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ABSTRACT

Literature and policy highlight issues in drinking patterns and recommend healthier ways to drink, however, harmful drinking remains a major health concern in Ireland. Alcoholism is not an open subject and drinking is protected. The purpose of my study is to highlight knowledge about drinking in Irish society from the perspective of the person in recovery from Alcohol addiction and to give voice to this silent group.

A comprehensive literature review was carried out and I approached the research by conducting eight in-depth semi-structured interviews with Alcoholics in recovery. Drawing from their experience in recovery, participants provided a unique insight into the drinking practices in Irish society.

The findings of my study suggest that drunkenness and binge drinking is tolerated and accepted as the norm and it is not questioned. Uncontrolled home drinking is contributing to more addiction particularly among women. The assumption that everyone drinks means people who do not drink are excluded and marginalized in society. There is an avoidance and awkwardness among drinkers towards people in recovery. Individuals and families suffer the effects of untreated alcoholism far too long because heavy drinking is normalised and people do not seek help early enough.

This research highlights how drinking is protected and suggests there is a denial about the dangers associated with drunkenness and binge drinking. The study also points out the limited choice for people who do not drink in Ireland and the lack of alternative ways in which people socialize without alcohol.

Recommendations suggest more involvement from people in recovery to open up the conversation and challenge the norm. We need to engage all professionals responsible for health, social well-being and care of individuals to open up. Creating more awareness through long-term education initiatives in schools is very important. The fundamental cultural beliefs and norms influencing drinking patterns need to be challenged at all levels in society.

Key words: Alcohol, awkwardness, denial, recovery, uncontrolled

Chapter 1: Introduction

1.1 Background

As a child growing up in Ireland, like many of my friends we were exposed to this drinking culture from a very young age. All celebrations and occasions revolved around the consumption of alcohol and often the pub or hotel bar was the chosen venue. In Ireland, from cradle to grave, all of these rituals are accompanied by alcohol. It was very much part of the normal way of things to mark occasions in this way. 'Alcohol punctuates our lives from cradle to grave. A few drinks to 'wet the baby's head' is common practice in many cultures', Social Issues Research Centre (SIRC), 1998, p. 29 - 30). This was the 1980's and over the last 30 years the increase in the amount of alcohol consumed has dramatically increased and so has the variety of beverage and venue to purchase or consume. We have seen the shift from drinking in the pub to more home drinking and this has been facilitated by the availability of alcohol in supermarkets, corner shops and petrol stations. Because of home drinking there is a higher likelihood that people drink more than they are aware of, i.e. two people sharing one or two bottles of wine a few times a week.

I am interested in hearing the voice of people in recovery from alcohol, whom have a unique understanding of alcohol addiction and are living in an alcohol acceptable society. What is it like for them, what are their views on how Irish society relates to Alcohol? I feel their voice is important and relevant to inform people of the dangers of risky alcohol usage and the subsequent consequences. I want to look at the drinking culture in Irish society and how our relationship with Alcohol influences our attitudes and behaviour. I also want to address the fact that alcoholism is not an open subject.

1.2 The current trends in Ireland and approaches to reduce alcohol consumption

The world health organisation has found that Ireland is the second highest rate of binge drinking in the world. Looking at the patterns of consumption from the World Health Organization (WHO) 2004 report (as cited in Bergin, 2013) Ireland along with Luxembourg, the Czech Republic, the Republic of Moldova, France, Réunion, Bermuda and Germany were reported to have the highest rates in the World. With Irish people now drinking double than was consumed in the 1960s there is an increase in alcoholism and alcohol related deaths. According to the Health Research Board 2013 report, three deaths per day were alcohol

related. According to the Irish Health research board's National Alcohol diary survey, 150,000 people are alcohol dependent, 1.35 million harmful drinkers.

According to the WHO (2014) over the last 30 years alcohol consumption per capita (15+ years) of pure alcohol increased from 9.5 litres in 1984 to a high of 14.3 litres in 2001. There was a decline in alcohol consumption in 2013 of 7.7%, to 10.6 litres per capita (15+ years). However, alcohol consumption remains in the top five among EU 28 Member States and the European Region has the highest consumption in the world.

It was also highlighted that the availability of alcohol through supermarkets (Burnett, 1999, Jayne et al., 2011) has been important in facilitating home drinking and changing the drinking landscape. There has been a shift from the traditional community gathering in the pub over a few drinks to binge drinking in excess. At the same time, it has also facilitated the lack of awareness in how much people are consuming, however people are still consuming large quantities of alcohol in drinking establishments. 'A lack of concern about the health consequences of drinking is something which is seen in relation to both home-based and extra-domestic drinking environments. Sometimes the lack of concern can reflect ignorance of recommended drinking levels', (Jayne et al., p. 51).

