It was limiting me. It was hurting me physically and mentally. You know the more you drink, the more depressed you actually get... I knew that I had to nurture my body a bit more. (Alex, 30, queer, 3 months)

Within this excerpt, it is of note that Alex's focus of blame is not identified in the self, but in the alcohol. Though Alex expresses reflecting on the reasons for alcohol consumption, it is not Alex but the alcohol that stops her from progressing in her self-development. This suggests that Alex is still on her journey with alcohol and in the process of taking ownership over her alcohol consumption, rather than being the passive victim of alcohol. It is also interesting that Alex changes personal pronoun as she expands on the consequences of alcohol, as though to distance herself from acknowledging full responsibility: "the more you drink", "I was putting on weight". In fact, Alex was clear throughout the interview that she is still very much in the process of transition, readjusting her attitude to alcohol and being unable to enter alcohol-centric spaces for fear of drinking too much. Nevertheless, the triggers of noticing the impact on her physical and mental health were significant motivators for change.

Jamie reflects a similar motivator for reducing alcohol intake:

... I know that being hungover really impacts on my mental health...
that's such an easy thing I can do to improve my mental health... to not
go out and drink loads... and that is exactly what happened. (Jamie, 30,
lesbian, 6 months)

Jamie's response indicates that she is further in her journey with alcohol and experiencing the benefits. There is an ownership within her answers, identifying the control she is taking over both her alcohol intake and mental health. Though she expresses this now as clear action and consequence, the excerpt in Section 3.2.1. suggests this took time to realise. It is interesting to note that both Jamie and Alex are the same age as they reflect on the impact of alcohol on their physical and mental health. This suggests a transition away from heavy alcohol drinking with age, as they transition through life stages, priorities and health may change, and life circumstances change with them.

Several participants were also motivated to reduce alcohol to achieve specific health-related goals:

Ultimately I gave up drinking just for the calories. (Alice, 37, bisexual, 5 months)

I also wanted to lose weight and kind of be and look healthier. (Rachel, 31, bisexual, 4 months)

I can't really drink beer so much because it's too fizzy for me so it just it hurts basically... I'm getting older now... (Ari, 27, gay, 6 months)

The goals identified by Alice, Rachel and Ari contain similarities to Jamie, with a direct connection between action and desired consequence. Alice identifies a clear health-related goal, and a clarity in the language used that identifies this as the primary focus. There is a sense of taking ownership over one's health within this statement, having identified a clear link between alcohol and calories. It is also interesting to consider Alice's age (37), suggesting a transitional focus on improving health with age.

With regards to Rachel, it is notable that reduction in alcohol coincided both with the onset of England's lockdown, and being unwell with COVID-19. As such, the intention to be healthier feels tied with the experience of being unwell during a global pandemic, however it is also significant that Rachel later expresses plans to have children in the next few years and a subsequent need to be healthier. This suggests a transition through life stages, and away from alcohol as priorities change.

Finally, as opposed to reducing alcohol intake to achieve a goal, Ari's experience differs in its aim to avoid the outcome of physical pain. This suggests the influence of a specific health problem and avoidance of future consequences as Ari's motivation for reducing alcohol intake. Additionally, the notion of "getting older" suggests a transition in acceptable drinking practices, and an awareness of the consequences that contribute to this change.

This sub-ordinate theme demonstrates how participants were motivated to make changes to benefit their physical and mental health following personal experiences that highlighted alcohol as a trigger for ill-health. Some motivation appears to have come from repeated incidents of heavy drinking that impacted mental health, while others are motivated to achieve a specific goal, such as losing weight.

3.2.3. Influence of Intimate Relationships

As well as motivations for change that came from within to limit the negative consequences of alcohol, some participants also reflected on the influence of significant intimate relationships.

Erin described the significance of entering a relationship with someone who had been sober for many years:

...It was seismic for me really... Because that was... a completely different way of being, but it was a way of being that I liked [...] it was kind of tagged to being in a relationship with somebody who was sober... it felt like an element in my commitment to that relationship... but also it's

a commitment to myself, which is why I haven't started since the relationship's ended. (Erin, 51, lesbian, 6 months)

The use of the word “seismic” indicates the extent of the shift for Erin who was open about the central role that alcohol had played across her life to reflect romance, celebration, and relaxation. The influence of Erin’s relationship with a sober individual, and the act of commitment that Erin demonstrated to the relationship by staying sober, indicates the importance of respecting her partner’s decision and having aligned health behaviours in her relationship. It is also of significance that though the relationship has ended, an event that may previously have led to alcohol consumption as a coping mechanism for emotional pain, Erin has not returned to alcohol consumption. This suggests that the benefits gained through this change as a commitment to her wellbeing, combined with the internal drive for positive change, are powerful motivators to continue.

In comparison to Erin’s experience of a partner’s direct influence on reducing alcohol, Ari and Alex’s experiences related to the association between entering new relationships and reducing alcohol intake:

... I'm happy in a relationship, I literally can't be bothered to go to the queer space because there's no need to apart from to dance... Therefore I don't have to drink because I don't have to get the Dutch courage to hook up with anyone. (Alex, 30, queer, 3 months)

I... just got more serious with * and realised that we don't need to go out and have a drink and we can literally just have a good time and just like sit inside playing board games with a cup of tea. (Ari, 27, gay, 6 months)

Within this excerpt, Alex’s experience speaks to the role of alcohol on the Scene to generate confidence for sexual encounters and facilitate the loss of inhibitions. There is a palpable sense of relief within Alex’s language, “I don’t have to drink”, that indicates some of the perceived pressure to drink, and a decreased need to do so in the comfort and safety of her relationship.

Though Ari does not focus specifically on the Scene, there is an implication that the act of socialising was previously inherently linked to alcohol. The subsequent discovery that she can in fact socialise without drinking alcohol, and the different methods of socialising permitted in a relationship, speaks to the value of transitioning in different life stages, discovering new ways of being without alcohol, and not needing to go to alcohol-centric venues.

This sub-ordinate theme identifies the importance of intimate relationships in participants' decisions to reduce alcohol intake. The poignancy of discovering new ways of socialising without the need to consume alcohol, or of demonstrating commitment to someone, can be significant in participants' changing relationships with alcohol.

3.2.4. Opportunity of Lockdown

In addition to the factors that prompted transition in alcohol consumption, some participants also identified the unique onset of lockdown as an opportunity to reduce their intake, while those who had already started on this journey were further buoyed by the restrictions on social gatherings.

Alex, Jamie and Rachel for instance spoke of the opportunity lockdown provided to not socialise:

Not having the opportunity to go out. I can't say it would have been same ... It definitely came at the right time... to have that time and that space to recalibrate away from any temptations. (Alex, 30, queer, 3 months)

I've never really had a decent block of time to... have like a good go at it. Like I started to do it in January and it's just carried on. (Jamie, 30, lesbian, 6 months)

... I couldn't socialise with any of my friends anyway ... So I felt a bit like good time not to drink a lot of alcohol. (Rachel, 31, bisexual, 4 months)

There is doubt expressed within Alex's answer of whether she would have been able to cut down had lockdown not taken place, and that lockdown is a unique

opportunity to do so. In this, Alex identifies an important barrier to successful alcohol reduction, with the temptation to drink presented within social events. The idea of “recalibrating” suggests the value that time away from alcohol and socialising has played for Alex in permitting her time to reflect on her drinking, and to decrease the cravings for alcohol.

Similarly, Jamie identifies lockdown as an opportunity to progress further in her most recent attempt to reduce alcohol intake. This suggests the unique benefit of time away from alcohol-centric settings that has not been possible in prior attempts, permitting avoidance of temptation and social pressure to drink.

Rachel also regards lockdown as an opportunity to make a lifestyle change that she had been thinking about. It is interesting to note that Rachel’s partner did not drink, and thus there was no company or inclination to do so at home. Rachel’s decision may also reflect her experience of an enforced societal lockdown as an opportunity to change or try something new.

This sub-ordinate theme identified the specific ways that the COVID-19 societal lockdown provided a unique opportunity to reduce alcohol intake, without the pressure and frequency of in-person social events. In some cases, this triggered the onset of the behaviour change, while in others, participants found their already-begun journeys eased.

Overall, the experiences outlined in this super-ordinate theme identify several, multi-layered contributing factors for reducing alcohol intake. Participants reflected on the moment they realised that alcohol consumption was problematic and affecting their relationships with important others, as well as identifying factors that were both goal-oriented and contextual such as improving mental and physical health, commitment to intimate relationships and being unable to socialise in public spaces during societal lockdown.

3.3. Theme 2 - Navigating the Public Arena

The second super-ordinate theme moves beyond motivation and places individuals within their social context. Here, there was material concerning peer

relations, an evolving relationship with the LGBT+ Scene, and adjusting to the changing social self within these contexts.

3.3.1. Experiencing Judgement and Pressure from Peers

Several participants described the frustration of negative peer attitudes in relation to their decision to reduce alcohol intake. This sub-ordinate theme explores this aspect of the public arena further and considers what makes navigating peer pressure easier.

Rachel for instance described her expectation of peer pressure and need to navigate it:

If my glass was empty they'd probably would try and pressure me but as long as I'm drinking I think it's fine... [...] I think the only issue would be if I stopped drinking alcohol altogether... I think I might become a bit of like a social pariah for a while... (Rachel, 31, bisexual, 4 months)

There is an uncertainty within Rachel's answer, indicated in the phrase "I think", regarding the pressure to drink from her friends. The expectation of pressure is acknowledged by her need to appear as though she is always drinking, which suggests a self-consciousness and hypervigilance in social settings to maintain the appearance of drinking. Furthermore, the extent of expected pressure to drink is indicated by Rachel's expressed belief that should she stop drinking altogether, she would risk facing complete rejection by her peers. This suggests that limits are subconsciously placed on the control that Rachel feels able to exert on her own behaviours, for fear of the social consequences and rejection.

Along a similar vein, Robin observed a lack of comprehension at her decision to not drink:

I think they feel like "this feels so good, how could you not want to feel this way"? And so I think when I say no, I think it's heard as like... I'm violating the vibe right... I'm shutting down the good time [...] people sometimes take it sort of judgmentally like if you are not drinking it means you are judging them for drinking. (Robin, 27, lesbian, 8 months)

Robin's experience portrays how a personal decision to not drink is understood as a judgement on peer drinking. Her experience identifies how she is forced to defend not just her decision, but also her opinion of others, and indicates how this can become an additional challenge in the alcohol transition process.

Robin's experience also indicates the presence of unspoken social rules around what it means to have a good time and that by not drinking, she is breaking those rules and impacting other people's experiences of fun. This appears to add another barrier to navigating the public arena.

Judgement in relation to alcohol consumption was also experienced by Frankie:

Reactions from friends mostly have been fine... One friend in particular kind of made it about her 'I hope you're not going to start getting preachy' ... it was almost like I didn't qualify for her company if I wasn't having a normal beer and that was quite hard. That was quite hurtful... It sort of made me drift away actually from that particular person... (Frankie, 40, lesbian, 4 months)

Frankie's experience of feeling that she is only worthy of being a friend through partaking in alcohol consumption, betrays the nature of socialising that is primarily based around alcohol consumption. The challenge of moving away from the group norms and social rules by reducing alcohol consumption, speaks to the importance of adhering to these very norms in order to be accepted.

Frankie's experience of being seen as "preachy", like Robin's, also speaks to the challenge of being perceived as judgemental of others' drinking habits. This suggests that a further transition may have to take place in terms of Frankie's chosen peer group, and that this was not an expected change when she considered changing drinking styles.

On observing differences in peer pressure as enacted by straight and LGBT+ peers, several participants experienced more perceived pressure from straight peers:

...there's a lot of peer pressure... You get quizzed as to why because I think it's quite unusual not to drink [...] I think my straight friends are more... I won't say forceful, but forceful... But I think there's also, I hate

to stereotype, but they're very laddy-lads... but no I don't feel forced at all with gay friends. (Ari, 27, gay, 6 months)

I would say that the straight crowd is far less accepting and almost bullying of people who are not drinking... than my experience has been with queer people who are much more accepting... My queer community is more actually like kinship. (Alex, 30, queer, 3 months)

There is an idea within Ari's excerpt that peer pressure and heavy drinking is expected from some individuals, in this case "lads", a phrase used to refer to straight men. Ari's presence as a gay female among them could align with stereotypes around the performance of masculinity among gay women in relation to alcohol consumption by drinking beer for instance. Ari is thus coming up against expectations of her drinking behaviour and grappling with that change. The discomfort of this is suggested through the attention on her decision not to drink, as though she must provide a justifiable and sanctioned reason for it to be accepted.

In alignment with Ari's experience, Alex notes a similar observation that suggests a greater acceptance of difference within her LGBT+ community and more rigid expectations of alcohol consumption among straight peers. However, Alex was also outspoken elsewhere regarding her views of the Scene as favouring gay, white, cisgender males, and her experience of supportive peers perhaps speaks closer to her chosen friendship group that sits outside the mainstream Scene.

Robin described similar experiences, but also reflected how she relates differently to straight or LGBT+ peers:

I can sort of shrug off men in a different way because like oh they're just being lads... it gives me more resolve to tamp it down because I don't care what they think... With people who I consider more my peers, I find it harder. (Robin, 27, lesbian, 8 months)

There is a suggestion that it is those peers whom she values more and sees as part of her community, that she worries about to a greater extent. This suggests a fear of being rejected by her minority community for not adhering to their social norms. There is also a connection to Ari's response with the description of "lads" and the belief that they drink a lot and are more likely to apply pressure. For Robin, this appears to increase her capacity to cope with peer pressure, both because it is expected and can be prepared for, but also because they are not the community with whom she aligns herself with, and thus whose judgements hold less significance.

With regards to the navigation of peer responses, another factor relates to a personal sense of resilience and strength:

... I was still going out with people and they were sort of relatively heavy drinkers ... they were ... respectful of my choice really. It didn't make any difference because... I wouldn't say that I'm crippled with shyness. (Erin, 51, lesbian, 6 months)

Within Erin's experience of feeling respected by peers, also comes a statement about a strong sense of self. This suggests a protective factor in feeling confident in the self and personal conviction in her decision, that can help navigate judgemental peers. It could be noted that among the participants, Erin was the oldest, suggesting that confidence and a strong sense of self is something that comes with age and experience. One could also wonder about the age of Erin's peers, and whether there is a reduction in the acceptability of applying pressure to drink over time, or a greater respect of an individual's decisions.

This sub-ordinate theme looks at the commonality of experience between participants of being met with pressure to drink and judgement for not doing so from peers, both straight and LGBT+ alike. The extent to which this impact suggests the differential alignment with different peer groups and conviction in personal decisions.

3.3.2. Managing the Pressure to Drink

In response to peer pressure, participants reflected on a range of approaches they adopted to manage this. Some participants spoke of the value of friends who were supportive of their decision not to drink, and how this eased their return to social spaces during this transition in alcohol intake:

I was hyperalert... I'm not yet in the stage in my relationship with alcohol where I can be in any way asleep or relaxed in spaces where there is alcohol... So there was some anxiety but it was alleviated by... being in the presence of like dear people... I could comfortably voice those feelings and not feel judgment... (Alex, 30, queer, 3 months)

Friends I trust not to put social pressure on ... Grateful to them for that. (Alice, 37, bisexual, 5 months)

The benefit of a supportive environment was experienced by Alex, both in relation to not having to face judgement, and in settling her anxiety around alcohol and supporting her to feel safe in triggering settings. This suggests a dual pressure in alcohol-centric settings of both peer pressure and internal temptation to drink. Alex's experiences also suggest that her journey of reducing alcohol intake involves multifaceted challenges, including a changing relationship with social settings as they become spaces that trigger anxiety, rather than safe spaces in which to relax.

Alice's experiences similarly reflect the importance of supportive community, and how the process of changing drinking style can be facilitated when not forced to contend with pressure to drink. The use of the word "trust" feels particularly poignant for Alice, who also spoke in the interview of the betrayal she had experienced when she was in her early 20s and had come out as bisexual only to be faced with biphobia from lesbian peers. As such, being part of an established and respectful friendship group is particularly important for her, in this parallel experience of coming out as a reduced drinker.

In some cases, the use of socially sanctioned reasons for not drinking were cited by participants to help navigate pressure to drink in the public arena. Jamie identified the role that sport has played since cutting down:

I've been spending quite a lot more time playing rugby and training which took up quite a lot of my time... like if you have a game on a Sunday, Saturday night... you can go out and not drink and you have reason.
(Jamie, 30, lesbian, 6 months)

The need for a justifiable reason for not drinking reflects the social rules that dictate the expectation of alcohol consumption, adding a further challenge to Jamie's socialising with the need to provide sanctioned reasons to be exempt from these pressures. It is also interesting to note how Jamie became involved in an activity that provided an alternative to alcohol-centric events, filling her time in different ways and providing a valid reason to cut down on alcohol consumption so that she can train.

Rachel's experiences also reflected the need to provide valid justification when refusing drink offers:

I just say like "Oh no, I'm good" or... "oh I'm getting a little bit like dizzy guys" or like "I haven't had enough to eat so like I better just watch it"... If I just give a bit of fuss they don't... They don't push it. (Rachel, 31, bisexual, 4 months)

This experience represents the enactment and extent of pressure to drink in the way that Rachel feels she needs to emphasise and justify her decision for it to be respected. The rationale she gives also indicate the limited number of acceptable reasons. One could also consider how the responses are graded, ever-increasing in severity. It is insufficient to say that she does not want to drink, she must emphasise the consequences of drinking too much to be listened to.

