

Maeve's Story

Creating the Illusion . . .

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Alcoholism - Irish Family

Maeve burps. Heading for her cashier job in the auto parts store, she jolts off the curb in a fog not unlike the one that engulfs the Golden Gate. She was lucky to land this job at McElvey's here in the City, and she is appreciative of Patrick for heading her in a positive direction so soon after her arrival. Margret and Thomas are proud of their mother too; they won't have to work behind a register though.

If only she felt clear-headed this morning.

Maeve has prayed to the Virgin about her drinking. She knows Mary must have been a teetotaler, even when she was dealing with a son who was a bit of an odd duck. Mary didn't rely on the bottle. Of course, Maeve doesn't either. She just feels more at ease after a belt or two.

"Sure hope I can find the right keys on the register."

Polly, the other woman in the office, is waiting when Maeve stumbles in. Polly has no children and little faith, but she was drawn immediately by Maeve's tall

tales and her combination of strength and vulnerability. Polly has a brother who is overly fond of Porter's too.

“Morning, Maeve. McElvey left the overdue accounts for you to call. Third drawer on the left.”

Getting no response, she continues,

“There's coffee in the pot, fresh-brewed. You OK?”

“Grand. Simply grand.”

Maeve is still thinking of Margret and Thomas as she scans the accounts page dancing before her eyes. She knows her children will succeed in their new land. They are obedient offspring, schooled in the ways of the old country but eager to adapt; they are young enough. She wonders what sin it was that made the bottle paramount in her life---neglecting her lenten resolutions, resenting her blond and buxom cousin, giving in too quickly to Uncle Ed, having babies too soon? After all Patrick has done to gain her a foothold out here, she shouldn't be thinking this way. Luckily the veils of denial still obscure acknowledgement of any real problem

Reflective exercise: Alcoholism & Those in Denial

- 1. Have you or someone in your family had problems with alcohol consumption?***
- 2. If so, did it interfere with your relationship? In what ways?***
- 3. Did that experience bias your opinion of patients who are alcoholic?***
 - a. Are you more sympathetic?***
 - b. Are you more critical or intolerant?***
- 3. Does your image of what it means to be an alcoholic match with reality?***
- 4. Do you routinely ask the CAGE questions of clinic or hospitalized patients?***

Alcoholism Rising

The *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012*, cite the following statistics: over 52% of adults aged 18 years and older are regular drinkers; men consume more than women; with the highest percentage of drinkers being non-Hispanic White. From 2006 to 2012, 88,000 people have died from alcohol related illnesses. What constitutes a “drink”?

- 12-ounces of beer (5% alcohol content)
- 8-ounces of malt liquor (7% alcohol content)
- 5-ounces of wine (12% alcohol content)
- 1.5-ounces of 80-proof (40% alcohol content) distilled spirits or liquor⁸³

Rates of alcohol consumption vary from state-to-state and country-to-country. Ethnic groups vary in their drinking as well, from a low percentage in Iran and Saudi Arabia to a high rate of intake in Luxembourg and Ireland. While the Irish are second in alcohol consumption internationally, they represent the highest prevalence of alcohol related problems. Irish women are less likely to drink than Irish men. However, among women from all ethnic groups, they have the highest alcohol consumption rate.⁸⁴

There are varied hypotheses for increased alcohol consumption in the Irish. One may conjecture that it was the consequence of having an over dominant and manipulative Irish mother who ruled the family. As a result, drinking large quantities of alcohol offered a break from reality. The village pub provided the refuge and soon became the center of the community. Or possibly it was a result of the Great Potato Famine in the mid 1800s. It was a time of deep despair and, *the drink* helped alleviate the sense of instability and uncertainty. In the early 20th century many single Irish women emigrated to the United States, seeking employment. They broke the constraints of gender roles so ingrained in the Irish culture.⁸⁵ Drinking at the pub in America was acceptable for women. Still another theory is that increased alcohol consumption is related to a normative religious structure within the Catholic church. A study of Irish

American Catholics posits that alcohol consumption is reflective of a routinized cycle of rebellion (abusive drinking) and reinstatement (confession, forgiveness and re-incorporation into group life).⁸⁶ Unfortunately, stories portraying the Irish as heavy drinkers have led to stereotyping and misconceptions.