Alcohol Action Ireland, have reported that the lowering cost of alcohol is enabling even those with low incomes to purchase and consume a lot of alcohol. 'The widespread availability of cheap alcohol has caused a dramatic shift in our consumption of alcohol from the on-trade to the off-trade in recent years and means that we are now buying a lot more of our alcohol from large multiple retailers', Alcoholactionireland.ie, (2016). Accessibility of alcohol has expanded to not only off licences but most shops and supermarkets and it is possible to buy alcoholic beverages at almost any time of the day or night. There has also been an aggressive marketing of alcoholic drinks and in terms of sponsorship for major sporting events. The media also play a significant role in perpetuating the use of alcohol. Television programmes, radio shows, sporting events etc.... All in all, this adds to the increasingly dangerous relationship Irish society have with alcohol that is affecting more and more people and will have major implications for the state in relation to health costs. Alcohol Action Ireland, founded in 2003, is a national charity for alcohol related issues and is an independent voice for advocacy and policy change. The charity provide up to date information on alcohol-related issues, create awareness and are currently campaigning for the implementation of the Public Health (Alcohol) Bill.

In addition to the commendable work of Alcohol Action Ireland, it is encouraging to see that on the 7th March 2017 a new Health service executive (HSE) website www.askaboutalcohol.ie was launched. Minister Corcoran Kennedy highlighted the issue of excessive use of alcohol. ‘There is clear evidence that excessive use of alcohol is associated with poor physical and mental health and well-being. In Ireland, our alcohol consumption levels are high and binge drinking is commonplace. This pattern of drinking is causing significant harm to individuals, their families and society. Alcohol use and misuse is a complicated challenge for society’. In her address, she encourages everyone to manage their drinking. It’s slogan is ‘Drink less. Gain more’ The Minister said ‘Askaboutalcohol.ie and the information campaign are an important first step in enabling people to manage their own drinking...will empower people to assess their drinking habits and make informed choices to improve their health and wellbeing’, Askaboutalcohol.ie (March 2017).

The website includes a comprehensive survey carried out by the Health Research Board (HRB), which found that many Irish people underestimate the amount of alcohol they drink and ‘mistakenly’ perceive themselves to be ‘light’ or ‘moderate’ drinkers. The way people drink in Ireland has been emphasised and that Irish people tend to consume a lot of alcohol in single drinking sessions and that 75% of our alcohol is consumed as part of a binge drinking session. Binge drinking has been classified as the most harmful way to drink.

The hidden harm of alcohol is one of the main issues addressed and highlights how harmful drinking is seen as the norm in Ireland and people dismiss the problems that alcohol can cause other people. ‘Harmful patterns of alcohol consumption are commonplace throughout the population and our drinking causes a wide range of serious problems for individuals, families and communities’, (Askaboutalcohol.ie, 2017)

The effects of alcohol dependence on children and young people is being highlighted and how worries, emotional problems and feeling of hurt or shame have been identified as some of the issues suffered as a result of harmful drinking. ‘People may not talk about what is happening, perhaps because they feel ashamed or that they are somehow to blame’, (Askaboutalcohol.ie, 2017)

In the 2016 Health Research Board (HRB) report – *Alcohol in Ireland: consumption, harm, cost and policy response*, highlighted evidence presented in the report the need to reduce overall alcohol consumption and risky drinking patterns in Ireland. According to Dr. Graham Love, Chief Executive, HRB ‘The international evidence is substantive and clear on the most

effective policies to reduce alcohol related harm. These policies include making alcohol more expensive, restricting its availability and reducing the promotion of alcohol, all of which are included in the Public Health) Alcohol Bill 2015. The Implementation of this bill would lead to a reduction in per capita consumption of alcohol in Ireland to a more appropriate level and to reduce the extent of alcohol-related harm faced by us as a society’.

1.3 Motivation of the study

When referring to alcohol, William James said that it has a ‘Mystical hold over human beings role in religious practices, social interactions and family celebrations throughout history’, (Bergin et al., 2013, p. 13). Alcohol is one of the world’s most popular drugs. In Ireland like in the UK, drinking in rounds has been common practice. ‘Rounds are bought to symbolize common bonds and obligations to the group’, (Bergin et al., p. 80). This practice of drinking in rounds has been attributed to reinforce friendship and strengthen group solidarity. An Irish news bulletin (2006) warned that people might inadvertently binge drink if a large number of people were included in a round (O’Connell, 2006, Bergin, 2013). Bergin (2013) point out that although cultural practices can be harmful to society and public health they can be very difficult to overcome. The Askaboutalcohol.ie website highlights these cultural practices and emphasizes that people in Ireland are encouraged to drink.

‘We binge drink more than nearly all other countries and because this type of drinking is so commonplace in Ireland, we really don’t see the problem.’, “We’re encouraged to drink”, “We need a pint after a hard day.”, “Settling down with a glass of wine is the best way to relax”, “There’s no fun unless you’re drinking”, “Our big events and celebrations should revolve around alcohol’, (March 2017).

Therefore despite the harmful consequences as a result of these cultural practices many people would still argue that there is no problem and it is just part of the Irish identity.

Early in the course of my research I was motivated by the work of Marion Rackard, Psychotherapist, Alcohol and drug Counsellor and advocate for early and effective treatment of alcohol and drug problems. In her article titled “The Cursed pleasure of Drink.” (2009), she defines the cultural significance of alcohol with Irish identity and clearly conveys the strong identification Irish people have with alcohol.