Robin also described how she uses humour to offset peer judgement, enabling her to participate in social gatherings:

...if people are getting drinks like I can make a dumb joke about how I'd rather eat my calories and I get a bowl of chips... so I feel like I'm trying to create a more fungible scenario where people can... Still feel like they are... Doing the thing. (Robin, 27, lesbian, 8 months)

The perceived need to provide an acceptable rationale for not drinking to peers through a protective use of humour, indicates the consideration that must be given both to Robin's own needs, and those of others. That Robin feels as though to not drink would ruin the fun for others, speaks to the social rules around alcohol as a marker of enjoyment and participation, and fear of rejection if not drinking.

In terms of navigating pressure in the public arena, some observations were made regarding a shift in lockdown. Robin and Frankie for instance, reflected on the lack of pressure to drink:

I mean I did find it easier than I did previously because there's no work drinks... Even if I do have like virtual drinks like I just hold the cup and like no one's asking, no one cares what's in it. (Robin, 27, lesbian, 8 months)

...the pressure to drink is not there or less there. There's no overt pressure... because you're just sitting at home... (Frankie, 40, lesbian, 4 months)

Within Robin's experience, the introduction of virtual socialising appears to have a direct impact on reducing peer pressure. This could be influenced by communication through a computer screen rather than in-person, and a subsequent sense of disconnection from one's peers. It could also suggest that the specific dynamics of socialising in-person contribute both to the inclination to apply pressure, and the challenge of navigating it. It is interesting to note that despite being at home, Robin still feels a need to enact drinking by holding a cup. This speaks perhaps to her previous experiences of being pressured to drink that remains in her awareness and expectations even when socialising virtually.

Frankie on the other hand names the specific absence of “overt pressure”. This suggests the presence still of unspoken pressure, in line with the unwritten social rules of gatherings that require alcohol consumption. However, the different context of being alone at home and not in the presence of others, suggests a unique layer of resolve or resistance to pressure when Frankie is safe within her own space.

The influence of being at home was also noted by Jamie:

The only [zoom call] when people were drinking was like a work-leaving drinks. But I didn't drink because I just thought it would be so weird to be on a Zoom call and then like rattling around your house pissed... (Jamie, 30, lesbian, 6 months)

In this respect, the notion of drinking alone at home feels neither appealing nor appropriate, with the reality of being home alone made clear. This emphasises the social aspect of heavy drinking, and the lack of acceptability of drinking alone. There is again an implied layer of protection through the computer screen compared to in-person socialising, that reduces the pressure to drink and increases Jamie's resistance to it.

This sub-ordinate theme reflects the multifaceted elements of navigating the public arena. Participants talked about their experiences of facing pressure to drink and judgement for their decisions not to, and discussed the factors that eased this process including supportive friends, socially sanctioned rationale and virtual socialising.

3.3.3. Transitioning Away from Alcohol-centric Spaces

Participants also demonstrated other behavioural modifications in the public arena. In some cases, this response involved avoidance of alcohol-centric venues. As both Frankie and Ari explained:

I just don't go to bars... it's not just alcohol it's time and energy and everything... (Frankie, 40, lesbian, 4 months)

...less inclined to go to clubs. I think for a club you need to be at quite a level of drunk. But I love a pub and even if I'm drinking less... I just love the atmosphere of a pub. (Ari, 27, gay, 6 months)

As someone who had come out in her thirties and discovered the Scene at this time, Frankie also found herself socialising in a different way as result, going out later and spending more time in bars and clubs. There is a suggestion in the excerpt that another transition period is now taking place, but this time away from the Scene as she gets older and changes drinking style and priorities. This may also reflect Frankie's use of the Scene as a rite of passage after coming out, but that it is a space normally attended by younger SMW.

Ari also differentiates between clubs and pubs, suggesting that they require different levels of alcohol consumption. That clubs require intoxication to be enjoyable, or perhaps bearable, indicates that venues such as this are in direct conflict with Ari's intentions to reduce alcohol consumption and must be avoided. Conversely, Ari's emotional attachment to pubs and unwillingness to leave them indicates that not all alcohol-centric venues must or can be abandoned.

Several participants reflected on their transition away from the Scene specifically:

I think that's coming with age a little bit... moving away from the big nights in Soho over every weekend and all the gay bars... (Ari, 27, gay, 6 months)

It feels like you know... It's in the past... You know I did all of that... and then I kind of re-evaluated and thought for lots of reasons, it's maybe not one thing for me. (Erin, 51, lesbian, 6 months)

Ari's experience indicates a reflection of the Scene as a place for younger LGBT+ people, and a rite of passage that she has followed and fulfilled. This also connects with her previous statement regarding the amount of alcohol needed to enjoy such venues, which reflects an impasse that exists between

reduced consumption, and socialising in certain venues despite the valuable role they previously played.

Though Erin is older than Ari, her experience also implies a realisation that the Scene is not suitable for her lifestyle changes. This suggests that transitioning drinking style may not take place in isolation, but rather as part of a wider re-evaluation of her priorities and needs. As such, a move away from spaces as alcohol centric as the Scene may be unavoidable. It is interesting however that Erin reaches this conclusion at a later stage than Ari and in a similar respect, speaks of the scene as a rite of passage, “I did all of that”. That this reflection happens later may speak to the way the Scene has changed over time alongside increased acceptance of the LGBT+ community, suggesting that safe LGBT+ leisure-spaces were still restricted for more of Erin’s adulthood.

Jamie also observed the unique atmosphere of the Scene, and the transition she is currently making from it:

... and it is quite hard to be like actually this isn’t what I want to be doing anymore, when you don’t have a replacement for it, like I don’t think you can create that... that vibe really anywhere else... [...] Like I still feel quite at home in [LGBT+ venues], but... I feel a bit forced into it. [...] I think it might just be a nice memory. (Jamie, 30, lesbian, 6 months)

There is a sadness exposed here, a mourning that is the result of transitioning away from spaces that have been a source of community and belonging for many years, but that no longer meet her needs. Similar to Erin’s experience, there is a reminiscence as Jamie looks back at the role that the Scene played in her life and begins the process of breaking away due to the lack of sober alternatives. This reflects the importance of the Scene, as well as the transitions that take place away from it as lifestyles and priorities change.

This sub-ordinate theme looks at how participants pulled away from alcohol-centric spaces following their transition in drinking style. Venues such as clubs become less desirable when not under the influence of alcohol, and the lack of sober alternatives adds further limits.

3.3.4. Adjusting to the Changing Social Self

In addition to navigating the public arena in terms of peers and alcohol-centric venues, participants also talked about adjusting to their own changing social selves within these contexts. Erin's experience reflects the challenge that this adjustment presents:

People that know me will know me as somebody who's... in the pub... one pint of larger one after another... I'm temporarily not inhabiting a part of my identity at the moment... but... I kind of think this suits me better...
(Erin, 51, lesbian, 6 months)

This response identifies the challenge of adjustment, portrayed here in the conflict that Erin experiences between knowing what is best for her, and a fear of betraying the expectations of her peers. Erin appears to be caught between these two positions and wondering what it will mean for her future socialising self, resulting in feelings of internal conflict and uncertainty.

A similar internal conflict is also described by Jamie:

...it's been interesting in lockdown because I definitely haven't felt as bad about not drinking. And I've sort of realised how... not drinking does make me feel a bit guilty or a bit boring or a bit shit... And not having the pressure of having to make those decisions has been a lot easier.
(Jamie, 30, lesbian, 6 months)

That Jamie identifies not having experienced feeling "guilty", "boring" or "shit" indicates the emotions that she might experience in social settings when not drinking. This suggests that Jamie's pressure to drink is not just from others but is also internally driven by desire to participate in a way that aligns with a particular social image and enacts a sense of community. That lockdown removes Jamie's internal conflict regarding the meaning of not drinking for social membership, points to the multi-layered challenges faced when reducing alcohol.

The act of socialising in relation to meanings about the self was also observed by Alex:

... maybe the reasons I would be going [to the bar] is because I don't want to look like a spoilsport and I want to look like I'm participating... and part of me is like "Why would I be doing that?" That feels really like that's not doing it for me. (Alex, 30, queer, 3 months)

The performative nature of socialising in Alex's experience is indicated here, and the internal pressure to present a particular social self in order to belong. However, Alex's experience reflects an active moment of adjustment as she considers an invitation to a bar. It is interesting to observe the weighing up of pros and cons of this decision, and the challenge of choosing between how she wants to present socially, and her true needs.

Frankie also reflected on the change to her social self:

...I was always quite a reliable party person and now I'm not and I can kind of get how she would be uncomfortable with that change. (Frankie, 40, lesbian, 4 months)

Here, Frankie suggests that she is conscious of the change in her social self as she pulls away from alcohol-centric socialising. Frankie also appears conscious of the discomfort this change prompts in others, which suggests that in addition to focusing on her personal transition, she is also forced to cope with what this change means for others. Though internal conflict is not forefront here, Frankie referenced the disappointing loss of a friend in Section 3.3.1. The understanding she expresses could be the outcome of time spent reflecting, and indeed Frankie was open about having reflected about her journey with alcohol prior to the interview to prepare some of her thoughts.

This sub-ordinate theme looks at the final challenge of navigating the public arena, in terms of one's place within it. Participants identified the internal conflict this presented, and the need to consider the perceptions of others as well as

the needs of the self. This also connects with the previous sub-theme of peer pressure.

Within this super-ordinate theme of navigating the public arena, participants discussed the challenges they faced in relation to judgement from peers and the pressure to drink, and the factors that eased this. Participants also explored how their relationships with alcohol-centric spaces changed, avoiding certain locations, and adjusting to their changing social selves. This theme is significant in outlining some of the experiences individuals face following reduced alcohol consumption.

3.4. Theme 3 - Renegotiating the Relationship with Alcohol

Though participants had made the decision to reduce their alcohol intake, this was by no means the end of their relationship with alcohol. This super-ordinate theme examines the ways in which participants sought to renegotiate their relationships with alcohol in the maintenance of change.

3.4.1. Removing the Beer Goggles

One aspect of this renegotiation was a critical reflection on the effects of alcohol. Several participants recounted scenarios of socialising in alcohol-centric venues when drinking little or nothing at all, and the undesirability of these experiences. As described by Erin for instance:

I just got really irritated by how people change when they're drunk. People become disinhibited, a little bit kind of twitchy... kind of red eyes, slurred speech, being very repetitive, thinking they're very funny. And if you're a sober person amongst you just think oh god that is so tedious.
(Erin, 51, lesbian, 6 months)

Erin's critical description of her experience represents an altered perception of alcohol, permitted only through sobriety, and is perhaps a stark reminder of the personal impact of alcohol and her previous behaviour while intoxicated. This unpleasant reminder of the consequences could add further motivation to avoid these outcomes by continuing with reduced alcohol consumption. There is also

a notion of distance and difference indicated in Erin's description, that indicates the separation she feels from drinkers, "a sober person amongst", and her changing sense of self.

An altered experience of socialising while sober was also observed by Frankie:

Like when somebody takes any kind of intoxicating substance I think they go somewhere...Like you're not on the same place anymore. It's harder to connect...So that can make it feel quite a bit disconnected and lonely... (Frankie, 40, lesbian, 4 months)

Within Frankie's experience, an added struggle in social contexts is indicated by the difference she feels to drinkers and the feelings of disconnect and loneliness. However, the critical eye through which she views these experiences appears to contribute to her motivation to maintain reduced alcohol-consumption and avoid similar scenarios, as noted in a previous subordinate theme regarding avoidance of alcohol-centric settings (Section 3.3.3). Like Erin, there is a distance indicated from the past drinking self, increased by the experience of difference and separateness from drinking peers.

There is a congruence in the following statement regarding the experience of drunk peers as inhabiting a different reality, and the challenge that this presents:

...I don't like drunk people... I'm really turned off by it... I feel like it's the space where I can't be my true self because I'm engaging with people who also are just like not really being themselves... (Alex, 30, queer, 3 months)

That Alex was herself one of the "drunk people" prior to her transition in drinking style is never explicitly mentioned in this excerpt, and yet the strength of feeling against them in language such as "I don't like drunk people" leaves no doubt about her current feelings. This could reflect the feelings of shame discussed in Section 3.2.1. that contributed to Alex's decision to reduce alcohol intake, and how witnessing this behaviour in others could prompt a stark recollection of this

shame. This experience also connects with the value of being true to herself that has guided her transition so far. That she struggles to be in spaces in which others are enacting false selves speaks to her ability to reflect on her needs and triggers.

This sub-ordinate theme considers how alcohol-centric settings can only be enjoyed when one's perceptions are clouded by alcohol. Remove those goggles and the harsh reality of alcohol's effects become impossible to ignore, serving as a glaring reminder of participants' previous alcohol consumption. This may contribute to motivation to maintain reduced intake. Connecting with a previous theme regarding separation from alcohol-centric spaces (see Section 3.3.3.), the experiences of alcohol-centric settings as tedious and isolating certainly appear to reduce the inclination to attend them.

3.4.2. Adapting Approach to Drinking

This sub-ordinate theme encapsulates the behaviours that participants described adopting and adapting in order to maintain participation in social settings. At the forefront, several participants described the consumption of non-alcoholic beverages:

... I've started drinking like non-alcohol beer in between normal beer... which is... good especially in those group settings ... I was drinking non-alcohol beer the whole time and nobody noticed... (Jamie, 30, lesbian, 6 months)

Jamie's consumption of alcohol-free beers in this scenario appears to offer a dual benefit, allowing her to reduce the amount of alcohol she consumes, while also permitting this to go unnoticed by her peers. The purpose of blending into the crowd in this instance indicates an attempt to avoid peer judgement, a challenge noted in Section 3.3.1., by passing as a drinker, subsequently allowing her to still participate in social gatherings rather than feeling forced to avoid them.

Alcohol-free beers also appear to play a role in allowing re-enactment of long-established rituals that are significant to the individual. Erin described such an instance:

I like the kind of alcohol-free beers because you still get that, opening the fridge, a cold beer there... That sense of occasion [...] I switched habits I guess. (Erin, 51, lesbian, 6 months)

The symbolism of opening a cold beer, albeit a non-alcoholic one, is an important signifier of the end of the working day when Erin can switch off and relax. There is a suggested attachment to habit and ritual that, despite transitioning away from alcohol consumption, Erin is keen to maintain. This suggests that to ease the process of transition, Erin's associated life changes need neither be absolute nor too drastic. That this sense of occasion can only be celebrated with an alcohol-free version of the usual beverage is an interesting indicator of the extent to which rituals around alcohol are central in Erin's personal rituals too. Erin's emotional attachment to such ingrained rituals appears too important to abandon, and as such the availability of alcohol-free beer is welcome.

Instead of alcohol-free drinks, some participants spoke of a more conscious and mindful approach to alcohol consumption:

There was one occasion when I glanced over at the red wine and I thought, do I want a glass and I had a big conversation with myself about whether I really, really wanted it. Whether I really, really wanted to risk feeling in any way claggy or like headachey... And I realised I didn't. (Alex, 30, queer, 3 months)

The conscious discussion with the self reflects the awareness that Alex holds of the consequences of alcohol on her physical and mental wellbeing. By weighing up the pros and cons of a decision to drink, Alex allows herself to make an informed decision about what will be best for her. This suggests a contrast to more mindless drinking previously and greater awareness of her internal experiences.

The notion of drinking mindfully was also reflected by Alice:

...I'm making these complicated drinks and you know appreciating it more and kind of savouring it a lot more... It's much more of an experience now rather than something mindless. (Alice, 37, bisexual, 5 months)

Alice describes a mindful approach to reduced alcohol consumption that also encompasses the making of the drinks themselves. That it takes time to make a complicated alcoholic drink, rather than ordering at the bar, followed by the process of savouring the drink itself, speaks to the adoption of a mindful process of observation and acting with awareness that has been facilitated by drinking at home. This contrasts Alice's previous mindless drinking, that may be exacerbated in a bar setting. This experience also reflects that for Alice, the consumption of alcohol is not always associated with negative consequences and can be enjoyed in moderation. This could represent the difference between individuals who choose to be completely sober, compared to those who simply reduce their intake.

This sub-ordinate theme considered the range of approaches participants adopted in renegotiating their relationship with alcohol. Some participants opted to consume alcohol-free drinks in risk-free enactment of usual social habits and rituals, while others opted to consume alcoholic drinks mindfully to reduce intake.

3.4.3. Experiencing Positive Change

This sub-ordinate theme highlights the experiences of positive changes and realisations that participants observed following reduction in alcohol intake, and the motivation this provided on their journeys with alcohol consumption.

Erin for example reflected on the multiple benefits she had experienced:

... I'm getting so much more value for money from my day... it doesn't mean that then I'm just... kind of zoned out for the rest of the day... and feeling hazy and muggy and lethargic. [...] I feel better... I think I look

better. I used to have kind of quite dark rings under my eyes and now I...
I don't think I have them quite like I did then! (Erin, 51, lesbian, 6 months)

There is an enthusiasm evident in this answer and an exciting sense of rediscovery, in the time Erin suddenly has and in the physical way she feels and looks better, that adds to the motivation she feels to continue with this change. This suggests that the experiences of positive change, alongside the unappealing elements of alcohol discussed in Section 3.4.1, are key in motivating Erin's decision to continue with reduced drinking.