Maeve had not thought her alcohol intake would affect her as it did her mother and grandfather. However, as a result of years of hardships and discrimination in Northern Ireland, and now as a new immigrant in the United States, her ability to cope with everyday life is waning. Still, she believes that her Catholic faith and the resilience of her Irish heritage will provide the strength to face this as well.

First a wee bit of history . . .

Life in Ireland was arduous. The never ending struggle dictated life choices. According to McGoldrick “for many centuries Ireland was dominated, oppressed, and exploited by the British. Irish history includes starvation, humiliation, and heartbreak on one hand, and a remarkable adaptive ability to transform pain through humor, fierce rebellious spirit, and courage to survive on the other.”⁸⁷ Beginning in the 16th century, England ruled the island and created a deep division between Protestants and Catholics. Furthermore, they established laws which forbade Catholics from attending school, owning land, or applying for a position in military or civil service. Laws of discrimination prompted many to dream of a better life somewhere else.

Religious persecution and deplorable economic conditions in Ireland led to the first wave of emigrants to the Virginia and Maryland colonies in the early 1600s. They did not receive a warm welcome and experienced discrimination both socially and politically. Yet, their values of religion, hard work, and education contributed to their new country. By the late 1770s, the Irish made up almost ten percent of the population in the United States. The second wave followed the Great Famine of 1845. The potato, a main staple for Irish families, was infected with a fungus and 50% of the crop was lost. It is said that between 1846 and 1850, the population of Ireland dropped by **two million**, one million to starvation and one million emigrated to North America.

From persecution and starvation in their home country, to discrimination and poverty in their new country, these immigrants proved loyal by enlisting to

fight in the Civil War. In 1863, Congress passed The National Conscription Act which specified that unmarried men between the ages of twenty-one and forty-five were subject to a draft lottery. However, a loop hole in the law allowed wealthy men to “hire” a replacement for \$300. Due to poor socioeconomic conditions, many Irish men answered those ads. They hoped that by this demonstration of allegiance and willingness to serve and die, that anti-Irish discrimination would end.

The turn of the century brought socioeconomic gains for the Irish. Unfortunately discrimination continued to plague them. My Irish grandfather told us stories of his emigration to California from County Cork at the turn of the century. He was a young lad of 6, but he remembers well being teased by the other children because of his accent. As an adult he frequently heard negative comments about the “flat-footed” Irish cop that patrolled his neighborhood. Nonetheless, his unwavering Catholic faith and church community sustained him and his family during those difficult years. Surprisingly, even at the age of 94, he continued to feel the pangs of inequities that cast a “dark cloud,” as he would say, over his life.

According to the 2010 US Census Bureau, the number of U.S. residents who claimed Irish ancestry is 34.7 million, more than seven times the population of Ireland itself. The median income of Irish Americans is higher than median income for other households in the United States. Their poverty rate of 6.9% ranks among the lowest of all Americans.⁸⁸

Cultural Beliefs and Values

Irish Americans are known to be family oriented, hard working, religious, and musical. These values, brought over during the waves of emigration, served to fortify their identity, their faith and their community. Upon arrival in the United States, they established Catholic churches throughout America. In addition to being the center for community activities, the church served as a resource in times of difficulty. While not much is known about Maeve, other than her current issue of alcoholism, one can consider that her Irish cultural beliefs and values are the cornerstone to her stability and safety. They provide her with the strength to face the difficulties in her life – job, co-workers, adult children and her addiction.