‘Drinking alcohol is synonymous with being Irish. It is a substance of major cultural significance. Our ballads, poems, prose resound with alcohol, references...Our identity worldwide is inextricably linked with certain alcoholic beverages and our image is one

of the heaviest drinking nations in the world. Psychotherapists are familiar with the concept of “splitting” and this is most evident in the visible external world of drinking and it’s enjoyment in contrast to the many hidden manifestations of alcohol related harm with the mental, social and physical realm of individual lives whose effects appear and reappear within counselling rooms’. Rackard (2009)

Rackard (2009) emphasises the attitudes to drinking and the strong connection with national identity. She references the Alcohol Action Ireland (2006) report which stated that 82% of people believed that our alcohol consumption levels then were a problem and 85% felt that our cultural attitude to alcohol needed to change. ‘One can hazard a guess at the derivations of our cultural attitudes to alcohol ...we are as a nation going to have to make significant shifts and changes in our relationship to alcohol’. (Rackard, 2009).

In the same article Rackard refers to the study “What does it mean to be Irish? Children’s construction of national identity” by Waldron and Pike (2006) in which children were asked ‘What it means to be Irish’ and below is a revealing account from one child: ‘It’s not that they are alcoholics or anything, it’s just Guinness is just what makes Ireland, Ireland. Not actually what makes Ireland, Ireland but it’s kind of part of it. It’s kind of like a mark, like you had a birthmark, that’s kind of Ireland’s birthmark. It’s just like something you’d add to, if you got a map of Ireland, you’d put a Guinness beside it’. (p. 239-240)

This reflection from a primary school child is very revealing and demonstrates the child has a sense of the importance of this alcoholic brand. Describing it as a birthmark could be understood that from birth Irish society has this mark on its identity. It is as if we are born to drink and that is the norm. However, drinking in Ireland invariably means drinking in a harmful way in binge drinking sessions, resulting in drunkenness and anti-social behaviour. There are huge social and public health issues as a result and it is a major concern for the future of Irish society.

The Social implications of the harmful use of alcohol are widespread with the negative effects on family well-being, children at risk, underage drinking and alcohol related violence etc. According to Mongan et al. (2009) Health related consequences of harmful drinking on alcohol-related problems often dominates public discussion, however social problems cannot be ignored. ‘Alcohol harm experienced by people other than the drinker is a serious social problem and affects family well-being and public safety. Such harm is not confined to the drinker but extends to the family, workplace, community and wider society’, (Mongan et al. 2009, p. 7). Alcohol-related social problems can result in as much of a burden as health

consequences. Negative social consequences impact on all facets of society, which include family/spouse problems, violence, public disturbances and reduced work performance.

1.4 The purpose of the study and research question

This study highlights knowledge about Irish drinking culture from the perspective of people in recovery from Alcohol addiction. I want to know their perspective on drinking in Irish society and their experience of recovery in Ireland. What can Irish society learn about harmful drinking by listening to the voice of people in recovery? I feel that sometimes their voice may be indirectly silenced. This study aims to explore the following:

- What issues about Irish drinking culture are highlighted from this specific group?
- How have this group of people experienced recovery in Ireland?
- To what extent have people in recovery a role in addressing the issue of harmful drinking in Ireland?

I feel that the recovering Alcoholic can provide an insight into the role/impact of shame within Irish society in relation to drinking and recovery also. This is linked to the stigma of someone seeking help regarding their uncontrollable drinking faces and also how it may impede people from seeking help sooner. I want to hear the voice of the person who no longer drinks, what perspectives they now have and what Irish society in general can learn from their experiences. I feel that their voice can be often silenced and that they too often are the ones who feel ashamed.

1.5 Organization of the Thesis

A comprehensive literature review has been carried out to give an overview of the background and context of this study. The theoretical framework draws on specific theories on culture, structuration theory and perspectives on shame. This is a qualitative study and the methodology used to acquire data was using semi-structured in-depth interviews with eight participants.

The presentation of the empirical data and analysis in Chapter 5 is followed by a dedicated Chapter 6 for the discussion of the main findings in the study. The final chapter will present conclusions of the study and recommendations for further research and implications for social work.

Chapter 2. Literature Review

The focus of this chapter is to present background information to the study and literature on cross cultural studies orientated to Europe. While carrying out this literature review I found a very extensive report “Social and Cultural Aspects of Drinking” by the Social Issues Research Centre (SIRC) submitted to the European Commission in 1998. The report identified cross cultural studies, rules and regulations and social and cultural roles of alcohol. In the following review there will be numerous citations from this report, which I found very useful for this study.

2.1 Cross cultural studies on drinking

The SIRC (1998) report points out the significant cross-cultural variations how people behave when they drink. In the UK, Scandinavia, US and Australia for example, alcohol is associated with violent and anti-social behaviour, while in the Mediterranean and South American cultures drinking behaviour is mostly peaceful and harmonious. Research carried out by MacAndrew and Edgerton, 1969; Marshall, 1979; Marlatt and Rohsenow, 1980; Holyfield et al, 1995; Peele, 1997; Heath 1995, (as cited in SIRC, 1998, p. 6) have found that ‘the wide variations in social and behavioural outcomes of drinking can only be explained with reference to cultural factors, and to culturally determined beliefs about the effects of drinking’. The findings emphasise that variation in the way people behave and the “drunken comportment” cannot be attributed to genetic differences or different levels of consumption and that it clearly related to the different cultural beliefs about alcohol.