Frankie describes a similar revelation:

... the first time that I stopped drinking was actually amazing because... I felt I had access to more emotions. Like I had access to you know bad emotions. But I had access to joy and wonder and it was actually quite... It was actually really lovely like that first time. (Frankie, 40, lesbian, 4 months)

The significance of this experience for Frankie is palpable in the specific recollection of the first time she stopped drinking. That she experienced finally accessing her emotions, speaks to her previous use of alcohol as an emotional numbing tool and its impact on diminishing self-awareness. It is also of note that though the intensity of emotions was not felt to the same extent after this episode, this singular experience and memory of it appears to have been significant enough to have contributed to her continued motivation to reduce her alcohol intake.

The experience of positive change may also contribute to the management of judgement from peers:

...having seen the benefit for... my wellbeing, not just my mental health, my physical health ... I would just not feel that bad about... not drinking when other people are now... I would think oh well this is what I'm doing for me like, you can do whatever you want. (Jamie, 30, lesbian, 6 months)

Compared to prior excerpts by Jamie regarding the challenge of pressure to drink and guilt for not participating as expected (Section 3.3.4), this reflects a significant shift in approach. The influence of experiencing positive change, of feeling better both physically and mentally, appears to outweigh the feared judgement from peers and the temptation to drink. As such, this shift appears to allow Jamie to strengthen her resolve and suggests that the act of making a choice for one's personal wellbeing motivates both the intention to continue with the change, as well as the resolution to manage the criticism of others. Finally, for someone for whom external pressure to drink is less of a challenge, Alice describes the motivation that comes from achieving her desired change:

I continue to want to lose weight. It's working so... as long as it continues to work as a kind of weight loss tactic, I will continue to significantly cut down... (Alice, 37, bisexual, 5 months)

As a means to lose weight, reduced alcohol consumption appears to be effective for Alice's goal. This suggests that seeing desired change is a key factor in maintaining behavioural change. It is of note that Alice implies within this statement that if she stops losing weight, she will return to her previous drinking style. Different to other participants whose experiences of emotional and physical health benefits contributed to an intention to maintain the change, Alice's goal-focused change could reflect an attachment to the process of drinking itself and the enjoyment that it can bring. Indeed, Alice was one of the only participants who acknowledged the sensory pleasures of drinking.

The excerpts discussed within this sub-ordinate theme identify the positive changes experienced by participants following reduced alcohol consumption. The benefits of these positive changes appear to be two-fold, providing both internal motivation to continue with reduced intake, as well as re-enforcing conviction against the judgement of peers.

3.4.4. Continued Self-reflection

As part of renegotiation with alcohol, several participants appeared to engage in a continued process of reflection on their previous alcohol use. Alex for instance, noted the following realisations:

I definitely used alcohol as a crutch a lot. And a social coping mechanism and something to make myself feel more comfortable in my skin ... I mean I didn't have sober sex until I was... 25?... that was a huge thing... [...] alcohol... was a tool to turn off the voices, the feelings of self-disgust, the feelings of like low self-worth... To continue appearing like I am this bubbly effervescent person when inside I was... In a total spiral of self-destruction... (Alex, 30, queer, 3 months)

Alex's frank reflections indicate an honesty with herself regarding reasons for previous alcohol use, that is perhaps only possible with sufficient distance from heavy alcohol consumption. Alex reflects openly about using alcohol to hide her internal self-destruction and issues around her sexual orientation indicative of minority stress, suggested in the statement around sober sex. This contrasts her current focus on improving her overall wellbeing (Section 3.2.2) and reflects the shift that Alex is experiencing. Alex's reflections also speak to a process of achieving self-acceptance by tackling the issues she identified and their involvement in previous alcohol use.

Frankie also reflected on her use of alcohol as an escape:

I was going through a bit of a tough emotional time in terms of a relationship... I found myself drinking most days. [...] I think I used alcohol to make me not mind the problems, to make me into a cooler more... more laid-back person. (Frankie, 40, lesbian, 4 months)

Frankie's reflections highlight her use of alcohol to reduce the intensity of difficult emotions, as well as to portray an image of her ideal self. This speaks again to the frank honesty and clarity that is possible perhaps only with distance from alcohol consumption. A new-found self-acceptance is also indicated in this excerpt, in relation both to the reasons Frankie consumed alcohol before, and the sense that she no longer needs to. It is notable that elsewhere in the interview, Frankie noted that she had used the interview as an opportunity to reflect, as though given permission to do so.

The value of self-reflection in maintaining motivation to reduce alcohol consumption is considered within this sub-ordinate theme, and the process of self-acceptance that is possible only when these patterns of consumption are no longer enacted.

Overall, this super-ordinate theme looks at the process of renegotiating the relationship with alcohol and identifies the adjustments that individuals make in relation to alcohol in social settings. It also considers the motivational interaction between experiencing positive change to physical and emotional wellbeing and reflecting on the negative influence of alcohol consumption on the self and others.

4. DISCUSSION

In this chapter, the results of the analysis will be summarised and discussed in relation to the research focus and existing literature. The limitations will be considered, and the wider clinical and research implications of these findings proposed. Finally, the researcher's own reflections will be considered.

4.1. Summary of Key Findings

The aim of the study was to explore the lived experiences of sexual minority women (SMW) who have reduced their alcohol intake in the last 18 months. To guide the study focus, research questions were identified regarding the experiences of SMW following their decisions to reduce alcohol intake, and the factors that contributed to this decision. In addition, the impact of the COVID-19 pandemic and societal lockdown on drinking practices was also considered.

Analysis of participants' interviews identified core patterns in the data, presented as three super-ordinate themes. A first pattern in the data concerned the range of personal, social, and temporal factors involved in deciding to drink less (superordinate theme 1: 'Personal and Relational Triggers for Changing Relationship with Alcohol'). A second pattern identified the challenges faced and range of adaptations adopted by participants following this transition in drinking style (superordinate theme 2: 'Navigating the Public Arena'). Finally, a third pattern considered the ways in which participants continued to reflect on and adapt their relationships with alcohol (superordinate theme 3: 'Renegotiating the Relationship with Alcohol'). Across these super-ordinate themes, 12 sub-ordinate themes also emerged. The following summary and discussion will utilise the three research questions to synthesise the sub-ordinate themes and consider them in relation to the existing research literature.

4.1.1. The Experiences of Sexual Minority Women Following the Decision to Reduce Alcohol Intake

Consistent experiences emerged of peer pressure to consume alcohol and the subsequent tools participants developed to cope. These experiences align with existing research evidence on the prevalence of peer judgement and questioning about the decision to reduce alcohol intake (Bartram et al., 2017; Conroy & de Visser, 2014; Nairn et al., 2006) and the impact of this on feeling forced to yield by consuming alcohol (Bartram et al., 2017; Cherrier & Gurrieri, 2013). Participants described needing to emphatically repeat they were not drinking, before peers listened and ceased pressuring them. Rachel for instance, expressed "...if I just give a bit of fuss... they don't push it" (Section 3.3.2., p. 62), and noted different responses between unsanctioned reasons for not drinking, such as disliking alcohol, and socially sanctioned reasons, such as playing a match the following day, expressed by Jamie "if you have a game... you have reason" (Section 3.3.2, p. 62). The distinction between sanctioned and unsanctioned reasons has been reported elsewhere in the literature, for instance by Conroy and de Visser (2014) who noted the challenges faced by non-drinking students depending on their rationale. Those with sanctioned reasons for not drinking, for instance religion or poor health, were faced with less questioning as these were deemed legitimate reasons. On the other hand, those with culturally unsanctioned reasons, such as disliking the effects of alcohol, faced greater challenges to justify their non-drinking stance. Several participants also observed the judgement that peers assumed was being made on their own drinking, noted for instance by Robin, "...judging them for drinking" (Section 3.3.1., p. 57). This assumed judgement is reflected in the literature, for example by Cheers et al. (2020) who, in their study examining attitudes towards non-drinkers in Australia, identified that drinkers perceive non-drinkers as a "threat to self" (p. 395) as their presence invites unwanted reflection on potentially problematic personal drinking. This has health-promotion implications regarding messages around the benefits of reduced drinking.

The behaviours adopted by participants to manage their transition are also cited in the literature, such as the avoidance of alcohol-centric environments (Bartram et al., 2017), reflected for instance by Frankie, "I just don't go to bars" (Section

3.3.4, p. 64), as well as the use of humour to avoid peer judgement (Piacentini & Banister, 2009), expressed by Robin "...make a dumb joke..." (Section 3.3.4, p. 63). Bartram et al. (2017) investigated the experiences of Australian individuals over 25-years-old who had stopped or reduced drinking. They reported on the range of challenges, and adaptations made to maintain social wellbeing, and observed that participants not only changed how they socialised to circumvent expectations to drink, such as avoiding alcohol-centric settings, but also adopted behaviours such as consuming non-alcoholic versions of common beverages to avoid questioning. Indeed, the current sample commonly reported the use of alcohol-free beers to assist them to "pass" as drinkers and avoid questions or pressure to drink (Nairn et al., 2006), as well as to reduce overall alcohol intake by alternating with alcoholic beverages. In addition, several participants cited the consumption of alcohol-free drinks in an enactment of a celebration or relaxation ritual for which alcohol would usually be consumed, described by Erin for instance, "...you still get that opening the fridge, a cold beer... sense of occasion" (Section 3.4.2., p. 72). There is unfortunately little in the current literature regarding this, however the beverage market has seen an increase in alcohol-free drink choices and associated sales in recent years (Corfe et al., 2020; Montanari et al., 2009). This may reflect the increasing interest in reduced and non-drinking in the general population (Fat et al., 2018; ONS, 2015), as well as their use in easing the process of reducing alcohol consumption by offering acceptable alternatives (Blackwell et al., 2020).

Participants also reported consuming alcohol mindfully or making conscious decisions regarding whether to drink. Alex recalled for instance, "...a big conversation with myself about whether I really, really wanted it" (Section 3.4.2., p. 72). Indeed, Reynolds et al. (2015) investigated the association between mindfulness skills and reduced-risk drinking, and identified that 'accepting without judgement' was negatively associated with drinking to conform, and that 'acting with awareness' was negatively associated with alcohol use. These findings are reflected in the current study. Notably, participant's conscious decisions primarily took place in social settings rather than when alone, which indicates the extent to which social contexts may present the main challenge to maintaining reduced alcohol intake.

In addition, it was interesting to note the experiences described by participants regarding their changing perceptions of alcohol. Several participants expressed particularly strong feelings of dislike and disapproval regarding the effects of alcohol on other people, such as Alex “I don’t like drunk people...” (Section 3.4.1., p. 70). This could fit with Herring et al.’s (2014) observation of non-drinkers seeking to reconstruct the social norm of excessive alcohol consumption as undesirable and unappealing. This could also indicate a parallel process of reflection regarding the personal impact and use of alcohol prior to cutting down, which several participants appeared to be involved in. Frankie for instance reflected “...I used alcohol to make me not mind the problems...” (Section 3.4.4., p. 76). This process of self-reflection may only be possible with sufficient distance from alcohol, to allow frank reflections regarding motivations for previous use, such as to numb difficult emotions. This aligns with findings by Matthews et al. (2005) that identified a process of self-reflection in sober lesbians that felt possible only after a substantial period of sobriety. Reflection related to reasons for previous alcohol use and issues around sexual orientation, such as the experiences of coming out, heterosexism, and internalised heterosexism. This is interesting to consider in relation to the awareness needed by alcohol services to support alcohol reduction, though it must be noted that the current participants were neither in treatment for alcohol addiction, nor had they engaged in 12 months of sobriety.

Another similar response across participants emerged in relation to attempts to socialise in familiar settings such as bars and clubs, but of being unable to connect with drunk peers when they were themselves sober or drinking less. This resulted in feelings of isolation and boredom, noted for instance by Frankie “...make it feel quite a bit disconnected and lonely...” (Section 3.4.1., p. 70). This could relate to literature that indicates the extent of expected heavy alcohol consumption in the enactment of social bonding (Griffin et al., 2009; Beccaria & Sande, 2003), and that by not participating, one experiences discomfort in alcohol-centric settings and feelings of exclusion (Bartram et al., 2017; Conroy & de Visser, 2014). There is also a potential analogous process between the dominant social discourse of non-drinkers as dull (Bartram et al., 2017) and the newly held perceptions by non-drinkers that such contexts require alcohol to be

enjoyable. Indeed, a study of young non-drinkers by Herring et al. (2014) identified non-drinkers' perceptions of drinkers as "boring" (p. 10) as they were deemed to be unable to socialise without alcohol.

In addition to avoiding general alcohol-centric venues, several participants discussed their changing relationships with the LGBT+ Scene specifically, an experience which is arguably distinct for SMW. Many had identified the joyful and influential role the Scene had played in the early stages of their sexual identity discovery, akin to a rite of passage (Emslie et al., 2017; Simpson, 2013). The role of alcohol on the Scene was also identified by participants as central, in part to elicit a sense of confidence that allowed them to approach potential sexual partners (Peralta, 2008; Pienaar et al., 2020). However, following drinking transitions participants described moving away from the Scene as the focus on alcohol felt contradictory to their new lifestyles, described by Ari, "...coming with age..." (Section 3.3.4, p. 65), or new partnerships reduced the need to attend, described by Alex for example "...don't have to get the Dutch courage to hook up..." (Section 3.2.3., p. 54). For many, this was experienced as the end of an important era because of the lack of sober LGBT+ venues that could offer alternative spaces in which to socialise safely. Importantly, the experiences of the SMW in this cohort suggests this was an unexpected separation from the Scene, and one that had significant consequences in enforcing distance from one's community, prompting feelings of loss and isolation. This was noted by Jamie for instance, "... quite hard... don't have a replacement" (Section 3.3.3., p. 66). This is significant in considering the further support reduced drinking SMW might require in establishing new community connections. Though there is unfortunately little research available to draw comparisons, what does exist suggests a transition from the Scene that may take place, at least in part, with age, as individuals have less need for a central space once they own homes, have an established community and a stronger sense of sexual identity (Casey, 2013; Choi, 2013; Emslie et al., 2017), however the diminishing Scene also limits where sober LGBT+ people can go (Campkin & Marshall, 2018).

Finally, different responses were described from straight and LGBT+ peers. Some participants identified greater pressure and lack of understanding from straight peers, particularly straight men who fit a stereotype as heavy drinkers, however this pressure was reported as both expected and more acceptable. For example, Ari noted "... straight friends are more... forceful... but they're very laddy-lads" (Section 3.3.1., p. 58). This could reflect the double standards for alcohol consumption in the general population, where binge drinking and peer pressure is deemed more acceptable for men than for women (de Visser & McDonnell, 2012). On the other hand, other participants experienced more judgment from SMW, accompanied by a feeling of rejection. For instance, Robin described "...people...I consider more my peers, I find it harder" (Section 3.3.1., p. 59). This fits with an expectation of heavy alcohol intake on the Scene and experiences of exclusion if not participating in this community norm (Formby, 2012). However, the difference in these experiences could also be influenced by the degree to which participants aligned their identities and sense of belonging with the community in question. For those with predominantly LGBT+ friendships, the fear of rejection by one's community carries significant risks, in-line with the protection and belonging that minority community membership can offer in the face of minority stress (Emslie et al., 2017; McNair et al., 2016).

4.1.2. Factors Involved in Sexual Minority Women's Decision to Reduce Alcohol Consumption

For many of the participants, the decision to reduce alcohol intake was not arbitrary, but rather triggered by fear of a developing reliance on alcohol and familial history of this, experiences of mental and physical ill health, the influence of significant relationships with others and the impact of drinking on these relationships, and a desire for positive change. Several participants described reaching a point in their journeys with alcohol where they were forced to reflect on the increasingly habitual nature of their alcohol consumption following a particular incident, or series of incidents, that impacted loved ones, resulting in feelings of shame and the realisation of a developing reliance on daily alcohol intake to numb difficult emotions or to manage social occasions. For instance, Alex expressed "I felt so... guilty... that was another straw" (Section 3.2.1., p. 49). This moment of realisation as a tipping point to change is

indicated to great extent in the literature on alcohol addiction, in the idea of the “wakeup call” (Rowan & Butler, 2014, p. 183) or ‘hitting rock bottom’ (Kirouac et al., 2015), and Drabble and Trocki’s (2014) study on the role of alcohol in women’s lives identified the influence of “critical incidents” on triggering change in SMW’s alcohol use (p. 10). For several participants, this fear was specifically influenced by family history of problematic drinking, and the challenge of having witnessed the problems caused. Erin for example noted “...my dad’s a very heavy drinker... that’s caused problems” (Section 3.2.1., p. 47). Indeed, the death of a parent from alcoholism as a trigger for personal change was observed in a study by Rowan and Butler (2014) on sobriety in older lesbians. Similarly, a study by de Visser and Smith (2007) concluded that targeted interventions that highlight the risk of alcoholism for young men whose families have a history of alcoholism, could prove influential on their drinking behaviour. This demonstrates the importance of family alcohol culture on current drinking styles.