Cultural Beliefs and Values

Independence & Hard Work

Loyalty

Respect for the Elderly, the Priest & those in Authority

Religion

Family & Community

Folk & Religious Health Beliefs

Reflective exercise: Being Irish

- 1. Which of these beliefs/values do you think is the most important to Mauve? Why?*
- 2. Which one is most important to you? Why?*
- 3. Which values would Mauve consider most helpful to deal with her alcoholism?*
- 4. How would you incorporate these into your conversation? Into developing a plan of care?*

Communication

The Irish have a strong history of and value for the oral tradition. Storytelling, a famous Irish tradition, entertains those of all ages. “Think blarney, shenanigans and malarky” and you’ll have a great story that engages all who listen. My grandfather told stories of his homeland replete with the “little people” and their “shenanigans.”⁸⁹ We grew up being a “wee bit” leery of stormy nights when we “knew” the “little people” might come by and look inside our window. We made sure we were “tucked in our beds fast asleep” so as not to invite them in! Like many Irish, my grandparents had over time lost their accent, but when it came to storytelling the inflection on certain words added a “bit of the blarney” and drew our rapt attention. The power of some stories continue to influence my life today.

For the Irish, the use of humor and sarcasm is common. Humor, a great resource to cope with life's problems, is also used to manage uncomfortable situations. While appearing reserved in public, with family and friends the Irish are loud and demonstrative. Facial expressions add to the conversation. Embellishments add to the conversation. Moreover, verbal innuendos, ambiguity and metaphors convey a message as well. Eye contact is highly valued and an important aspect of conversation. It connotes a person is trustworthy, respectful, and honest. If eye contact is averted one may be viewed as guilty of some deed. Although displays of emotion or affection are limited in public, this same strategy is used when there is a dispute with a family member. The silence that follows a disagreement can lead to long term resentment. Relationships may be severed for a lifetime without a word.

During an appointment with the HCP, the Irish American patient may seem as verbose, exaggerating the presenting symptoms. However, it is important to note that this approach may serve to cover up or underscore something more serious. Woven in between the words is the true concern. Use of the phrase "I'll let you know" or "We'll see" or "Perhaps" may be used to express a "no" response. Our job is to find the message in the midst of the story. Take time to reflect back on what you've heard. Ask open and closed-ended questions and respect the response. It is in this venue that we glean the information needed to assess and plan care.

Reflective exercise: Communication & Storytelling

- 1. Are you a "get to the point person?"***
- 2. If so, how do you manage lengthy dialogues that embellish and exaggerate?***
- 3. Do you cut them off?***
- 4. Do you listen patiently, but think "how much longer?"***
- 5. If time were not an issue, would you be more open and inquisitive?***
- 6. How would you validate Mauve's story & her perception of her condition?***
- 7. Is it difficult for you to find common ground?***

Time Orientation

As we have seen throughout this chapter, the past plays a significant role in present thinking and conversation. Irish stories convey a strong sense of tradition. This translates to present day appreciation of family, community and good health. Their future orientation focuses on assuring prosperity and security for themselves and the next generation.

Family

Historically, one cannot view the Irish American family without acknowledging a history of oppression in their home country in which men were systematically deprived of a sense of place or power. It has been written that many “*turned to the drink*” to escape the day-to-day reality of poverty and oppression. As a result, women became dominate in marriage. The wife was expected to maintain the household with a focus and hope that her children would do better. Many single Irish women chose emigration, rather than marriage. There was an implicit reluctance on these newly immigrated women to marry.

However, couples today are more egalitarian. Together, they adhere to family values that include maintaining socioeconomic stability through hard work, promoting education for the children, and attaining professional accomplishments. Likewise, loyalty to family members is the core of stability in the home structure. As such, the elderly are provided for in their old age – financially and physically. They are sought out for their opinions and advice. Children are expected to demonstrate respect and obedience to their parents and elders. Rarely praised or made the center of attention, children are expected to be independent, self-reliant, and do well in school. Children may be thought of as good or bad, and parents may ignore the aspect of the child’s behavior that does not fit in the designated role – “My Denny,” “Poor Betty,” “That Kathleen.”⁹⁰ Siblings and cousins are close throughout a lifetime. The extended family is integral to the family structure as well. While they may not see each other frequently, they do get together for visits and are available for assistance when needed. Nonetheless, one does not want to rely on another too much as it may be considered a burden.