Mandelbaum’s statement below, illustrates the learning process of drunkenness, summarised in ‘Drunken Comportment: A social explanation’ by MacAndrew & Edgerton (as cited in SIRC, 1998, p. 12):

‘Over the course of socialisation, people learn about drunkenness what their society ‘knows’ about drunkenness; and, accepting and acting upon the understandings thus imparted to them, they become living confirmation of their society’s teachings’.

Room (2001) highlights the claim by MacAndrew and Edgerton that drunken comportment is culturally constructed or determined and not pharmacologically determined. The findings suggest that drunkenness can act as an excuse for behaviour that would be considered inexcusable if the person was sober. Room (2001) suggests that a change in cultural understanding of drunken comportment is possible but this would require widespread social

change. This study also highlights the change in practice in relation to drink driving and how decades of effort and various strategies have brought about this change. It is also underlined that drunken comportment differs from culture to culture and there has been very little development in research and proposes a need for better understanding of the dimensions of cultural variation in drunken comportment.

It has been identified in the SIRC report that the prevalence of alcohol-related problems cannot be directly related to average per capita consumption. An example being Ireland and Iceland where there are relatively high rates of alcohol-related social and psychiatric problems, in contrast to countries like France and Italy with much higher levels of consumption scoring low on most indices of problem drinking. 'Alcohol-related problems are associated with specific cultural factors, relating to beliefs, attitudes, norms and expectancies about drinking', (SIRC, 1998, p 7). This report also identifies that there is a correlation with higher levels of alcohol-related problems in temperance, dry, Nordic or ambivalent drinking cultures. However, SIRC (1998) have pointed out a shift in Europe towards more alcohol related problems in countries within 'positive/integrated drinking-cultures' countries with the adaptation of more negative/ambivalent beliefs.

There is a need to look at culture within the public health approach. SIRC (1998) found that there has been a focus on public health and a 'problem-oriented' approach, which does not provide insight in the cultural roles and social context of drinking and suggest this provides an unbalanced perspective.

2.2 Looking deeper into the cultural context of drinking

Gladwell, M (2010) emphasized the influence of culture in relation to drinking practices and posits that 'Culture is a more powerful tool in dealing with drinking than medicine, economics, or law"', (p. 76). Although alcohol intoxication is understood as a biological state resulting in biochemical and mechanical changes which can lead to drunkenness, Stockley & Saunders (2010) (as cited in Bergin, 2013) however argue that the behaviours of a person are socially conditioned.

It has been found that although European countries are among the world's highest consumer of alcohol, there has been very little research focused on the social and cultural aspects of drinking in Europe. Gordon et al. (2011) identified the role of sociocultural contexts as key in

influencing drinking cultures and claims the need for better understanding of the role of alcohol in different social and cultural contexts:

‘Social and cultural norms and influences play a pivotal role in influencing alcohol consumption and drinking – related behaviours...in some countries, such as Germany, it is a highly-valued skill to be able to hold one’s drink, whilst other countries, such as the UK, appear to value and may indeed ‘celebrate’ relatively high levels of intoxication.’ (Gordon et al., p. 6).

Regarding the practice of getting drunk, Gordon et al. (2011) states that: ‘Socially learned expectations about what it means to be drunk in a given society also appear to be culturally prescribed, suggesting that drunken behaviours largely reflect alcohol expectancies’. (p. 6)

SIRC (1998) underlines to understand why drinking leads to problematic behaviours in certain societies, we need to consider culture and cultural change rather than the pharmacology of alcohol. There are diverse models of learning nurtured by different cultures as well as what is considered appropriate and inappropriate drinking habits, this creates sets of expectancies concerning the behavioural effects of alcohol. Critchlow (1986) (as cited in SIRC, 1998) argues that beliefs about the effects of alcohol need to be tackled if we are to see a change in problematic drinking behaviours.

2.3 The generational effects of alcohol within families

Askaboutalcohol.ie provide comprehensive information about the effects of alcohol and family and the hidden harm that takes place within families. The harm experienced by children can be often hidden. Dr. Ann Hope, HSE report Alcohol’s harm to others in Ireland (2014) states that cases of severe child abuse tend to come to the attention of health and social services however there is a large group of families with ‘less noticeable risky drinking behaviour and problems’. Hope (2014). The report estimates 271,000 children under the age of 15 years of age live with parents who are regular risky drinkers. The report calls for an urgent implementation of effective alcohol policy measures to break the cycle of harmful drinking among adults so as to protect children from harm. (Hope, 2014).

In relation to family and peer influences studies have found that among parents with higher consumption levels of alcohol there is increased alcohol use among adolescents and young adults. (Cruz et al, 2012; Dawson 2000; Mares et al 2011; Sudhinaraset et al., 2016). Dawson (2000) wrote about the developmental stages within a person’s social context with the shift

from parental influence moving to peers and schools during adolescents. Dawson (as cited in Sudhinaraset et al., 2016) states that parental use of alcohol use seems to have a greater influence before the age of 15 and this influence diminishes.