Participants were also motivated to reduce alcohol intake to improve physical health. In some cases, the experience of being physically unwell triggered this, for instance Ari “...it hurts basically...” (Section 3.2.2., p. 52), while getting older and new life priorities, including greater focus on health, were more important factors for others, for instance Rachel “...to lose weight... look healthier” (Section 3.2.2., p. 52). This aligns with literature on maturing out of heavy alcohol consumption in the general population, within which health and lifestyle factors are central. In a study of high-risk drinkers in the UK for instance, Beard et al. (2017) identified fitness, weight loss and future health as popular reasons for reducing alcohol intake. Participants were also more likely to be older, and women more likely to cite weight loss as primary. For younger drinkers, Conroy et al. (2021) examined the ‘maturing out’ experiences of students aged 18-27 years old and noted the influence of decreased acceptability of binge drinking in young adulthood. Despite the age range of the current participant sample, from 27-51 years old, both reasons appear to apply. This may suggest fewer age disparities in drinking behaviours and motivations to reduce among SMW.

In other cases, the impact on mental health and wellbeing was becoming too difficult to ignore. Participants described experiencing significantly worse mental health following episodes of drinking, and of becoming trapped in unhealthy and unhelpful cycles of drinking that prevented them from leading their desired lives. For instance, Alex described how “It was hurting me physically and mentally” (Section 3.2.2., p. 51). Indeed, the literature identifies the relationship between alcohol consumption and mental health, though the direction of this relationship is unclear (Bell & Britton, 2014; Conner et al., 2009). Additionally, in a prospective cohort study of British individuals between 1997 to 2009, Bell and Britton (2014) identified a complex relationship between alcohol consumption and mental health, indicating that poor mental health may both increase alcohol intake, and maintain heavy alcohol consumption. For participants in the current study, a subjective improvement in mental health was observed following a reduction in alcohol intake, for instance Jamie observed “...the benefit for... my wellbeing” (Section 3.4.3., p. 74). However, it must be acknowledged that reducing alcohol consumption was not undertaken in isolation, but alongside increased exercise, a focus on improving wellbeing, and within the context of COVID-19. Nevertheless, a systematic review of the literature by Dale et al. (2014) identified the association between healthy lifestyle interventions such as reducing alcohol intake, and improved mental health and wellbeing. This aligns with the experiences reported in the current study.

Participants also described the motivating influence of positive changes, demonstrated by Alice, “I continue to want to lose weight. It's working so...” (Section 3.4.3, p. 75). Indeed, the benefits of reducing alcohol consumption are reflected in literature with correlations made to subjective experiences of mood and health enhancement (Charlet & Heinz, 2017; Peele & Brodsky, 2000), and Rowan and Butler (2014) identified the value of maintaining good health as an important element of sobriety among older lesbians. The significance of social support was also observed, for instance Alex noted the importance of “...being in the presence of ...dear people” (Section 3.3.2, p. 61), and several participants reflected on the value of supportive friends who, by neither judging their decision, nor pressuring them to drink, made it easier to refuse drink offers and socialise alcohol-free. This aligns with the same study by Rowan and Butler

(2014) who identified the importance of support from family and friends in maintaining sobriety. In addition, Hunter-Reel et al. (2010) also observed the indirect influence of social support on increasing motivation and success rates of reduced alcohol consumption.

Interestingly, several participants identified their romantic partners as another contributing factor, describing feeling motivated to reduce their alcohol intake to indicate commitment to their relationships, as well as discovering new ways of socialising with partners that did not involve consuming alcohol. Erin for example, explained how “It was seismic for me really...” (Section 3.2.3., p. 53). Indeed, compared to their single and non-cohabiting SMW counterparts, cohabiting SMW do appear to report consuming less alcohol (Veldhuis et al., 2019), a finding also observed among heterosexual cohabiting couples (Schoeppe et al., 2018). This could relate to transitioning out of the Scene (Section 4.1.1) as several participants noted that following the establishment of intimate partnerships, they felt less need to attend the Scene or engage in high alcohol consumption within it. This is an experience arguably pronounced for SMW whose public, safe leisure-spaces are restricted to alcohol-centric venues, with no sober alternative for those seeking community outside the Scene outside specifically LGBT+ friendly areas such as Brighton. Thus, for those SMW who choose to reduce their alcohol intake and no longer want to attend the Scene, there can be no choice but to step back from public LGBT+ spaces entirely. One could subsequently consider this transition away from the Scene as another factor that has contributed to the loss of permanent lesbian venues in London, as rents increase and venues are unable to earn sufficient income to survive (Campkin & Marshall, 2017), however further research is needed.

4.1.3. Experience of Drinking Practices Since the COVID-19 Societal Lockdown

Living through a global pandemic should be acknowledged as a unique influence on participants’ changing drinking practices. One consistent experience was that of enforced social lockdown as an opportunity either to reduce alcohol consumption, or to bolster previous attempts to do so. Jamie for instance explained that “I’ve never really had a decent block of time...” (Section 3.2.4, p. 55). From the emerging literature so far, these experiences could

reflect the proportion of UK-based adults who reported drinking less (Garnett et al., 2021) and observations that high-risk drinkers were more likely to report attempts to reduce intake during lockdown (Jackson et al., 2020; Nicholls & Conroy, 2021). However, these experiences differ with reports of more chaotic drinking and increased consumption reported in both these studies (Garnett et al., 2021; Nicholls & Conroy, 2021). Of note from the current study were the elements of lockdown that permitted changing drinking style. The requirement to stay at home and subsequent lack of social gatherings removed several challenges associated with reducing alcohol intake, such as peer pressure or the obligation to justify one's decision, discussed in Section 4.1.1. The opportunity to reflect on one's needs without also needing to cope with judgement from others, appeared to be a powerful element that eased the transition and increased conviction in the decision, expressed by Jamie for instance "...having seen the benefit..." (Section 3.4.3, p. 74). Additionally, the experience of virtual socialising appeared to either reduce peer pressure or increase personal resolve against it. For instance, Frankie explained "...the pressure to drink is not there or less there" (Section 3.3.2., p. 63). This differs to emerging literature regarding the role of alcohol in enhancing friendships and co-constructing virtual social spaces (Nicholls & Conroy (2021) but is an interesting dynamic to note, that raises questions about the resolve not to drink when returning to in-person socialising.

In some respects, the enforced lockdown prompted healthier lifestyle choices. Several participants expressed the notion of opportunity, such as Rachel "...good time not to drink" (Section 3.2.4., p. 55), to improve health, increase physical fitness, and discover new ways to socialise away from alcohol-centric venues. This aligns both with research that identifies the seeking of alternative activities following reduced alcohol consumption (Bartram et al., 2017; Herring et al., 2014), as well as emerging literature regarding increased public interest and engagement in exercise during COVID-19 lockdown (Ding et al., 2020). The ongoing nature of lockdown also appeared to allow sufficient time without alcohol to experience positive results, such as stable mental health or weight loss, increasing motivation to continue (see Section 4.1.2.). Alex for instance described "that time... to recalibrate" (Section 3.2.4., p. 55). Indeed, studies

have demonstrated the benefit of physical activity on managing cravings to drink and increasing positive affect (Linke & Ussher, 2015; Thompson et al., 2018), however the pandemic is arguably unique in its impact on daily life and the extent to which socialising has been limited. This raises questions regarding what these experiences would look like outside the pandemic.

4.2. Study Strengths and Limitations

This study, uniquely to date, presents an analysis of experiences of SMW who have changed drinking practices to reduced alcohol consumption, adding to available literature on SMW's sobriety after hazardous drinking (Matthews et al., 2013; Rowan & Butler, 2014). The data suggests facets of this transition that might be more pronounced for SMW, namely the imposed separation from LGBTQ+ spaces due to lack of sober alternatives, and the resulting loss and isolation from a once meaningful space that was an important rite of passage when coming out and finding community. In some participants' cases, the direct influence of entering into romantic relationships was also significant in introducing a novel way of socialising without alcohol. For instance, Ari noted the discovery with her partner that "we don't need to... have a drink..." to have a good time (Section 3.2.2, p54). One could argue the distinctiveness of this to SMW not only in relation to the importance of attending the Scene to meet partners, but also in the proposed associations between heavy alcohol consumption by SMW and the management of discomfort of moving against heterosexist social norms and engaging in sexual intimacy with a same-sex partner (Emslie et al., 2017; Peralta, 2008; Pienaar et al., 2020). One could subsequently posit that for these participants, entry into a stable intimate relationship created a safety in which the use of alcohol to be intimate with another person was no longer required. These ideas increase understanding of the factors that influence SMW's decision to reduce alcohol intake.

One strength of this study is in increasing the availability of sober and reduced drinking SMW voices in the literature. As discussed in Section 2.9, Yardley's (2008) guidelines for qualitative research quality were adhered to throughout

the study, namely: sensitivity to context, commitment and rigour; coherence and transparency; and impact and importance. This could be considered a strength, and Appendix O outlines how these criteria were met, for instance by keeping a reflective journal, conducting a narrative literature review to highlight knowledge gaps, and providing interview excerpts in the analysis.

While the small sample size is recommended for IPA studies (Smith et al., 2009) and permits a nuanced exploration of personal experiences, its size does not permit generalisability of findings and could only be tentatively transferrable to other individuals who define similarly (Smith et al., 2009). In addition, the sample, though relatively homogenous as required by IPA (Smith et al., 2009) in identifying as SMW who have reduced alcohol intake in the last 18 months, contained participants ranging from 27 to 51 years old. In the general population, considerable differences in drinking practices within this age bracket are typically observed, with older heterosexual women more likely to demonstrate efforts to reduce alcohol intake (Beard et al., 2017). However, though older SMW are less likely to report reduced intake (Veldhuis et al., 2017), sampling could have ensured greater homogeneity in age range. In addition, the point at which participants had reduced intake in the last 18 months ranged from 3 to 8 months, and subsequently meant that several participants' attempts coincided with the onset of lockdown in England. This raises questions regarding the extent to which the lockdown itself influenced their decision and whether a similar cohort of individuals would have been recruited outside this period. Furthermore, though the 18-month limit was originally set to ensure that participants were still undergoing adjustment and to investigate these experiences, there were differences regarding exposure to socialising outside the pandemic, and the amount of time had to adjust to the change.

The sample was constrained in other respects by lack of participant diversity in terms of ethnic and socio-economic backgrounds. This could reflect the recruitment mode through social media as not all potential participants may have been reached. The lack of ethnic diversity, seven of the eight participants were White British, contributes to the lack of representation of LGBT+ people of

colour in UK-based LGBT+ research (McNeil et al., 2012) and is a significant limitation. In addition, all participants were educated, and the majority were in full-time employment, indicative of higher SES (Beard et al., 2019). This is reflected in previous literature regarding higher likelihood of high-SES groups reporting reduced alcohol consumption (Lewer et al., 2016) and raises a health promotion concern regarding low-SES groups and the lack of understanding regarding factors involved in the decision to reduce alcohol intake. As such, the findings may only be tentatively relevant in terms of distinct lifestyles among higher-SES SMW. Finally, semi-structured interviews are not without fault and can be criticised for their reliance on an adept researcher, while data can remain abstract and impersonal when relying just on verbal accounts of experience. The use of participant's meaningful images or items could have increased the richness of the data (Willig, 2013), and interview questions could have been more open.

Additional insights may also have emerged from this study had more of a relational approach been adopted that may have served to identify the issues in question outside of the individual. The analysis in this study, though considering the influence of significant relationships to some extent, ultimately resulted in themes localised within the individual alone. Instead, a relational approach may have offered further insights into the influence of romantic partnerships or significant relationships, such as close friends and important family members, on the decision to drink, and to encourage reflections on the continuous and changing connections with one's community across this transitional journey. For example, multiple interviews could have been held with the individual in question, an important life partner and an individual from their social network, with the data then explored in composite form. The influence also of the interview relationship on the discussion and reflection on personal experience may also have been expanded further. Indeed, the relational aspects of human experience and existence are arguably central to phenomenology, and IPA holds an assumption that experience is inherently relational and interconnected (Todres & Wheeler, 2001; Tomkins & Eatough, 2010). As such, acknowledging the relational nature of participants' experiences, as well as the relational

aspects of the interview setting, may have contributed an additional layer to the analysis.

4.3. Implications and Recommendations

Potential clinical and health promotion implications are considered in this section.

4.3.1. Clinical and Health Promotion Implications

Across participants, the experience of pressure to drink and the necessity to develop strategies to manage this were commonly reported. Clinical implications could consider teaching alcohol refusal skills for SMW, including the teaching of mindfulness skills such as ‘accepting without judgement’ and ‘acting with awareness’ (Reynolds et al., 2015) to help in the reduction of alcohol consumption and the influence of conformity motives.

As noted in Section 1.2., recent health initiatives have focused on reduced-risk drinking rather than abstinence, as a sustainable treatment goal for problematic alcohol use (DOH, 2016; Heather, 2006). However, guidance is generic and not tailored to the LGBT+ community. Adjusting health promotion messages to highlight specific experiences relevant to SMW, such as the impact of internalised heterosexism and minority stress on alcohol consumption, or the pervasiveness of hazardous alcohol use in the SMW population, could be beneficial to mitigate alcohol-related risks. Health promotion initiatives could also seek to emphasise the benefits of reduced drinking and challenge the assumptions that non-drinkers do not have fun.

Health promotion models could be also adapted to target SMW, such as the Theory of Planned Behaviour (TPB; Connor & Sparks, 2005) that considers the influence of attitudes, subjective norms and perceived behavioural control on eliciting and maintaining behaviour change. The involvement, for instance of significant others, could contribute to an individual’s understanding of important

subjective norms. Furthermore, Litt et al. (2015) demonstrated the significant influence of descriptive norms of heavy alcohol consumption among SMW, on increasing alcohol consumption of SMW over time, proposing that addressing elevated norms regarding alcohol use within the community could be beneficial. This suggests that a TPB approach to health promotion targeted at SMW could seek to correct these assumptions through normative feedback interventions.

Additionally, the Health Belief Model (HBM; Abraham & Sheeran, 2015) also considers the influence of believing that one is susceptible to a particular condition on the likelihood of following a particular health behaviour, such as alcoholism as seen in the examples of Erin and Robin who noted their experiences of parental alcohol misuse. In-line with the research of Rowan and Butler (2014), this could add another strand to health promotion initiatives targeting SMW. HBM studies have also demonstrated an influence of perceived benefit on health behaviour change (Sullivan et al., 2008). This has implications for the content of health promotion messages that could focus more on the benefits of reducing alcohol intake for SMW, for instance at LGBT+ social spaces and events.

In addition, services that seek to support SWM to reduce alcohol intake, would benefit from awareness of the factors that influence alcohol consumption, such as minority stress, factors that prompt reduced intake, such as intimate partners, and factors that challenge this change, such as peer pressure. The use of minority stress measures within services could alert practitioners to its impact on mental health and prompt further exploration in treatment. Training staff on SMW-specific substance use could also increase the support available and facilitate safety and understanding for SMW service users. The benefit of this has been demonstrated in the US, for instance by Senreich (2010a) who observed that individuals in specialised LGBT+ substance use treatment programmes were more likely to successfully complete treatment, than those who were not. The presence of SMW peer support groups could also be beneficial to meet others who identify similarly. Indeed, Matthews et al. (2005) and Rowan and Butler (2014) both identified the central role of AA groups for SMW in alcohol addiction recovery. This aligns with the benefit of sexual

minority community membership for supporting coping with the psychological impact of minority stress and related stressors (Follins et al., 2014), and is an important consideration for services seeking to support SMW. The involvement of partners within treatment programmes for SMW may also increase success and completion rates. This has previously been demonstrated by Senreich (2010b) and aligns with the experiences in the present study regarding the influence of partners on the decision to reduce alcohol consumption.

4.3.2. Implications for LGBT+ Social Spaces

In addition to the clinical and health promotion initiatives discussed, there may also be implications in relation to the availability of sober, LGBT+, women-only spaces. As interest in non and reduced drinking increases in the general population, and indeed perhaps among the LGBT+ community, it is important that venues change with them. The existence of sober LGBT+ social groups who organise sober nights around London is an important start, but this community needs more than just a corner in a bar, one night of the month. Event spaces would benefit from considering the value that permanent, sober LGBT+ venues could bring to a community whose physical space is rapidly shrinking, while existing LGBT+ venues could seek to increase their selection of alcohol-free beverages to support individuals who have made the decision to reduce intake.

4.3.3. Suggestions for Further Research

This is the first study to investigate the experiences of SMW who have reduced alcohol intake. Future research could build on this initial investigation and there are several ways in which empirical projects could contribute to understanding. The current study adopted an IPA approach to interview a small, comparatively homogenous group of participants, however lacked diversity in its representation of SWM, a pattern repeated in the literature with little research investigating the experiences of SMW of colour, particularly in the UK (McNeil et al., 2012). Further IPA research could investigate the intersections of minority experiences in relation to alcohol consumption, indicated in US-based research to be higher than their white counterparts (Greene et al., 2020), and to explore

the factors that influence alcohol consumption and the decision to reduce intake. To continue improving the diversity of experiences and voices in the LGBT+ literature, further qualitative research could build on existing indications that alcohol consumption is higher among transgender individuals than lesbian, gay or queer identities (Talley et al., 2014) and explore the factors involved in decisions to drink or reduce intake, as well as investigating the drinking experiences of non-binary and gender fluid individuals. The current research focus could also be investigated on a larger scale, involving LGBT+ individuals in different geographic locations, within discrete age bands, and quota sampling approaches to target specific samples (e.g., individuals from lower SES background) could also be pursued.