Health Practices

The Irish are a people of paradoxes. While enjoying a good time, they savor tragedy. They may boast and brag with confidence, yet believe that if something goes wrong it is a result of their sins. Although frequently joking, they seem to struggle always against loneliness, depression and silence, believing intensely that life will break your heart one day.⁹¹ Problems are private matters, therefore Maive may not seek care or counsel. It follows that if she can do the task at hand, she sees no need for an appointment with her HCP. Illness, whether attributed to guilt or sin or some self-fulfilling prophecy, is thought to be the result of some outside force. Ascribing an external locus of control is seen as a way of coping with physical or psychological problems. The belief is, that given enough time, the problem will resolve itself. The perception of illness may also be localized so to emphasize the cause. For example if the patient has symptoms involving the ears, eyes or mouth, it may be in response to a recent situation. The thought may be “what should I have heard?,” “what should I have seen?,” or “what should I have said?” These may have been some of Maive’s thoughts.

Since Maive is able to go to work every day, she does not perceive her drinking to be a problem. Although her ability to function seems questionable, it’s not enough of an issue, for her, to seek care. She would only go to the clinic as a result of an injury (motor vehicle accident, fall, or burn secondary to binge drinking) or perhaps to resolve issue with insomnia especially if interferes with her ability to work. Nevertheless, we know that a clinic appointment provides the opportunity to assess her current health, immunization status, screenings for pap smear and mammogram as well as her tobacco and alcohol consumption.

There are several effective screening tools used in the assessment of alcohol consumption. The most familiar is CAGE – an acronym that addresses intake. Her response to the questions may heighten her awareness of the problem. Does she feel the need to **C**ut down on drinking; “are others **A**nnoyed by your drinking;” does she feel **G**uilty about the drinking and does she need that first drink in the morning, the **E**ye opener, in order to start her day. Answering positive to more than two may meet the DSM-III (Diagnostic and Statistical Manual of Mental Disorders) criteria for abuse or dependence diagnosis.

Once the diagnosis is made, and she seems ready to stop drinking, you can work with her to develop a plan. An effective approach is one that focuses on the problem, is structured, brief, and goal-oriented. Alcoholic Anonymous (AA) is a support group that in many ways correlates with the Irish values of reliance. It has a spiritual component as well. It could serve as a social venue similar to that of the village pub as community. The concept of anonymity, an openness to strangers, correlates well with the practice of telling a stranger more intimate information than telling family members..

In addition Maeve could be experiencing depression or anxiety. If so, she most probably would not share that information on her initial visit. Perhaps, begin the conversation by asking her about her disruptive sleep cycle and how that impacts her ability to fulfill her work responsibilities. One effective assessment tool is The Hamilton Depression and Anxiety Rating Scale which includes the Short Sleep Index (SSI). This allows the HCP to assess both anxiety and insomnia. The SSI scale quantifies the main symptoms of sleep disturbance – difficulty falling asleep, staying asleep, early morning awakening, and poor sleep quality. Given that time for an appointment is limited, these screening tools are easy to use and brief to administer. And most importantly, it can give Maeve insight into her condition.

It is possible that Maeve has tried home remedies and participated in church rituals, hoping to end her alcohol addiction and depression. The Catholic Church provides rituals to deal with physical, emotional and mental health problems. These include blessings, wearing a scapula or medal, praying to the saints and lighting candles. Along with a belief in eating a balanced diet, exercising regularly and getting a good night's sleep, some other preventative measures consist of folk practices such as tying a bag of camphor around the neck to prevent flu; never looking in the mirror at night; closing closet doors to prevent evil spirits from entering the body; and never going to bed with wet hair. Folk treatments include drinking nettle soup to clear the blood, tying onion to the wrist or dirty sock around the neck to cure fever; drinking hot tea and lemon for a sore throat; eating raw onion or drinking hot tea with whiskey to cure a cold; and wrapping hot bread, sugar and soap in a linen cloth and placing it on an infection to cure boils.⁹² These healing practices, passed down from one generation to the next, are still considered potent and beneficial today by many.