Grainia Long, Chief Executive of the ISPCC, in the National Children's Charities Join Forces to Support Alcohol Bill: Enough is Enough, (2016) press release reported that Childline had received 4,000 calls in 2015, many of them were concerning alcohol consumption and this highlighted that children are at high risk where alcohol is a regular factor in their lives. 'Culturally, in Ireland, we have not sufficiently accepted that the presence of alcohol in children's lives is damaging, and affects their enjoyment of their childhood'.

Sudhinaraset et al. (2016) recommend alcohol research should acknowledge new social contexts among youth culture and the influence of online social networking and new media. They also emphasised that public health and treatment programmes need to be culturally sensitive. (p. 42).

2.4 An Anthropological perspective

D.B. Heath, Anthropologist contributed some of the most influential insights into the relationship between Alcohol and Culture. Gladwell (2010) refers to research by Heath which highlights the role of cultural factors in mediating reactions to alcohol, which included the emergence of social harms *'There is something about the cultural dimension of social problems that eludes us. When confronted with a rowdy youth in the bar, we are happy to raise his drinking age, to tax his beer...But we are reluctant to provide him with a positive and constructive example of how to drink'*. (p. 76).

In *Constructive drinking* – Mary Douglas collected works (p. 46), Heath provides very concrete insights about the significant cross cultural generalizations about drinking alcohol.

1. Most societies drinking is essentially a social act and as such, it is embedded in a context of values, attitudes and other norms.
2. These values, attitudes, and other norms constitute important socio-cultural factors that influence the effects of drinking, regardless of how important biochemical, physiological, and pharmacokinetic factors may also be in that respect.
3. The drinking of alcohol beverages tends to be hedged about with rules concerning who may and may not drink how much of what, in what contexts, in the company of

whom, and so forth. Often such rules are the focus of exceptionally strong emotions and sanctions.

4. The value of alcohol for promoting relaxation and sociability is emphasized in many populations.
5. The association of drinking with any kind of specifically associated problems-physical, economic, psychological, social relational, or other is rare among cultures throughout both history and the contemporary world.
6. When alcohol related problems do occur, they are clearly linked with modalities of drinking, and usually also with values, attitudes, and norms about drinking.
7. Attempts at prohibition have never been successful except when couched in terms of sacred or supernatural rules.

The SIRC report has adopted to a large degree a phenomenological approach rather than a problem-oriented approach. While the report is not minimizing the harm and suffering caused by alcohol-related problems it does however highlight that because of the problem-oriented perspectives there has been an imbalance in the study of alcohol, and studies on normal drinking has been ignored. Heath (1987, p. 16) wrote about the contributions of anthropological perspectives on drinking, ‘Even practitioners of the so called ‘hard sciences’ acknowledge that social and cultural factors must be taken into account, together with physiological and psychological factors, when one attempts to understand the interaction of alcohol and behaviour’.

2.5 Restrictions on female drinking

It has been found that historically and currently in many societies, that because of pregnancy abstinence and restrictions on women’s drinking may have had pragmatic origin so to protect the life of the unborn child. However, female abstinence is considerably decreasing in cultures where women have more control over their reproduction functions and restrictions on female drinking are being challenged. In Europe in relation to equality and social status there is less of a difference in alcohol consumption among men and women.

‘This may reflect changing beliefs about gender and social status. Although traditionally perceived as a “masculine” behaviour, binge drinking is now more acceptable among women in certain cultures that foster more balance gender roles’, (Lyons and Willott 2008; Sudhinaraset et al. 2016). Bloomfield et al. (2006) found that in countries where there was greater gender equality the smaller the gender difference in drinking behaviour. ‘In most of

our analyses the smallest gender differences in drinking behaviour were found in the Nordic countries', (p. i5). Gordon et al. (2011) also found countries where women have a more equal place in society to men the differences in drinking rates are narrower and point out that there has been an increase in the popularity of wine in the UK and Sweden and this is replicated throughout much of Western Europe. Wine has become the most popular drink among women. 'Gender difference in consumption rates, while still noticeable, are also diminishing both in terms of volume and drinking frequency'. Gordon et al., 2011, p. 8).

Jayne et al., p. 89) note the gender differences towards drinking between men and women, where we see men's heavy drinking takes place in a more public setting and women's heavy drinking tends to be in a more private setting. Bloomfield et al. (2006) underline how societies identify and attempt to control alcohol-related problems has been influenced by gender difference in alcohol use. With heavy drinking associated with masculinity and the assumption that women don't drink heavily can lead to women's drinking problems being ignored or minimized (Brienza and Stein, 2002; Svikis and Reid-Quinones, 2003; Weiser and Matzger, 2003; Bloomfield et al, 2006).

Gordon et al., (2011) suggest that to have insight and understanding of the role and meaning of drinking alcohol in society we need to have understanding of some social and cultural factors that influence how people drink, and how this relates to the elements identified. This would also facilitate paying more attention to gender difference in drinking cultures. In relation to home drinking, Gordon et al. state that although there is ample information collated in the review on drinking cultures there is insufficient research in relation to at home drinking. They highlight the need for more research on home drinking considering the current trend towards increasing consumption of alcohol at home.