The unavoidable context of the COVID-19 pandemic meant that participants could reduce their alcohol intake without the pressure of socialising in alcohol-centric venues. Future research could explore similar questions in a post-COVID society where social gatherings are once-again permitted, as well as exploring the long-term drinking behaviours of individuals who had reduced alcohol consumption during lockdown, to consider the impact of easing lockdown measures on their motivation to continue. The popular use of alcohol-free beverages in this study also suggests a focus for future research on the influence of the increasing availability of such beverages on the transition in drinking styles. In addition, research on the influence of familial history of alcohol misuse on the current drinking styles and inclination to reduce intake could be beneficial in the health promotion literature.

This work could also be used to inform intervention study approaches to promote moderate alcohol consumption among SMW in LGBT+ settings. Research on developing interventions to reduce alcohol-related harm in sexual minority populations could consider the central role of identity construction (Emslie et al., 2017), and the extent to which affiliation with SMW culture and use of or distance from the Scene influences drinking practices. In addition, further research into the influence of SMW's intimate partnerships on alcohol intake and changing lifestyle habits could contribute to the understanding of SMW alcohol consumption both in and out of relationships. Alternative

qualitative research methods could also be used to produce richer data, such as the use of participant diaries to record experiences of reducing alcohol intake. Finally, due to the limited availability of prospective studies on SMW alcohol consumption, and the changes in UK social acceptance of the LGBT+ population, longitudinal mixed method studies could investigate the experiences of younger SMW over time to consider the impact of current life experiences on health behaviours, the extent of current minority stress, and the role of the Scene.

4.4. Researcher Reflections

During interviews, I observed the challenge of balancing the roles of psychologist and researcher. I responded to this discomfort by adopting the role of naïve interviewer to ask questions that could be considered obvious, for example "...What do you mean by social ritual?", while also using generic clinical skills such as empathy and active listening. I was also conscious of my identity as a gay woman and the assumption of shared knowledge indicated by some participants, for instance in allusion to the specific atmosphere of the Scene, or 'passing' as straight due to 'femme' appearance. An attempt was made to manage these assumptions again through the naïve interviewer role by asking clarifying questions to ensure that assumptions were not made. Though this similarity could be considered beneficial in some cases with the suggestion that people are more likely to speak openly with those they perceive as similar (Elam & Fenton, 2003), I was also conscious of difference and enactments of power in my roles as a gay woman, for instance when participants spoke of their experiences of biphobia from lesbians, and interviewer, where information sharing is heavily one-sided, and questions can be experienced as invasive (Willig, 2013). I endeavoured to balance this power with empathy and ensuring that participants had opportunities to ask questions or discuss subjects that had not been considered. During recruitment and interview, I was cognisant of the dominance of white voices and my identity as a white woman. This clashed with my awareness of the already-existent silence of BME SMW voices and was a source of frustration in adding further to this silencing. I reflected on how this might have been influenced by recruiting through social media and social

organisations that may reflect the white privilege and exclusion of POC that the Scene is criticised for (Formby, 2020; Vo, 2021).

Another layer of tension was noted during analysis, with the challenge of suspending personal knowledge and assumptions of the Scene and SMW alcohol consumption, to focus only on what emerged from participants' experiences and the data. It was important to hold in mind the presence of the "I" as well as the "P" in IPA (Smith et al., 2009), and the double hermeneutic element of interpretation that makes it impossible to completely suspend researcher experiences. This was managed in early analysis stages by noting initial thoughts and observations in a separate document to keep them detached. In addition, the use of self-reflection and awareness of personal assumptions was maintained through a reflective diary kept throughout the research process (Appendix N). Nevertheless, I was acutely aware of my position of novice IPA researcher and the challenge of managing interviews and analysis so that depth and detail of experience could be adequately explored. The use of supervision with an experienced IPA researcher was helpful to reflect on assumptions brought to the analysis and how best to respect the IPA process.

4.5. Concluding Thoughts

In conclusion, this study used interpretative phenomenological analysis to investigate the experiences of SMW who had reduced their alcohol intake within the previous 18 months. The main findings suggest that SMW's experiences are similar in some respect to those of reduced drinkers in the general population in relation to the experiences of peer pressure to drink and the adoption of a range of tools to manage drinking transitions in social settings. However, while the wider population tends to transition away from alcohol-centric venues in general, SMW experience what is arguably a more significant transition away from the LGBT+ Scene and, importantly, LGBT+ safe spaces entirely due to the absence of sober alternatives. This has implications for the community presence of SMW. In addition, though common reasons cited for the transition

included fear of problem drinking from familial histories of alcohol misuse, and intentions to improve physical and mental health, there also appeared to be an additional influence of intimate partners. This has implications for alcohol-reduction interventions in the inclusion of partners and broader social networks. The influence of the COVID-19 context and enforced lockdown also provided a unique opportunity to reduce alcohol intake and maintain this change. This scenario may not be repeated, nevertheless the value of this study lies in increasing the presence and number of voices of SMW reduced drinkers.

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6. APPENDICES

Appendix A: Participant Recruitment Poster and Post

****PLEASE SHARE****

Do you identify as an LGBT+ woman? Do you drink alcohol, and have you recently reduced your drinking?

My name is Theo, and I'm a trainee clinical psychologist at the University of East London. I am carrying out a study about the lived experience of sexual minority women who have reduced their alcohol intake.

Participation firstly involves taking a short online recruitment survey about your current drinking practices. You will then be invited to an interview that will be held using Microsoft Teams.

Any participants who complete the survey have a chance of winning one of TWO Amazon vouchers worth £10 (in addition to the £8 voucher that you would receive for the interview, should you participate in this).

For more details and to take part, please visit:
https://uelpsyh.eu.qualtrics.com/jfe/form/SV_2mlE9c9n24Z6xtX

If you have any questions, DM me or email me (Theo) at:
u1826618@uel.ac.uk

Thank you 😊

A recruitment poster with a vibrant, multi-colored background of diagonal stripes in shades of red, orange, yellow, green, and blue. The text is arranged in white rectangular boxes with black borders. At the top, three boxes contain the questions: "DO YOU IDENTIFY AS AN **LGBT+** WOMAN?", "DO YOU DRINK ALCOHOL?", and "HAVE YOU RECENTLY REDUCED YOUR DRINKING?". Below these, the text "PARTICIPANTS NEEDED" is written in large, bold, black capital letters. Underneath, a box states: "Take part in an interview for a new clinical psychology study. You'll get an £8 Amazon voucher for your participation, and a chance to win an extra £10 Amazon voucher." At the bottom, a box says: "If you are interested, please follow the link in the email below." followed by the contact information: "Or contact: Theodora (Theo) Ioannides u1826618@uel.ac.uk". To the right of this box is the University of East London logo, which features a stylized bird emblem above the text "University of East London".

DO YOU IDENTIFY AS AN **LGBT+** WOMAN?

DO YOU DRINK ALCOHOL?

HAVE YOU RECENTLY REDUCED YOUR DRINKING?

PARTICIPANTS NEEDED

Take part in an interview for a new clinical psychology study.

You'll get an £8 Amazon voucher for your participation, and a chance to win an extra £10 Amazon voucher.

If you are interested, please follow the link in the email below.

Or contact: Theodora (Theo) Ioannides
u1826618@uel.ac.uk



Appendix B: Recruitment Survey Consent Form

Consent to participate in a research study

	Please tick the box below to confirm this point.
I have read the information page relating to this research study and have been given the option to be emailed a copy.	
The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information by email.	
I understand what is being proposed and the procedures in which I will be involved have been explained to me.	
I understand that my involvement in this study, and the data acquired from this study, will remain strictly confidential. Only the researcher and supervisor involved in the study will have access to identifying data.	
It has been explained to me what will happen once the research study has been completed.	
I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that if I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.	
I am happy for anonymised interview transcript extracts to appear in future teaching materials and to be used in future submissions to academic journals for publication.	
I would like to receive a summary of research findings from this study and consent to being contacted by email about this at a later date	
I identify as a sexual minority woman (i.e. LGBT+).	
I have reduced the amount of alcohol I drink, in the last 18 months.	
I am not currently using and have not historically used, mental health services (including substance misuse services)	
I hereby freely and fully consent to participate in the study which has been fully explained to me.	

Consent to participate in a research study

FULL NAME	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>
DATE	<input type="text"/>

Appendix C: Recruitment Survey

1. How old are you?

Age in years:

2. What is your sexual orientation? (please use any words you like in the text box below)

A:

3. What gender do you identify as? (please use any words you like in the text box below)

A:

4. What is your ethnic background?

- ☐ Asian/Asian British - Indian, Pakistani, Bangladeshi, Chinese, Other Asian
- ☐ Black/African/Caribbean/Black British
- ☐ White - British, Irish, Gypsy or Irish Traveller, Other White
- ☐ Mixed/multiple ethnic groups
- ☐ Other ethnic group (please specify):

5. What is your relationship status?

- ☐ Single
- ☐ In a relationship
- ☐ Married/Civil Partnership
- ☐ Divorced
- ☐ Separated
- ☐ Other:

6. What is your current employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Self-employed
- ☐ Unemployed looking for work
- ☐ Unemployed not looking for work
- ☐ Retired
- ☐ Student
- ☐ Other:

7. Have you ever consumed alcohol?

- ☐ Yes
- ☐ No

8. Have you consumed any alcohol in the last six months?

- ☐ Yes
- ☐ No

9. How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ Two to four times a month
- ☐ Two to three times a week
- ☐ Four or more times a week

10. How many drinks containing alcohol do you have on a typical day when you are drinking?

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9

- 10 or more

11. Use the space below to list any psychoactive substances (other than alcohol) that you have used in the last 12 months, e.g. marijuana, cocaine, etc.

12. How often have you used psychoactive substances in last 12 months? (approximate number of times)

13. When was the last time you used psychoactive substances? (approximately, weeks ago)

14. Please indicate, using the free text box below, the month/year that you reduced your typical weekly alcohol consumption (i.e. when you started drinking less).

Years:

Months:

15. If you wish, please provide further details about these changes in how often/ how much alcohol you consumed during a typical week using the free text box below:














16. For the previous week, please provide information about your social life using the response grid below. Please note, all references to ‘drinking’ here refer to alcohol use:

	Did not socialise	I drank, others did NOT	I did NOT drink, others did	We ALL drank	NO-ONE drank
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

17. Based on your recollection of the last week, and using the table below as a guide, please calculate the number of units of alcohol you consumed, as accurately as possible.

All days require a numerical response, so just answer “0” if no alcohol was consumed on a particular day.

Please use the fields below to add the number of units of alcohol consumed on each day.

1 UNIT	1.5 UNITS	2 UNITS	3 UNITS	9 UNITS	30 UNITS
 <p>Normal beer half pint (284ml) 4%</p>	 <p>Small glass of wine (125ml) 12.5%</p>	 <p>Strong beer half pint (284ml) 6.5%</p>	 <p>Strong beer Large bottle/can (440ml) 6.5%</p>	 <p>Bottle of wine (750ml) 12.5%</p>	 <p>Bottle of spirits (750ml) 40%</p>
 <p>Single spirit shot (25ml) 40%</p>	 <p>Alcopops bottle (275ml) 5.5%</p>	 <p>Normal beer Large bottle/can (440ml) 4.5%</p>	 <p>Large glass of wine (250ml) 12.5%</p>	<p>Government advises alcohol consumption should not regularly exceed:</p> <div><p>Men 3-4 units daily</p><p>Women 2-3 units daily</p></div>	
Source: ONS, NHS		 <p>Medium glass of wine (175ml) 12.5%</p>			

Monday =

Tuesday =

Wednesday =

Thursday =

Friday =

Saturday =

Sunday =

18. In the previous month, how many times did you socialise with other individuals who identify as LGBTQ+?

Appendix D: Interview Invitation Email

Dear X

Thank you for your response to the recruitment survey! Please find the survey information and debrief letters attached for your records.

I'm emailing to confirm that your name has been added to the raffle for a £10 Amazon voucher.

I would also like to invite you to attend a short, 45-minute interview with me via Microsoft Teams. I have attached an invitation letter, that contains more information about the interview, and a consent form. Please have a read of them and let me know if you have any questions! If you're happy with everything on there, please could you sign the consent form and return it to me by email.

To confirm, the interview will be recorded through Microsoft Teams, as well as on a dictaphone for backup.

If you haven't used Microsoft Teams before, it is fairly simple to use. Here is the link to download it if need be: <https://www.microsoft.com/en-gb/microsoft-365/microsoft-teams/download-app>

When would you be able for an interview? I can suggest the following dates and times, but am also flexible:

XX.XX.XX

Let me know when works for you, and I look forward to hearing back from you.

Best wishes,

Theo

Appendix E: University of East London Ethics Application Form, Approval and Amendments

I. Initial Ethics Application Form

UNIVERSITY OF EAST LONDON School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL FOR RESEARCH INVOLVING HUMAN PARTICIPANTS (Updated October 2019)

FOR BSc RESEARCH FOR MSc/MA RESEARCH FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

1. Completing the application

1.1 Before completing this application please familiarise yourself with the British Psychological Society's Code of Ethics and Conduct (2018) and the UEL Code of Practice for Research Ethics (2015-16). Please tick to confirm that you have read and understood these codes: ☒

1.2 Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will then look over your application.

1.3 When your application demonstrates sound ethical protocol, your supervisor will submit it for review. It is the responsibility of students to check this has been done.

1.4 Your supervisor will let you know the outcome of your application. Recruitment and data collection must NOT commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (see section 8).

1.5 Please tick to confirm that the following appendices have been completed. Note: templates for these are included at the end of the form.

- The participant invitation letter
- The participant consent form
- The participant debrief letter

☒☒☒

1.6 The following attachments should be included if appropriate:

- Risk assessment forms (see section 6)
- A Disclosure and Barring Service (DBS) certificate (see section 7)
- Ethical clearance or permission from an external organisation (see section 8)
- Original and/or pre-existing questionnaire(s) and test(s) you intend to use
- Interview protocol for qualitative studies
- Visual material(s) you intend showing participants.

2. Your Details

2.1 Your name: Theodora Ioannides

2.2 Your supervisor's name: Dr Dominic Conroy

2.3 Title of your programme: Professional Doctorate Of Clinical Psychology

2.4 UEL assignment submission date (stating both the initial date and the resit date):

Initial submission date: May 2021

Resit submission date: August 2021

3. Your Research

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and details of your proposed research.

3.1 The title of your study:

Exploring the experiences of sexual minority women, who have recently reduced their alcohol intake.

3.2 Your research questions:

1. What are the lived experiences of women who identify as a sexual minority who have reduced their alcohol consumption within the last 18 months?
2. What factors are involved in sexual minority women's decision to reduce their alcohol consumption?

3.3 Design of the research: Single Methods - Qualitative

Semi-structured interviews (Appendix 1) with approx. 8-12 participants to produce textual data for interpretative phenomenological analysis (IPA) analysis.

3.4 Participants: Women, aged 18 or older, who identify as a sexual minority, who have reduced their drinking, from relatively high to relatively low intake, within the last 18 months.

Inclusion Criteria:

- Female gender identity
- Identification as a sexual minority – e.g. lesbian, bisexual, gay, queer, pansexual, transgender.
- Reduction within last 18 months from relatively heavy drinker* to relatively light drinker*;
- Socialise on two or more occasions or per month with other women who identify as a sexual minority.
- Over 18 years of age;

* Heavy drinker = defined as drinking at least double the 2019 weekly unit intake recommendations (i.e. consuming more than 28 units per week) and/or consuming more than 6 UK alcohol units on a single occasion (NHS, 2019).

* Light drinker = consumed alcoholic drinks less frequently than once per week, had consumed <2 drinks (female) or <3 drinks (male) per occasion or had last been intoxicated three months ago or more (Herring et al., 2014).

Exclusion Criteria:

- Previous/ current use of substance misuse services;
- Previous/ current use of psychiatric services;
- Individuals who have never routinely and do not currently consume alcohol when socialising, or who have never consumed an alcoholic drink;

3.5 Recruitment: Participants will be recruited through the organisation “Queers Without Beers” (see Appendix 9 for the organisation’s approval), social media platforms (e.g Facebook), snowball sampling and posters displayed on UEL campuses.

3.6 Measures, materials or equipment:

Measures/materials:

1. Qualtrics-hosted online recruitment survey to gather demographic information and historical and current alcohol consumption (Appendix 1);
2. Interview Schedule with questions (Appendix 2);

3. Participant survey information sheet (Appendix 3);
4. Survey Consent form for participants (Appendix 4);
5. Survey Debrief letter for participants (Appendix 5);
6. Participant interview information sheet (Appendix 6);
7. Interview Consent form for participants (Appendix 7);
8. Interview Debrief letter for participants (Appendix 8);

Equipment: Dictaphone

3.7 Data collection:

Questionnaire (hosted on Qualtrics online survey interface) for the initial identification and recruitment of study-eligible individuals (Appendix 1).

Semi-structured individual interviews with eligible participants (Appendix 2).

The doctoral candidate will conduct all interviews. Interview data will be recorded, with participant consent, on a Dictaphone and stored in encrypted form securely on a password-controlled laptop. Once audio files have been uploaded onto the laptop, they will be deleted from the dictaphone. Audio files will then be uploaded to the UEL OneDrive for Business.