So how does one begin the conversation? Perhaps the HCP could open with a smile and handshake welcoming Maeve into the practice and then follow with open ended questions. What do you think caused you to be sick? What home remedies have you used? Have they been helpful? Finally, what is your greatest concern? This conversation establishes an interest and respect for her health beliefs and practices. Our ability to listen, to ask questions and to clarify misunderstandings helps establish rapport and hopefully assure the beginning of a trusting relationship. Together with the patient, we can develop a plan of care that incorporates some of her folk and religious practices.

Reflective exercise: Health Beliefs & Practices/Home Remedies

- 1. Acknowledging Maeve's family history***
 - a. Did her grandfather or mother seek treatment – from whom? Healer, Priest, HCP.***
 - b. Was it effective?***
- 2. Which treatment, do you think, she'd like to try first?***
- 3. If she's not open to a discussion of treatments – what's the next step?***
- 4. Which aspect of her Catholic faith could be considered? Would you invite the priest to collaborate with you?***

Religion/Spirituality

Catholic, Protestant, Quaker, and Episcopalian are religious groups found in Ireland. Irish Americans are predominately Catholic. The church continues to play a dominant role in the Irish American culture. A source of strength in times of illness, disability, and death, these tenets remain a stable fortress on which to rely. Wearing religious medals helps maintain health, as well as provide comfort and protection. In our narrative Maeve “prays to the Virgin” about her drinking. Praying to the Virgin Mary and to saints who hold special powers (St Jude - patron of lost causes), infers an expectation that her petitions are heard and that prayers are answered. Reciting the rosary, which is usually done for a specific purpose, is another form of prayer. I remember when my Irish Mother declared that we, as a family, were going to say the rosary nightly. The reason – she was

pregnant with triplets and wanted to ensure a safe delivery of three healthy babies. Every night after dinner for six weeks, we said the rosary. Not surprisingly, she delivered three healthy babies on her due date December 8th—the Immaculate Conception—a holy day in the Catholic tradition.

As HCPs it is important to acknowledge the reliance on religious beliefs by our patients. They influence one's decision on issues in health and illness. We could ask Maive – “How do your religious beliefs (or your Catholic faith) help you during times of illness, stress, or disability?” If hospitalized, there are two additional questions we can ask – “Would she like to receive communion and would she like a visit from a priest?” This demonstrates our understanding and respect for her Catholic traditions and rituals. A visit by a priest assures that petitions are heard. The “Sacrament of the Sick,” as it is known in the Catholic faith, is a ritual performed by the priest when one is seriously ill or facing impending death. This ritual includes anointing with blessed oil, communion (small unleavened wafer made of flour and water), and a blessing. It is thought that this rite promotes healing and comfort. Incorporation of religious practices acknowledges her faith, the power of prayer and healing.

Summary

Maive has a strong belief in the power of the Virgin Mary. She has loyalty to her sons and does not want to show disregard for their concerns. Yet, she continues to cast a veil over the real issue of her inability to stop drinking. While her priest, her HCP and her family are supportive, revealing her weakness is not part of “how she was raised.” However, with each visit we can offer her an opportunity to talk about life now and how it compares with life in Ireland. Helping her to find a wee bit of Ireland in the community is a good start. In addition, during the appointment, we can share with her results of CAGE and SSI – and ask for her thoughts. The insights that emerge may encourage her to face her issue of alcoholism and motivate her to seek treatment.

Culture Care Decisions and Actions

Acknowledge & Affirm

Family loyalty & Kinship

Resilience & Work Ethic

Religious Beliefs

Discuss & Adjust

Religious & Folk Rituals

Outside Support Groups

Dietary Intake

Collaborate & Change

Dependency on Alcohol

Exercise & Healthy Eating

Resources

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