2.6 A historical look at the wet dry divide and its relevance today

Engs (1995) (as cited in Bergin, 2013, p. 47) posits that historical drinking patterns and attitudes to alcohol also influence contemporary discourse, 'Historical factors may have impacted the development of different drinking patterns across Europe, resulting in different drinking cultures that still affect alcohol consumption patterns today'.

Examples proposed by Engs include unpredictable weather conditions as well as changes in trade patterns that may have made the availability of alcohol scarce in northern Europe. In contrast to parts of southern Europe where there was more consistent availability. According

to Engs, ‘the fluctuating availability of alcohol in northern Europe may have encouraged the development of more binge –oriented drinking patterns, while a more consistent availability of alcohol in southern Europe may have encouraged more moderate drinking patterns’ (p. 47). Cultural norms in southern Europe are more restrictive than northern Europe where we see higher formal regulations because of less restrictive cultural norms. In what SIRC (1998) describe as “Integrated drinking cultures”, like Spain, Italy and France, there is little or no disapproval of drinking, and consequently no need to find excuses for drinking.

Österberg and Karlsson (as cited in Bergin, 2003) describe the link between the lack of informal norms in northern European countries which leads to the need to impose stricter formal regulations to reduce excess consumption, which is the case in Norway and Sweden. In December 2015, the Irish Government published the Public Health (Alcohol) Bill. The proposed legislation contains a series of evidence-based measures regarding minimum unit pricing, advertising, retail and enforcement. (Public Health (Alcohol) Bill, 2015).

Alcohol, Drinking, Drunkenness (Dis)Orderly Spaces by Jayne et al (2011) discuss an investigation on the relationship between place, drinking patterns and identity, lifestyle and forms of sociability, which has been carried out in numerous different locations around the world. The findings are that specific issues related to alcohol, drinking and drunkenness manifest in particular spaces and places. However, Jayne et al. state that there has been a failure to formulate research agendas that can offer the opportunity to implement a more integrated understanding of how political, economic, social, cultural and spatial elements impact upon alcohol, drinking and drunkenness.

In Europe, public health researchers have started to question the relevance of the traditional dichotomy between ‘wet’ Mediterranean countries (where wine is the customary drink, alcohol consumption is high but unlikely to result in intoxication) and ‘dry’ Northern European countries such as the UK (where beer and spirits are the established drink, alcohol consumption is lower overall but more likely to result in intoxication, and access to alcohol has been more regulated). ECAS 2002; Knibbe et al. 1996 (as cited in Jayne, et al. 2011)

Temperance time, period (up to the 1950s) alcoholism was regarded as a problem either because of an individual’s lack of moral character and/or the circumstances in which they lived and intervention to remove and resist temptation were used. From 1950s up until the

1970s alcoholism was medicalized, it was seen as a biological rather than a moral disease needing medical treatment. However, from the 1970s, this medical model was challenged by a new form of epidemiology which suggested drinking as an issue for the society at large and not only the alcoholics, and this has resulted in public health policies we see today. (Jayne et al., 2011)

Rules and regulations surrounding alcohol was also studied in the SIRC report. There were variations found which reflect the beliefs, values and attitudes of different countries however the analysis of cross-cultural research identified four near-universal constants:

1. Proscription of solitary drinking
2. Prescription of sociability
3. Social control of consumption and behaviour
4. Restrictions on female drinking.

SIRC reiterates the danger of a blanket approach in the restrictions and anti-alcohol messages typical of 'ambivalent' cultures and that this reinforces negative beliefs associated with problem drinking and therefore behaviours of people becoming more entrenched.

2.7 Symbolism and ritual

Associated with alcohol consumption rite of passage was a strong emotional connection to a sense of 'belonging' respondents of a survey suggested that they could feel 'out of place' and that they felt 'at home' in different places because of alcohol consumption. Also, this sense of belonging was extended to the ease of creating friendships, closeness to other people as a result of consumption of alcohol. (Jayne et al., 2011). Philo et al. focused on the symbolic contribution of drinking to regional identity and how excessive drinking and drunkenness are an accepted and important element of local social relations.

One of the most significant generalisations to come out of the cross cultural study of drinking by Heath (1987) was that the main function of drinking is to facilitate social interaction and social bonding and the promoting relaxation and sociability (SIRC, 1998). Alcohol is an integral part of ritual in most cultures,

'As a species, we are addicted to ritual. Almost every event of any significance in our lives is marked with some sort of ceremony or celebration – and almost all of these rituals, in most cultures, involve alcohol... Alcohol punctuates our lives from cradle to

grave. A few drinks to 'wet the baby's head' is common practice in many cultures', (SIRC, 1998, p. 29 - 30).

'Symbolic functions. Drinking, like ritual, is a medium for 'constructing the world'. Drinks define significant transition in our lives through their function as "brightly coloured material labels of events" (Douglas, 1987). As we have noted elsewhere, the type of drink served defines the nature of the event, and, in more active sense, 'constructs' the social relationship between the drinkers, dictating the type of interaction appropriate to the occasion. In Douglas's terms, drinks "give the actual structure of social life as surely as if their names were labels affixed upon expected forms of behaviour." Mary Douglas wrote how alcohol constructs the ideal world, "Drinks make an intelligible, bearable world which is much more how an ideal world should be than the painful chaos threatening all the time', (SIRC, 1998, p. 32).