3.8 Data analysis:

Interview data will be transcribed verbatim to produce textual data which will be analysed using interpretative phenomenological analysis (IPA). All transcripts will follow the analytic steps outlined in Smith and Osborn (2015): they will be read; notes will be made on the transcript; and transcripts will be coded. A set of emergent themes will be critically examined in light of data and revised accordingly. The final stage of the analysis involves writing the results section of the dissertation.

4. Confidentiality and Security

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

4.1 Will participants data be gathered anonymously?

The recruitment phase survey data will be gathered anonymously, with an option at the end to provide contact details if the individual would like to take part in the phase 2 interviews.

Phase 2 data will not be gathered anonymously as it involves qualitative interviews.

4.2 If not (e.g., in qualitative interviews), what steps will you take to ensure their anonymity in the subsequent steps (e.g., data analysis and dissemination)?

The names of participants will be replaced with pseudonymised codes in the interview transcripts, data analysis and dissemination. Any identifying information (e.g. people's names, place names) will be omitted from the final transcripts and data dissemination.

4.3 How will you ensure participants details will be kept confidential?

Interviews will be recorded on a dictaphone and transcribed by the researcher. Data will be anonymised at the point of transcription. Each audio file of the interviews will be named with the participant's initials and the date of the interview.

Each participant will be attributed a pseudonymised code, in chronological interview order. Transcription files will be named with this number, e.g. "Participant 1".

No list will be kept of participant numbers linked to personal identifying information. No paper copies of consent forms or transcription notes will be kept; they will all be securely destroyed once scanned and backed up securely (see section 4.4 for further details).

To ensure confidentiality, different data sets (e.g. consent forms, audio files, participant identifying data) will be stored in different secure locations. For further details of the process, see section 4.4:

Participant personal identifying data will be stored on the researcher's personal drive on the UEL H: Drive server that can only be accessed by the researcher using the researcher's password.

Qualtrics exported data, i.e. survey responses, will be stored on UEL OneDrive for Business.

Consent forms will be stored on the researcher's personal drive on the UEL H: Drive server.

Audio files of the interviews will be stored on the UEL OneDrive for Business. Once transcribed, audio files will be moved to the UEL H: Drive.

Transcripts will be stored on the researcher's personal laptop, and backed up to the UEL OneDrive for Business.

Storage of audio-recorder in lockable storage until audio files are transferred to UEL storage. This will be done as soon as possible following the interviews.

Files and folders containing personal identifying information (consent forms, personal data downloaded from Qualtrics and audio recordings), that are on the personal laptop and UEL H: Drive, will be encrypted for additional security.

4.4 How will the data be securely stored?

Data from Qualtrics, including survey responses and personal identifying data (email address, names, contact details) will be exported onto a password-controlled laptop. The laptop is a personal, non-networked laptop with a password only known to the researcher. Survey responses will then be uploaded immediately and stored onto the UEL OneDrive for Business. Personal identifying data will be transferred on an encrypted storage device to the researcher's personal drive on the UEL H: Drive server that can only be accessed by the researcher using the researcher's password. Survey responses and personal identifying data will then be deleted from the researcher's laptop.

Consent forms will be scanned and uploaded onto the researcher's laptop immediately after the interview, and the paper originals destroyed. They will then be transferred on an encrypted storage device to the researcher's personal drive on the UEL H: Drive server that can only be accessed by the researcher using the researcher's password. Consent forms will then be erased from the personal laptop.

Audio files of interviews will be uploaded from the researcher's unencrypted dictaphone onto the researcher's laptop immediately after the interview. Once audio files have been uploaded onto the laptop, they will be deleted from the dictaphone. Audio files will then be uploaded to the UEL OneDrive for Business. Once transcribed, audio files will be moved to the UEL H: Drive server. Each audio file will be named with the participant's initials and the date of the interview.

Transcripts will be stored in encrypted form on a password-controlled laptop belonging to the researcher, and backed up on the UEL OneDrive for Business. Each transcription file will be named with the participant's pseudonymised code.

4.5 Who will have access to the data?

The doctoral candidate, project supervisor and thesis examiners will have access to the data.

4.6 How long will data be retained for?

Audio recordings, electronic copies of consent forms, and data from the Qualtrics-hosted recruitment survey will be kept until the thesis has been examined and passed. They will then be erased from both the personal laptop and UEL servers and from Qualtrics.

Once the thesis has been examined and passed, transcripts will be transferred from the UEL servers to the researcher's password-protected laptop and stored for 3 years for the potential purposes of journal publication of the work. They will be erased after that time. Transcripts will be deleted from UEL servers once the thesis has been examined and passed, as the researcher will no longer have access to the UEL servers.

5. Informing Participants

Please confirm that your information letter includes the following details:

5.1 Your research title: ☒

5.2 Your research question: ☒

5.3 The purpose of the research ☒

5.4 The exact nature of their participation. This includes location, duration, and the tasks etc. involved: ☒

5.5 That participation is strictly voluntary: ☒

5.6 What are the potential risks to taking part: ☒

5.7 What are the potential advantages to taking part: ☒

5.8 Their right to withdraw participation (i.e., to withdraw involvement at any point, no questions asked): ☒

5.9 Their right to withdraw data (usually within a three-week window from the time of their participation): ☒

5.10 How long their data will be retained for: ☒

5.11 How their information will be kept confidential: ☒

5.12 How their data will be securely stored: ☒

☒

5.13 What will happen to the results/analysis:

5.14 Your UEL contact details: ☒

5.15 The UEL contact details of your supervisor: ☒

Please also confirm whether:

5.16 Are you engaging in deception? If so, what will participants be told about the nature of the research, and how will you inform them about its real nature.

No, I am not engaging in deception.

5.17 Will the data be gathered anonymously? If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

Recruitment phase data will be gathered anonymously via the online Qualtrics platform, unless the individual chooses to provide their contact details for Phase 2 interviews.

Interview data will not be gathered anonymously. All details and forms will be stored securely in encrypted form on a password-controlled laptop belonging to the principal researcher.

5.18 Will participants be paid or reimbursed? If so, this must be in the form of redeemable vouchers, not cash. If yes, why is it necessary and how much will it be worth?

Online survey participants will be offered the choice to be entered into a raffle to win one of two £10 Amazon vouchers. All interview participants will be given an £8 Amazon voucher.

This is considered necessary as the participants will be giving their time to take part in the study, and those who take part in the interviews will have to travel to the interview location. Furthermore, the topics discussed in the interviews are personal and could potentially be emotionally distressing.

6. Risk Assessment

Please note: If you have serious concerns about the safety of a participant, or others, during the course of your research please see your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your

data (e.g. a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

6.1 Are there any potential physical or psychological risks to participants related to taking part? If so, what are these, and how can they be minimised?

There are no physical risks to participants related to taking part.

Potential psychological risks include the distress involved in discussing one's sexual orientation and potentially distressing experiences in relation to this, e.g. Experiencing homophobic abuse, social isolation, internalised homophobia, minority stress. Discussing experiences relating to previous occasions involving personal alcohol consumption or interacting with other people who are under the influence of alcohol, may also precipitate distress.

Exclusion criteria for participants will also help to ensure minimal psychological risks, by excluding those with a history of alcohol misuse and addiction.

This risk will be minimised by ensuring that participants understand they can take a break or stop the interview at any point. Contact information about appropriate support services of precise relevance to the key topics areas discussed in the interviews (i.e. sexuality; alcohol use/non-use) will also be provided prior to participation and on the debrief letter to all participants.

All interviews will take place during daylight hours to minimise risks linked to travel to/from interview location.

6.2 Are there any potential physical or psychological risks to you as a researcher? If so, what are these, and how can they be minimised?

No risks to the researcher have been identified. All interviews will take place during daylight hours to minimise risks linked to travel to/from interview location.

6.3 Have appropriate support services been identified in the debrief letter? If so, what are these, and why are they relevant?

Yes, appropriate support services have been identified in the debrief letter, and will also be provided at the beginning of the recruitment survey:

- LGBT+ Switchboard – LGBT+ Helpline

- London Friend – Including ‘Antidote’, substance use service.
- The Awareness Centre – LGBTQ+ counselling service
- NHS Alcohol Advice Service – online resource

The services identified are relevant as they are specialised for the LGBT+ community, and provide a range of counselling services, support services for alcohol use, and further LGBT+ specific information.

6.4 Does the research take place outside the UEL campus? If so, where?

No, the research will take place on the UEL campus, in the rooms used by the Hub’s Wellbeing Service.

If so, a ‘general risk assessment form’ must be completed. This is included below as appendix 5. Note: if the research is on campus, or is online only, this appendix can be deleted. If a general risk assessment form is required for this research, please ☐ tick to confirm that this has been completed:

6.5 Does the research take place outside the UK? If so, where?

No, the research does not take place outside the UK.

If so, in addition to the ‘general risk assessment form’, a ‘country-specific risk assessment form’ must be also completed (available in the Ethics folder in the Psychology Noticeboard), and included as an appendix. If that applies here, please tick to confirm that ☐ has been included:

However, please also note:

- For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on ‘sign in’ and then ‘register here’ using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance.
- For *on campus* students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Head of School (who may escalate it up to the Vice Chancellor).
- For *distance learning* students conducting research abroad in the country where they currently reside, a risk assessment must be also carried out. To minimise risk, it is recommended that such students only conduct data collection on-line. If the project is deemed low risk, then it is not necessary for the risk assessments to be signed by the Head of School. However, if not deemed low risk, it must be signed by the Head of School (or potentially the Vice Chancellor).

- Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

7. Disclosure and Barring Service (DBS) certificates

7.1 Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?

No. All participants will be over the age of 18 years old.

7.2 If so, you will need a current DBS certificate (i.e., not older than six months), and to include this as an appendix. Please tick to confirm that you have included this: ☐

Alternatively, if necessary for reasons of confidentiality, you may email a copy directly to the Chair of the School Research Ethics Committee. Please tick if you have done this instead: ☐

Also alternatively, if you have an Enhanced DBS clearance (one you pay a monthly fee to maintain) then the number of your Enhanced DBS clearance will suffice. Please tick if you have included this instead: ☐

7.3 If participants are under 16, you need 2 separate information letters, consent form, and debrief form (one for the participant, and one for their parent/guardian). Please tick to confirm that you have included these: ☐

7.4 If participants are under 16, their information letters consent form, and debrief form need to be written in age-appropriate language. Please tick to confirm that you have done this ☐

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, and people who have been involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor.

Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children [click here](#).

8. Other Permissions

8.1 Is HRA approval (through IRAS) for research involving the NHS required? Note: HRA/IRAS approval is required for research that involves patients or Service Users of the NHS, their relatives or carers as well as those in receipt of services provided under contract to the NHS.

NO, HRA approval is not required.

If yes, please note:

- You DO NOT need to apply to the School of Psychology for ethical clearance if ethical approval is sought via HRA/IRAS (please see [further details here](#)).
- However, the school *strongly discourages* BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
- If you work for an NHS Trust and plan to recruit colleagues from the Trust, permission from an appropriate manager at the Trust must be sought, and HRA approval will probably be needed (and hence is likewise strongly discouraged). If the manager happens to not require HRA approval, their written letter of approval must be included as an appendix.
- IRAS approval is not required for NHS staff even if they are recruited via the NHS (UEL ethical approval is acceptable). However, an application will still need to be submitted to the HRA in order to obtain R&D approval. This is in addition to a separate approval via the R&D department of the NHS Trust involved in the research.
- IRAS approval is not required for research involving NHS employees when data collection will take place off NHS premises, and when NHS employees are not recruited directly through NHS lines of communication. This means that NHS staff can participate in research without HRA approval when a student recruits via their own social or professional networks or through a professional body like the BPS, for example.

8.2 Will the research involve NHS employees who will not be directly recruited through the NHS, and where data from NHS employees will not be collected on NHS premises?

No, the research will not involve NHS employees who are not directly recruited through the NHS, or where data from NHS employees is collected not on NHS premises.

8.3 If you work for an NHS Trust and plan to recruit colleagues from the Trust, will permission from an appropriate member of staff at the Trust be sought, and will HRA be sought, and a copy of this permission (e.g., an email from the Trust) attached to this application?

No, I will not be recruiting colleagues from the Trust.

8.4 Does the research involve other organisations (e.g. a school, charity, workplace, local authority, care home etc.)? If so, please give their details here.

Queers Without Beers – “A monthly sober social event in London for queers (LGBTI+) of all persuasions”.

Email - gwb@joinclubsoda.co.uk

Furthermore, written permission is needed from such organisations if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation. If that is the case, please tick here to confirm that you have included this written permission as an appendix (Appendix 9):

☒ X

Please note that even if the organisation has their own ethics committee and review process, a School of Psychology SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s as may be necessary.

9. Declarations

Declaration by student: I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name (typed name acts as a signature): THEODORA IOANNIDES

Student's number:

Date: 27.01.2020

Supervisor's declaration of support is given upon their electronic submission of the application.

10. References

Herring, R., Bayley, M., & Hurcombe, R. (2014). "But no one told me it's okay to not drink": A qualitative study of young people who drink little or no alcohol. *Journal of Substance Use*, 19(1-2), 95-102.

National Health Service (2019). Binge drinking. Retrieved 30 Jan 2020 from <https://www.nhs.uk/live-well/alcohol-support/binge-drinking-effects/>

Smith, J. A., & Osborn, M. (2015). Interpretive Phenomenological Analysis. In Smith, J. A. (Ed.). *Qualitative psychology: A practical guide to research methods*. (Pp. 25-52.) London: Sage.

II. Initial Ethics Review Decision and Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational
Psychology

REVIEWER: Fiorentina Sterkaj

SUPERVISOR: Dominic Conroy

STUDENT: Theodora Ioannides

Course: Professional Doctorate in Clinical Psychology

Title of proposed study: Exploring the experiences of sexual minority women, who have recently reduced their alcohol intake

DECISION OPTIONS:

APPROVED: Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

Approved

Minor amendments required (for reviewer):

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*):

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER (for reviewer)

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

MEDIUM (Please approve but with appropriate recommendations)

LOW

☒

Reviewer comments in relation to researcher risk (if any).

Researcher should consider personal safety being in a one to one situation with a stranger. Otherwise a very thorough and comprehensive account of the research ethical considerations.

Reviewer (*Typed name to act as signature*): Dr F Sterkaj

Date: 11/02/2020

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

III. Amendment Request to Ethics Application and Approval 1

UNIVERSITY OF EAST LONDON School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mark Finn (Chair of the School Research Ethics Committee).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Mark Finn at m.finn@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant: Theodora Ioannides

Programme of study: Professional Doctorate of Clinical Psychology

Title of research: Exploring the experiences of sexual minority women who have recently reduced their alcohol intake.

Name of supervisor: Dr Dominic Conroy

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Interviews to be conducted virtually using Microsoft Teams.	Face-to-face interviews currently not possible due to the social distancing guidelines of the COVID-19 pandemic
Additional research question – “How have drinking practices been experienced since the COVID-19 societal lockdown?”	With the current lockdown in place, and as more time passes within it, this question allows for consideration of the impact of lockdown on drinking practices within the last 18 months (the inclusion criteria for participation).
Additional questions added to the interview scheduled: “What has your social life been like since the recent COVID-19 Pandemic guidance around social distancing?” “What have your experiences of drinking alcohol been like since the COVID-19 pandemic and guidance around social distancing?”	These two additional questions allow for inquiry into the socialising and drinking practices since the COVID-19 pandemic lockdown.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student's signature (please type your name):
IOANNIDES

THEODORA

Date: 01.05.2020

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments		

Reviewer: Tim Lomas

Date: 1/5/20

IV. Amendment Request to Ethics Application and Approval 2

UNIVERSITY OF EAST LONDON School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mark Finn (Chair of the School Research Ethics Committee).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Mark Finn at m.finn@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant: Theodora Ioannides

Programme of study: Professional Doctorate of Clinical Psychology

Title of research: Exploring the experiences of sexual minority women who have recently reduced their alcohol intake.

Name of supervisor: Dr Dominic Conroy

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Change to study title to make it clearer and more succinct – “The lived experiences of sexual minority women who have recently reduced their alcohol intake. “	Current title is excessively wordy, and the proposed new title better represents the focus of the thesis on “lived experience”.
Interviews that are conducted using Microsoft Teams are to also be recorded using the Microsoft Teams recording function – use approved the research data management team.	To ensure that recording is clear, without possible issues with an external dictaphone.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student’s signature (please type your name):
IOANNIDES

THEODORA

Date: 16.05.2020

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments		

Reviewer: Tim Lomas

Date: 19/5/20

V. Project Title Change Confirmation



VI. Amendment Request to Ethics Application and Approval 3

UNIVERSITY OF EAST LONDON School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mark Finn (Chair of the School Research Ethics Committee).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Mark Finn at m.finn@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant: Theodora Ioannides

Programme of study: Professional Doctorate of Clinical Psychology

Title of research: The lived experiences of sexual minority women who have recently reduced their alcohol intake.