2.8 Misuse of Alcohol:

As SIRC (1998) point out, the episodic and binge-drinking patterns of ambivalent and temperance cultures are associated with higher levels of alcohol-related problems, such as hangovers, alcoholism, accidents, drink-driving and hypertension.

Bergin (2013) reports that there is no predominant answer to the question of what causes alcohol misuse. According to Ginter and Simko at the Institute of Alcohol research studies (as cited in Bergin, 2013), 'Research has failed to show that 'problem drinkers ' share some common pre-existing psychological or physical abnormality which distinguishes them from the rest of the population'. Ginter and Simko have studied a wide range of biological mechanisms, for example variations in genes that encode the enzymes used to metabolize alcohol in the human body that are potentially linked with the development of alcohol abuse. The results found that there is no difference in the rates of alcohol metabolism and enzyme patterns between the different groups of people. This study highlights the importance of sociological, environmental and other non-genetic factors in the development of dangerous drinking behaviours.

Bergin (2013, p. 51) refers to Kate Fox's BBC news website editorial in which Fox argued that 'the effects of alcohol on behaviour are determined by cultural rules and norms, not by the chemical actions of ethanol'. Fox believes that by removing the "mystical aura" about alcohol making consumption seem ordinary would reduce its social harms. This point about

reshaping public beliefs about drinking might reduce social harms has been advanced by Castella (2012) who suggest that fact that inflated beliefs about the prevalence of heavy drinking in society at might actually encourage individuals to drink in the same way. However, by showing that heavy drinking is less common than people believe might bring about a decrease in excessive consumption and associated harms.

SIRC (1998) highlight that ‘Over the course of socialisation, people learn about drunkenness what their society ‘knows’ about drunkenness; and, accepting and acting upon the understandings thus imparted to them, they become living confirmation of their society’s teachings’. (p. 12) Expectations of the alcohol experience is a learnt behaviour. Changing people’s expectations about the behavioural effects of alcohol as described in the SIRC report may seem like an overwhelming task especially as alcohol-education programmes continuously link drinking and problem behaviour. We regularly see slogans such as ‘drink responsibly’ etc....However, SIRC points out that ‘Engineering a shift in beliefs might, however, be one of the most effective strategic approaches to reducing alcohol-related problems’. (SIRC, 1998, p. 14)

Chapter 3: Theoretical framework

This chapter will look at several theoretical perspectives that provide a framework to understand the research question and the analysis of the data. The relevant theories have been used in different stages of the study. This chapter aims at giving a brief outline of the theories and concepts used in this study and how they apply to the findings and conclusions. It is a broad perspective which draws on key concepts in relation to the study.

3.1 Theory of Culture perspective:

The previous chapter presented the concept of culture and broadly how it is situated in relation to the research question. In this section I am going to look further into the cultural perspectives identified in the SIRC report and from Clifford Geertz understanding of culture.

In describing the concept of culture, Geertz is in agreement with Max Weber and says ‘that man is an animal suspended in webs of significance he himself has spun. I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning’, (Geertz, 1973, p. 5). Geertz quotes Goodenough to further define a society’s culture, ‘A society’s culture...consists of whatever it is one has to know or believe in order to operate in a manner acceptable to its members’. (Geertz, 1973, p. 11)

Geertz introduces the ‘control mechanism’ view of culture, which begins with the assumption that human thought is both social and public. Thought is external and is therefore influenced by what is happening in the social and public arena of that individual. Geertz says that ‘Thinking consists not of ‘happenings in the head’ ...but of a traffic in what have been called by G.H. Mead and others, significant symbols – words for devices like clocks, or natural objects like jewels – anything, in fact that is disengaged from its mere actuality and used to impose meaning upon experience’, (Geertz, 1973, p. 45). These symbols are to the most part given and from when a person is born they are present in their community and they remain with him/her throughout life. However, through the course a person’s life there are additions, subtractions and partial alterations. These symbols accompany us throughout our lives, ‘While he lives he uses them, or some of them, sometimes deliberately and with care, most often spontaneously and with ease, but always with the same end in view: to put a construction upon the events through which he lives, to orient himself within ‘the ongoing course of experienced things’, to adopt a vivid phrase of John Dewey’s’. (Geertz, 1973, p. 45)

Geertz refers to these organized systems of significant symbols as culture patterns and says that undirected by culture patterns a person's behaviour would not have form, be ungovernable and chaotic. 'Culture, the accumulated totality of such patterns, is not just an ornament of human existence but – the principal basis of its specificity – an essential condition for it'. (Geertz, 1973, p. 46). Human beings are not independent of culture, Geertz (1973), we grow up in this interaction with culture and therefore our brain, specifically the neocortex 'is incapable of directing our behavior or organizing our experience without the guidance provided by systems of significant symbols....we are in sum, incomplete or unfinished animals who complete or finish ourselves through culture'. (p. 49).