Name of supervisor: Dr Dominic Conroy

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Including the phrase “who view that they have reduced their alcohol intake” in the question about what the research is about.	Acknowledges the subjective understanding of reducing alcohol consumption.
Question about what’s involved in participation expanded to include information about the interview as well.	It is expected that, due to the additional questions added to the consent list, inclusion/exclusion criteria will be ensured (i.e. excluding those who are currently using substance misuse services).
Participant information sheet updated with clearer, easier to understand consent form made up of tick boxes for separate elements of what consenting to.	Original consent form did not have sufficient clarification of what consenting to. Needed for more ethical clarity and ease of understanding/giving consent.
Removal of questions regarding use of substance misuse and mental health services from the survey, as this is exclusion criteria that is already asked about in the consent form.	Unnecessary repetition of questions that are better suited to the consent form as exclusion criteria.
Additional statement to the debrief form to state that I will be in touch soon to arrange the interview.	Necessary explanation of what happens next so that participants are aware.
Additional statement to the debrief form to give participants the option of receiving a copy of it by email.	Important that participants have a copy of the debrief form to keep, as it re-explains the purpose of the study, what happens to their data, as well as giving them a list of support services that can be contacted if needed.
Consent form updated for interview participants.	Original consent form did not have sufficient clarification of what consenting to. Division of points into a table also easier to digest than a body of text. Needed for more ethical clarity.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student’s signature (please type your name): THEODORA IOANNIDES

Date: 12.06.20

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments		

Reviewer: Tim Lomas

Date: 12.6.20

VII. Amendment Request to Ethics Application and Approval 4

UNIVERSITY OF EAST LONDON School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mark Finn (Chair of the School Research Ethics Committee).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Mark Finn at m.finn@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant: Theodora Ioannides

Programme of study: Professional Doctorate of Clinical Psychology

Title of research: The lived experiences of sexual minority women who have recently reduced their alcohol intake.

Name of supervisor: Dr Dominic Conroy

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Removal of the definitions of 'heavy' and 'light drinking' from the inclusion criteria, and change to "self-defined reduction in drinking.	Acknowledges the subjective understanding of reducing alcohol consumption. The original definition is also very stringent, and will likely impact the recruitment potential for the study.
Use of phrase "who view that they have reduced their alcohol intake", in replacement of phrase "from relatively heavy to relatively light levels of drinking" in the information sheet question regarding what the research is about.	Acknowledges the subjective understanding of reducing alcohol consumption, and is in line with above change regarding definitions of light/heavy alcohol consumption.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student's signature (please type your name): THEODORA IOANNIDES

Date: 27.06.20

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	Yes	
Comments		

Reviewer: Tim Lomas

Date: 29.6.20

Appendix F: Survey Participant Information Sheet



PARTICIPANT SURVEY INVITATION LETTER

The lived experiences of sexual minority women who have recently reduced their alcohol intake.

You are being invited to participate in an online survey to recruit for a research study. Before you agree, it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a postgraduate student in the School of Psychology at the University of East London, and am studying for a Professional Doctorate of Clinical Psychology. As part of my studies I am conducting the research you are being invited to participate in. I also identify as gay and am therefore approaching this topic from a place of personal interest and experience.

What is the research?

I am conducting research into the experiences of women who identify as a sexual minority (e.g. lesbian, gay, bisexual, queer, pansexual; LGBT+), who view that they have reduced their drinking in the last 18 months. I am also interested to know what socialising and drinking practices have been like since the COVID-19 guidance around social distancing.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Q: Who can take part in this study?

A: Any individuals aged 18 years or older who view that they have reduced their alcohol consumption in the last 18 months, whose gender identity is female, who identify as a sexual minority (e.g. gay, lesbian, bisexual, queer, pansexual), and who socialise with friends who define similarly.

Q: What does completing this short online survey involve?

A: Answering questions relating to your demographic information and previous and current alcohol intake. The survey should take approximately 15 minutes to complete. The responses on the survey will be used to recruit people to participate in an individual interview to explore this topic further.

Q: What's in it for me?

A: Unfortunately, I will not be able to pay you for participating in my research, but your participation will help to develop knowledge and understanding of my research topic.

Any participants who complete the survey however, have a chance of winning one of TWO Amazon vouchers worth £10 (in addition to the £8 voucher that you would receive for the interview, should you participate in this). Prize-winning participants will be contacted approximately one month following completion of survey recruitment.

Q: What else do I need to know?

A: All information obtained during the study will be treated as strictly confidential and in accordance with the EU General Data Protection Regulation (GDPR) (2018). My supervisor, Dr Dominic Conroy and I are the only people who will have access to survey responses. Data including names and other identifying details will be anonymised, and destroyed within 2 years following completion of the dissertation research project, to allow for potential publication in peer reviewed journal outlets.

You are under no obligation to take part in this study and are free to withdraw at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated,

provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible). This can be done by contacting Theodora Ioannides (email: who will remove your survey response.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Name: Theodora Ioannides

Email:

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Dominic Conroy. School of Psychology, University of East London, Water Lane, London E15 4LZ, Email: d.conroy@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.lomas@uel.ac.uk)

By clicking on the 'next' button below, you are indicating that you are willing to participate in this study and for your responses to be used in data analysis and future publication in academic journals.

*If you would like a copy of the study information, please put an 'X' in the box below:

☐

Appendix G: Interview Participant Information Sheet



PARTICIPANT INTERVIEW INVITATION LETTER

The lived experiences of sexual minority women who have recently reduced their alcohol intake.

You are being invited to participate in a research study. Before you agree, it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a postgraduate student in the School of Psychology at the University of East London, and am studying for a Professional Doctorate of Clinical Psychology. As part of my studies I am conducting the research you are being invited to participate in. I also identify as gay and am therefore approaching this topic from a place of personal interest and experience.

What is the research?

I am conducting research into the experiences of women who identify as a sexual minority (e.g. lesbian, gay, bisexual, queer, pansexual; LGBT+), who view that they have reduced their drinking in the last 18 months. I am also interested to know what socialising and drinking practices have been like since the COVID-19 guidance around social distancing.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Why have you been asked to participate?

I hope to interview individuals who identify as female and a sexual minority, who have reduced their drinking in the last 18 months, and who have not previously received treatment for substance misuse or mental health difficulties. You have been invited to participate in my research as someone who matches this description and is therefore relevant to my research topic.

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are free to decide whether or not to participate and should not feel coerced.

What will your participation involve?

If you agree to participate, you will be invited to take part in an interview study which involves having an interview lasting about 45 minutes about your drinking practices with Theodora Ioannides (the lead project researcher). This will feel more like an informal conversation than an 'interview' in the traditional sense, and I am interested in anything that you have to say in response to the kind of prompts/questions we have – it's about hearing your story that counts.

The interview will either take place virtually using Microsoft Teams or, if permitted alongside COVID-19 guidance, in person at the University of East London, in Stratford. The interview will be audio recorded as a transcript of the interview needs to be made. All person-identifying details including your name, anyone else's name, place names (etc.) will be altered in this transcript to ensure confidentiality.

Questions in the interview will be about your historic and current alcohol drinking habits, and how these fit within your current social networks and leisure-time activities involving socialising.

Following participation in the interview, you will be given an Amazon voucher worth £8.

You will be able to withdraw your participation and your consent for your information to be recorded and used in the study at any point up to three weeks following completion of the interview. Thereafter, we reserve the right to include your anonymised data in the final analysis.

Unfortunately, I will not be able to pay you for participating in my research, but your participation will help to develop knowledge and understanding of my research topic.

Your taking part will be safe and confidential.

Your privacy and safety will be respected at all times:

- You do not have to answer all questions asked of you, and you can stop your participation at any time.
- You will be able to pause the interview at any point for a break.
- You will be provided with a list of relevant support services that you can access following the interview, should you experience emotional distress in the discussion.
- You are free to withdraw your consent and participation in the study at any point, until 3 weeks after your participation.

What will happen to the information that you provide?

What I will do with the material you provide will involve:

All information obtained during the study will be treated as strictly confidential and in accordance with the EU General Data Protection Regulation (GDPR) (2018). Only the principle researcher (Theodora Ioannides) and the thesis supervisor will have access to the data. You will not be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research. An anonymous code will be used in the stored data

and write-up of the research. Your data will be destroyed within 2 years following completion of the dissertation research project, to allow for potential publication in peer reviewed journal outlets.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated data, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Name: Theodora Ioannides

Email:

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Dominic Conroy. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: d.conroy@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix H: Interview Consent Form



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

The lived experiences of sexual minority women who have recently reduced their alcohol intake.

	Please tick box below to confirm this point
I have read the information page relating to this research study and have been given the option to keep a copy.	
The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information by email.	
I understand what is being proposed and the procedures in which I will be involved have been explained to me.	
I understand that my involvement in this study, and the data acquired from this study, will remain strictly confidential. Only the researcher and supervisor involved in the study will have access to identifying data.	
It has been explained to me what will happen once the research study has been completed.	
I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that if I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.	
I am happy for anonymised interview transcript extracts to appear in future teaching materials and to be used in future submissions to academic journals for publication.	
I would like to receive a summary of research findings from this study and consent to being contacted by email about this at a later date	
I identify as a sexual minority woman (i.e. LGBT+).	
I have reduced the amount of alcohol I drink, in the last 18 months.	
I am not currently using and have not historically used, mental health services (including substance misuse services)	
I hereby freely and fully consent to participate in the study which has been fully explained to me.	

FULL NAME

DATE

Appendix I: Survey Participant Debrief Sheet



PARTICIPANT SURVEY DEBRIEF LETTER

Thank you for participating in this survey on **‘The lived experiences of sexual minority women who have recently reduced their alcohol intake.’**

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided:

All information obtained during the study will be treated as strictly confidential and in accordance with the EU General Data Protection Regulation (GDPR) (2018). Only the principle researcher (Theodora Ioannides) and the thesis supervisor will have access to the data. You will not be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research. An anonymous code will be used in the stored data and write-up of the research. Your data will be destroyed within 2 years following completion of the dissertation research project, to allow for potential publication in peer reviewed journal outlets.

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

LGBT+ Support Services London

Switchboard – LGBT+ Helpline

- **Website:** <https://switchboard.lgbt>
- **Live chat:** available on website
- **Email:** chris@switchboard.lgbt
- **Telephone:** 0300 330 0630 (10:00-22:00 every day)
- **Text:** 85258 (24/7 support in a crisis)

London Friend

London Friend is the UK's oldest Lesbian, Gay, Bisexual and Trans charity. They support the health and mental well-being of the LGB&T community in and around London.

They offer counselling and support around issues such as same-sex relationships, sexual and gender identity and promoting personal growth and self-confidence.

- **Website:** londonfriend.org.uk
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- **Telephone:** 020 7833 1674

They also run a service to address concerns about alcohol and drug use, whether you (or someone you know) wants to quit, are thinking of cutting down, or if you'd just like some support or advice about playing more safely:

Antidote

- **Telephone:** 020 7833 1674 (10am-6pm, Monday to Friday) – ask for one of the Antidote Team.

The Awareness Centre

A counselling centre that understands the challenges of being lesbian, gay, bisexual, transgender or non-heterosexual or non-cisgendered (LBGTQ), and they offer a safe and non-judgemental environment in which you can explore these issues.

- **Website:** <https://theawarenesscentre.com/therapy-services/lgbt-counselling/>
- **Email:** appointments@theawarenesscentre.com
- **Telephone:** 020 8673 4545

NHS Website – Information and support for alcohol use:
<https://www.nhs.uk/live-well/alcohol-support/>

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Theodora Ioannides

Email: u1826618@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Dominic Conroy. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: d.conroy@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix J: Interview Participant Debrief Sheet



PARTICIPANT DEBRIEF LETTER

Thank you for participating in this research study on **'The lived experiences of sexual minority women who have recently reduced their alcohol intake.'**

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

All information obtained during the study will be treated as strictly confidential and in accordance with the EU General Data Protection Regulation (GDPR) (2018). Only the principle researcher (Theodora Ioannides) and the thesis supervisor will have access to the data. You will not be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research. An anonymous code will be used in the stored data and write-up of the research. Your data will be destroyed within 2 years following completion of the dissertation research project, to allow for potential publication in peer reviewed journal outlets.

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Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Theodora Ioannides

Email:

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Dominic Conroy. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: d.conroy@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix K: Interview Schedule

Introductions and Engagement

1. Remind participants of consent & confidentiality
 - a. Can withdraw at any point 3 weeks after participation
 - b. Recording consent
 - c. Voucher – form to fill, voucher to be emailed
2. State approximate interview length (45 minutes).
3. Icebreaker questions, e.g. How is your day going?

Section 1 – Rapport Building

4. How have things been for you recently? E.g. are you working at the moment?
5. What is a typical day like for you at the moment?
 - a. E.g. What are your weekdays like? How about the weekend?

Section 2 – Research question general – who you are socially and sexuality

6. How do you like to spend your leisure time?
 - a. Who do you tend to socialise with?
 - b. Where do you typically tend to socialise?
7. Can you tell me a bit about the group of people you typically socialise with?
 - a. Are your friends people you have known for a long time?
 - b. Do friends come and go, or do you have a fairly fixed social group?
 - c. How often do you meet up?
 - d. How often do you socialise with people who identify as a sexual minority?
 - i. Do your sexual minority/gay friends identify as scene/non-scene?
8. How do you identify in terms of your sexual orientation?

- a. How would you describe your experiences as a woman who identifies as gay/lesbian/etc/a sexual minority?
- 9. What are your experiences of LGBT+ venues?
 - a. When did you start socialising in LGBT+ venues?
 - b. How would you describe your relationship with LGBT+ venues?
 - c. How would you describe the role of alcohol in LGBT+ venues?
 - d. Do you know of any sober LGBT+ venues near you?
- 10. Do all of your friends drink when you are socialising?
- 11. What has your social life been like since the recent COVID-19 Pandemic guidance around social distancing?

Section 3 – Research question specific – transitions in drinking style

- 12. Tell me about your previous alcohol use
 - a. How much did you typically drink?
 - b. How often did you typically drink?
 - c. What did you like to drink?
 - d. Did you drink at home/out?
 - e. Did you drink alone/ with others/ both?
- 13. Can you describe the role that alcohol played before you cut down?
 - a. How important was alcohol in your socialising/everyday life?
 - i. Can you give me an example of that?
- 14. What prompted you to reduce your typical alcohol consumption?
 - a. How have you found it? (easy/hard)
 - i. Has there been anything that made this process harder/easier?
 - b. Have you tried to cut down before?
- 15. How much alcohol do you typically tend to drink each week now?
 - a. How often are you drinking at the moment?
 - b. What do you like to drink?
- 16. Have you changed how you drink? (e.g. slower, different drinks)
- 17. What have your social experiences been like since you reduced your alcohol consumption?
 - a. Have you changed where/how you socialise?
 - b. Have you changed who you socialise with?

18. As someone who drinks less alcohol than they previously did, I wondered how drinking little/no alcohol works during social occasions when other people are drinking large amounts of alcohol?
- a. How do you refuse drink offers?
 - i. What is that experience like for you?
 - b. What is it like being relatively sober/drinking less around drunk friends/peers?
 - c. How do you think you are viewed by drunk friends/peers?
 - i. Are you viewed differently by LGBT vs straight peers?
19. What have your experiences of drinking alcohol been like since the COVID-19 pandemic and guidance around social distancing?
20. It may seem like an odd question, but do you think that drinking alcohol is related in any way to your experiences as someone who identifies as gay/lesbian/bi/a sexual minority?

Section 4

21. What is your plan going forward?
22. Is there anything that I haven't asked you about yet, that would be helpful or interesting to think about? Anything that has occurred to you while we talk, or before our call today?

Appendix L: Example of Analytical Process from Transcript to Final Themes and Quotes

P8

Reflections Key:

Bold = Descriptive comments

Italics = Linguistic comments

Underlined = Conceptual comments

TI = interviewer

Emerging Themes	Text	Reflections
No known sober venues	TI: Do you know of any sober LGBT venues near you, or sober nights?	No known sober venues Sober LGBT activities – sports, rugby Doesn't know if she would attend – keeping it as a nice memory <u>The scene and vibe can't be recreated without alcohol and its effects, and would just be disappointed.</u>
Involvement with sport as sober gay activity	P8: No, I don't actually. I've... erm... have I looked it up before?	
Finding alternative activities not centred around alcohol	No maybe not. I think a lot of the... sober stuff I do now is about sport, going to sport, playing sport... there's a lot of LGBT people at my rugby club,	
Transitioning away from scene – leaving in the past	it's kind of like... ok it's not really similar but it's a different group. So... yeah no, I don't know. Even if there was, I don't know if I'd go. I think it might just be a nice memory.	No dedicated sober LGBT+ venues – forced away from the scene if not drinking, no alternatives <i>Just be a nice memory – language of reminiscence</i>
All peers drink – normality of alcohol consumption in UK/LGBT community	TI: And when you do socialise with gay friends, does everyone else drink?	<i>Like really drink – heavy, binge drinking; a regular occurrence that's planned in</i>
Dislike consequences of alcohol on the physical and mental	P8: Yeah most of the time, yeah. So probably about once every three months I'll drink, like really drink. And I don't really like	Doesn't like how heavy drinking makes her feel – like shit, really tired <u>Contradiction between these two points – planning in a regular occurrence that she knows will not make her feel good</u>

<p>self – noticing impact</p> <p>Strategy to manage – spacing out gatherings where heavy drinking likely</p>	<p>drinking because it makes me feel like shit, it makes me really tired, so erm... just kind of like space out gatherings that I know are going to be big drinking gatherings. Or... I'm just trying to think of the last time I saw my LGBT friends and didn't drink... I can't remember, I have no idea.</p> <p>TI: What has your life been like since covid and lockdown? Have you been doing much? You mentioned going to parks, is that a recent thing or something you've been doing throughout lockdown?</p>	<p>Manages this by spacing out large gatherings – as all peers drink. No recent memory of socialising with gay peers and not drinking <u>Conflict of not being able to socialise with lgbt friends as doesn't want to drink – who is the self if not fitting with peers?</u> <u>Seeing friends less as a result.</u></p>
<p>Lockdown as opportunity to re-engage with hobbies</p> <p>Discovering and engaging with other activities that don't involve alcohol</p> <p>Different environments present different pressures to drink – considering broader social pressures and expectations to drink alcohol</p>	<p>P8: Yeah I've been doing a lot more reading. I've read about a book a week which I'm pretty proud of actually. Erm, and a lot more walking, and a lot more... So I went out last Saturday and it was someone's birthday in the park. I didn't drink there and that was quite good because it was in a park so it's not like really like... sitting in a pub having a tap water because you're in the park having a diet coke, and it seems a bit more acceptable. So yeah a bit of meeting people in the park, erm... Yeah just stuff like that really.</p>	<p><u>Finding alternative sober activities;</u> Less socialising generally in lockdown</p> <p>Socialising outdoors, away from alcohol-centric places, eg. parks – allows freedom to drink what she wants – water, coke. <u>Socially acceptable drinks in acceptable settings.</u> <u>Acceptable – use of the word, of being accepted by peers, of doing things acceptable to them</u> <u>Consider the importance and necessity of behaving in socially acceptable ways in order to feel part of the group and not risk being excluded</u></p>

<p>Less enjoyment with virtual socialising</p>	<p>T1: Have you done any Zoom socialising and Zoom pub quizzes and that kind of thing?</p> <p>P8: Not as much as everyone else I think. I've tried to contact people at the same time every week. Like my friend * who's in *, like I'll FaceTime him on a Sunday. Like that's kind of like... that's worked out quite nicely because I don't think I would have done it otherwise, making time to do it. Erm, but less like... I Zoom all day, so... So like the last thing I want at the end is another Zoom.</p>	<p>Some use of zoom, but also very work heavy so not using it a lot. Virtual socialising not appealing Changing nature of socialising during lockdown</p>
<p>Different drinking dynamics and expectations when socialising virtually</p> <p>Less pressure to drink in virtual socialising</p>	<p>T1: When you have had Zooms or social contact, have people been drinking in them?</p> <p>P8: The only one when people were drinking was like a work-leaving drinks. But I didn't drink because I just thought it would be so weird to be on a Zoom call and then like rattling around your house pissed... So yeah.</p> <p>T1: So you mentioned on the survey that you cut down in January of this year, is that right?</p>	<p>work-drinks, but did not drink alcohol – view that weird to get drunk at home alone Socially acceptable to get drunk in a group, but not at home Virtual socialising different to in person socialising – different norms, different expectations.</p>

<p>Gradual transition to drinking less – gradual realisation about impact on mental health</p> <p>Lockdown as opportunity to reduce intake without pressure</p> <p>Challenge of refusing drink offer</p>	<p>P8: Yeah I think I've been drinking less and less really gradually for probably about a year before that... And then in January, erm... I just sort of, not like a New Year's thing even really... It's basically just like I don't really wanna drink so I'm just not gonna do that for a bit and see how long that lasts, and it just didn't bother me for ages. In fact it's never bothered at me at all. There's been times when someone's like do you want a drink or whatever, and I might have one, but I wouldn't say I've been really pissed for months really.</p> <p>T1: Can you tell me a bit about your previous alcohol use before you cut down?</p>	<p>Gradual change to drinking less. Beginning the new year with not drinking – not setting a set deadline, but open-ended and flexible. <u>Not tying self in to not drinking for a set period – risk of failure.</u></p> <p>Not drunk for a long time</p> <p><i>In fact it's never bothered me at all – moment of self-realisation; didn't bother me – use of the word vs it wasn't difficult. Not affected by not drinking/the change.</i></p> <p>Still accepted a drink when someone offered – <u>didn't say no. Couldn't say no?</u> <u>Challenge of managing drink refusal? Context dependence</u></p>
<p>Work culture influence on drinking – pressure/expectation to</p> <p>Wider drinking culture in the UK</p> <p>Recognising impact on mental health – making conscious choice to change</p>	<p>P8: So, I would say when I first moved down to * which was about two years ago I was still drinking after work, like a couple of times a week and then going out at the weekend and getting really really pissed. So like, quite high level intake and... just like... A lot of hangovers, like not really, not really thinking about it. It's only really recently, erm I think in part because I know that being</p>	<p>Move to * coincided with regular weekday drinking <i>Getting really pissed on the weekends – emphasis on language</i> Mindless hangovers <u>New life, new city, new friends, finding a new community</u> Habits of a younger person</p> <p><i>Not really thinking about it – younger age? Not thinking about longer-term consequences?</i> <u>Instant gratification; acting without inhibition.</u> Changing acceptability of drinking with age</p>

<p>On journey to develop self-care – one change that can be made</p> <p>Noting benefit to mental health of cutting back – motivating factor to continue</p> <p>Challenge of moving differently to friends – uncertainty about re-entering the old world</p>	<p>hangover really impacts on my mental health and I got quite... probably over the last 9 months, from January and maybe a bit before that, just like that's such an easy thing I can do to improve my mental health, just to not do that, just to not go out and drink loads. So, erm, in looking for some stability in my mental health, if I just stop doing that then it would probably be more steady, and that is exactly what happened. But it's quite, like I say, it's then quite difficult to go back into that world of like... When you've done that personally but all your friends haven't, it's quite like... Like I'm still getting invited to my mate's like... my mate's fucking 4am DJ set and I'm just thinking, I'm not fucking going to that! Like I'm not coming to your 4am DJ set like why am I still getting invited to it to a 4am DJ set, like I've shown no interest for months, but like... previously I might have gone and that would have just been a week of a right-off mental health-wise, I would have just felt so awful. And so a lot of it now is just being able to say no and not feeling too bad about it.</p>	<p>Recognising the relationship between alcohol and her mental health; hangovers negative for mental health <u>Working to improve self and mental health – one simple thing that can be changed.</u> <u>Noticed benefit of stopping drinking heavily – steadier mental health; fewer fluctuations.</u> <i>An easy thing to do – in control, one simple change for a major/important improvement</i></p> <p>Noting challenge when moving in different directions to friends – socialising in different ways; pulling away, rejecting invitations. <u>Majority of people drink – rarity not to</u> <u>Challenge of changing away from/without friends</u></p> <p><u>Reflection on change and personal benefits:</u> <u>Distance allows space to see this</u> <i>Mental health wise... so awful</i> Mental health a key factor for cutting down.</p>
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Clustering of Themes	
Experience of LGBT venues <ul style="list-style-type: none"> - Rite of passage - Safe space; community and sense of belonging - Meeting partners - Alcohol-centric focus of the scene - Transition away from the scene over time - Biphobia on the scene - Lamenting loss of queer, women-only spaces 	Behaviours adopted to manage transition <ul style="list-style-type: none"> - Drinking non-alcoholic beverages - Choosing difference alcoholic beverages - Mindful decision-making of beverage choice - Use of humour to deflect judgement - Readiness of socially sanctioned rationale - Avoiding alcohol-centric venues or events - Listening to Quit Lit
Factors influencing decision to reduce alcohol intake <ul style="list-style-type: none"> - Physical and mental health - Financial factors - Acknowledging development of problem drinking - Influence of significant intimate relationship - Changing socialising preferences over time - Influence of family history with alcohol - Experience of rock bottom moment 	Challenges faced in transition <ul style="list-style-type: none"> - Facing judgement from peers - Frustration with lack of understanding from peers - Managing pressure to drink from others - Resisting temptation to drink - Managing life stressors without usual coping tool - Challenge of socialising in alcohol-centric spaces - Adjusting to different social self
Influence of wider UK drinking culture <ul style="list-style-type: none"> - Work environment pressure to drink - Expectation to binge drink ingrained from early age - Social currency of alcohol - Association between alcohol and celebration 	Factors that ease transition <ul style="list-style-type: none"> - Reflecting on consequences of previous alcohol use - Reflecting on previous alcohol use as coping tool - Reflecting on dislike/impact of alcohol - Supportive and non-judgemental friends - Reflecting on benefits of reducing intake - Developing confidence in decision over time - Developing alternative methods of socialising
Influence of national lockdown <ul style="list-style-type: none"> - Opportunity to reduce intake - More virtual socialising, less pressure to drink - Socialising in less alcohol-centric ways 	Reflection on future drinking style <ul style="list-style-type: none"> - Intention to continue with reduced intake - Uncertainty of future steps

Cross-referencing of emerging themes across transcripts										
Super-ordinate Theme	Sub-ordinate Theme	Robin	Ari	Rachel	Frankie	Alice	Erin	Alex	Jamie	Total
Triggers for Changing Relationship with Alcohol	<i>Recognising problem drinking and reliance on alcohol</i>	X		X	X		X	X	X	6
	<i>Addressing the impact of alcohol on physical and mental health</i>		X	X		X	X	X	X	6
	<i>Influence of intimate relationships</i>		X				X	X		3
	<i>Opportunity of lockdown</i>			X				X	X	3
Navigating the Public Arena	<i>Experiencing judgement and pressure from peers</i>	X	X	X	X	X	X	X	X	8
	<i>Managing pressure to drink</i>	X		X	X	X		X	X	6
	<i>Transitioning away from alcohol centric spaces</i>	X	X		X		X	X	X	6
	<i>Adjusting to the changing social self</i>	X	X		X	X	X	X	X	7
Renegotiating the Relationship with Alcohol	<i>Removing the beer goggles</i>				X	X	X	X	X	5
	<i>Adapting approach to drinking</i>	X	X	X		X	X	X	X	7
	<i>Observing positive change</i>				X	X	X		X	4
	<i>Continued self-reflection</i>				X			X		2

Appendix M: Master Table of Final Superordinate and Subordinate Themes with Key Words and Line Locations.

Participant	Theme	Lines
Super-ordinate	Triggers for Changing Relationship with Alcohol	
Sub-ordinate	<i>Recognising problem drinking and reliance on alcohol</i>	
P6	So it was becoming maybe less of a choice... [...] dad's a very heavy drinker um...	440-817
P1	... but my mum is an alcoholic...	308-310
P4	... I could tell that I was like medicating...	393-401
P7	... so sheepish and ashamed...	523-531
P8	... I'm a bit bored of not being able to remember important stuff...	269-273
P3	... easier for me to be relaxed and talk about it if I'm not sober...	503-538
Sub-ordinate	<i>Addressing the impact of alcohol on physical and mental health</i>	
P7	It was hurting me physically and mentally.	620-623
P8	... being hungover really impacts on my mental health...	229-233
P5	... just for the calories.	326
P3	... be and look healthier.	347
P2	I can't really drink beer so much because it's too fizzy for me so it just it hurts basically... I'm getting older now...	222
Sub-ordinate	<i>Influence of intimate relationships</i>	
P6	... being in a relationship with somebody who was sober...	473-636
P7	... don't have to get the Dutch courage to hook up with anyone.	959-962
P2	I... just got more serious with * ...	178-181
Sub-ordinate	<i>Opportunity of lockdown</i>	
P7	It definitely came at the right time...	682-685
P8	I've never really had a decent block of time ...	314-316
P3	... good time not to drink a lot of alcohol.	277-279
Super-ordinate	Navigating the Public Arena	
Sub-ordinate	<i>Experiencing judgement and pressure from peers</i>	
P3	... as long as I'm drinking I think it's fine...	355-432
P1	... it means you are judging them for drinking.	506-646

P4	I didn't qualify for her company if I wasn't having a normal beer...	485-493
P2	...there's a lot of peer pressure...	331-344
P7	...bullying of people who are not drinking...	863-869
P1	With people who I consider more my peers, I find it harder.	465-469
P6	... respectful of my choice...	604-607
Sub-ordinate	<i>Managing pressure to drink</i>	
P7	I was hyperalert...	786-791
P5	Friends I trust not to put social pressure on...	388-389
P8	... go out and not drink and you have reason.	379-382
P3	If I just give a bit of fuss they don't... They don't push it.	470-472
P1	... I can make a dumb joke...	425-428
P1	... virtual drinks like I just hold the cup... no one cares...	607-609
P4	...There's no overt pressure... you're just sitting at home...	335-336
P8	...weird to be on a Zoom call and then like rattling around your house pissed...	210-212
Sub-ordinate	<i>Transitioning away from alcohol centric spaces</i>	
P4	I just don't go to bars...	570-572
P2	...less inclined to go to clubs.	286-288
P2	...moving away from the big nights in Soho...	64-66
P6	It's in the past...	679-681
P8	I think it might just be a nice memory.	95-179
Sub-ordinate	<i>Adjusting to the changing social self</i>	
P6	I'm temporarily not inhabiting a part of my identity...	343-348
P8	... not having the pressure... has been a lot easier.	280-283
P7	... I want to look like I'm participating...	473-477
P4	... a reliable party person and now I'm not...	580-581
Super-ordinate	<i>Renegotiating the Relationship with Alcohol</i>	
Sub-ordinate	<i>Removing the beer goggles</i>	
P6	...irritated by how people change when they're drunk.	287-290
P4	... a bit disconnected and lonely actually.	637-644

P7	...I don't like drunk people...	825-827
Sub-ordinate	<i>Adapting approach to drinking</i>	
P8	... non-alcohol beer in between normal beer...	361-363
P6	... alcohol-free beers ... That sense of occasion...	588-593
P7	... I had a big conversation with myself...	692-695
P5	... savouring it a lot more...	425-429
Sub-ordinate	<i>Observing positive change</i>	
P6	I feel better... I think I look better.	478-541
P4	I felt I had access to more emotions.	461-464
P8	...having seen the benefit for like my wellbeing...	284-287
P5	I continue to want to lose weight. It's working so...	528-530
Sub-ordinate	<i>Continued self-reflection</i>	
P7	... used alcohol as a crutch...	500-580
P4	... used alcohol to make me not mind the problems...	371-422

Appendix N: Reflexive Journal Extract

3.7.20 – First interview

- First interview – noted challenge of being an interviewer vs a therapist; had to limit use of summarising and my own input in the interview to ensure neutrality/the pps point of view maintained/dominated/not influenced. Not sure I managed to do this completely.
- Recognising the pps attempts to relate to me – as acquaintances, as femme gay women.
- Not complete strangers, so less of a need for ice break. Benefit of ice breaker questions to ease into my role as interviewer.

08.09.20 - Final interview

- Noted change in demeanour and interviewing style following 7-8 interviews – more confident, more natural in approach and questioning; more flexibility and ability to follow up points of interest.
- Sticking to the interview schedule, but less rigidly. Considering how different the earlier interviews might have been, what further data would have been captured, with the ease felt now.
- Difference in interviewing acquaintances and strangers – more relaxed, so more informal; able to gather more information?

1.10.20 – During Analysis

- Noting key themes/similarities that emerging already from the transcription process. People reporting similar experiences around the benefit of community, cutting out alcohol as in relationships, due to money and health reasons.
- The techniques and other things people do to navigate social situations.
- The importance of the LGBT+ scene in coming out is significant across all pps so far. Considering the importance of this in relation to the data and reducing alcohol consumption. Related by association.

Appendix O: Evaluation of Present Study Based on Guidelines for Qualitative Research (Yardley, 2008)

Criteria (Yardley, 2008)	Evidence for meeting criteria
Context sensitivity	<p>The researcher attempted to provide sensitivity to context through a narrative review of the available literature to orient the study and highlight gaps.</p> <p>Demographic information about the participants has been provided, including their age, gender, sexual orientation, and ethnicity.</p> <p>Excerpts from all participants were included to in the analysis demonstrate the individual contexts and experiences of each participant, and the unique context of COVID-19 under which all participants participated was highlighted.</p>
Commitment and rigour	<p>The researcher applied for and was granted ethical approval prior to initiation of this study, demonstrating demonstrated an awareness of the potential risks to participants. In addition, the researcher attempted to put participants at ease throughout interviews, ensuring their privacy to speak at home, reiterating the confidentiality and anonymity of their experiences.</p> <p>Throughout interviews, the researcher consistently adhered to the interview schedule, but allowed for sufficient flexibility in questioning to attend to participants' unique experiences further.</p> <p>During analysis, the researcher was rigorous in performing a thorough and systematic analysis to ensure that the results best represented the data and participants' experiences. Excerpts from participant interviews were included in commitment to the IPA process.</p>
Coherence and transparency	<p>The narrative review aimed to give a transparent rationale for the study. The consideration of other methodologies in the selection of IPA demonstrated a transparency in the research development process.</p> <p>Clear steps were outlined for participant sampling and recruitment, construction of the interview schedule, and interview conditions.</p> <p>Limitations of the study were discussed.</p>
Impact and importance	<p>The researcher has attempted to justify the importance of this research and suggested clinical, health promotion and social implications in relation to supporting SMW to reduce alcohol consumption.</p> <p>Suggestions for further research have also been made.</p>