What is key in Geertz study is his mention of the "information gap", which is a vacuum we must fill ourselves, which is what our body tells us and what we know that in order to function. This information gap as Geertz also indicates can be "misinformation" that our culture provides us. 'Our ideas, our values, our acts, even our emotions, are, like our nervous system itself, cultural products – products manufactured, indeed out of tendencies, capacities, and dispositions with which we were born, but manufactured nonetheless'. (Geertz, 1973, p. 50)

Critchlow (as cited in SIRC 1998, p. 14) also provides very interesting insights about how alcohol is seen to be the cause of anti-social behaviour and how this can shield the individual taking responsibility.

'On a cultural level, it seems to be the negative consequences of alcohol that hold most powerful sway over our thinking. Because alcohol is seen as a cause of negative behaviour, alcohol-related norm violations are explained with reference to drinking rather than the individual. Thus, by believing that alcohol makes people act badly, we give it a great deal of power. Drinking becomes a tool that legitimates irrationality and excuses violence without permanently destroying an individual's moral standing or the society's system of rules and ethics'.

According to the Gusfield (as cited in SIRC 1998, p. 14) 'the 'problem inflation' and warnings about the effects of alcohol provide drinkers with an excuse for anti-social behaviour'. Gusfield points out that people in 'ambivalent' cultures often make reference to the morning after an event that "I was not myself", and this therefore excuses them of whatever happened the night before. One could argue that being intoxicated is the perfect excuse not to face the consequences or take responsibility for one's actions.

SIRC (1998) state that drinking, in every culture, is a rule-governed activity and there is no such thing as random drinking. These are unwritten rules that reflect the characteristic values, beliefs and attitudes of those cultures. Heath (1991) 'just as drinking and its effects are imbedded in other aspects of culture, so are many other aspects of culture imbedded in the act of drinking'.

Interestingly the cross-cultural research identified a constant in the social norms surrounding solitary drinking in that it is negatively evaluated and often proscribed. In Sweden, an extreme example of the latter type, Bjerén (as cited in SIRC 1998 p. 16) emphasised this point further, 'Drinking alone should not be done. To drink alone is to be anti-social (by not wanting to share); it is commonly thought to be an indication of alcoholism. And alcoholism is shameful: to be labelled an alcoholic is a condemnation beyond words'.

Solitary drinking according to the SIRC report is tolerated to varying degrees in different societies and there may be special circumstances when drinking alone is acceptable. However, SIRC state that there are no cultures where drinking alone is encouraged or approved. SIRC also highlights the effectiveness and place that the unwritten, self-imposed rules governing drinking, and the specific rituals and protocols have in relation to the act of drinking and advocate that legislators and policy makers need to respect this effectiveness while their approach is looking at 'eternal' controls. (SIRC, 1998, p. 20).

SIRC make observations on the difference in drinking places and drinking cultures saying that societies in which alcohol is traditionally an accepted, unremarkable and morally neutral element of everyday life- such as Southern European cultures of Italy, Spain, France and Greece – tend to favour uninhibited, highly visible drinking-places, with large windows and open spaces, such that customers and facilities are clearly displayed. Even where the climate does not allow permanent outdoor tables, a glassed-in pavement section is common. The drinking-place extends physically into the environment, overlaps and merges with the everyday world, just as 'the consumption of alcohol is (as) integrated into common behaviours as sleeping or eating', Martinez & Martin (as cited in SIRC, 1998, p. 26).

SIRC highlight the differences between drinking places in the world and found the in societies with a more ambiguous relationship with alcohol, and where drinking is a moral 'issue' - such as Britain, North America, Scandinavia and Australia, drinking spaces tend to be more insular

and enclosed, with frosted windows and solid walls and doors. ‘These physical features reflect the equivocal status of drinking-places in societies with what Campbell (1991) calls “an ambivalent drinking culture, characterised by conflict between or among coexisting value structures’. (SIRC, 1998, p. 26).

The above are considered broad generalisations and since the writing of this report there has been an adoption of more visible and open drinking places in countries like Britain and Ireland. Of course, the introduction of the smoking ban in 2004 in Ireland has had many implications to how the traditional pub had to evolve its premises to allow for people to drink and smoke outside, such as the introduction of beer gardens and outside seating with shelter due to the climate.

3.2 Theory of structuration:

Giddens’s theory of structuration says that social life is more than random individual acts and that ‘human agency and social structure are in a relationship with each other, and it is the repetition of the acts of individual agents which reproduces the structure. This means that there is a social structure, traditions, institutions, moral codes and established ways of doing things; but it also means that these can be changed when people start to ignore them, replace them or reproduce them differently’. (Giddens, 1991 p. 102)

According to Giddens, structuration operates at micro level activity in human agency and macro level forces as social structure continuously feed into each other. He believes that social structure can be changed because social structure is reproduced through repetition of acts by individual people. People’s everyday actions, then, reinforce and reproduce a set of expectations – and it is this set of other people’s expectations which make up the ‘social forces’ and ‘social structures’ that sociologists talk about. *‘Society only has form, and that form only has effects on people, in so far as structure is produced and reproduced in what people do’, (Giddens and Pierson 1998, p. 77).*

According to Tucker (1998) Giddens understands the reproduction of society as a practical activity relating to the continuing accomplishment of what is required for social life to continue. This is the intersection of agency and structure. Giddens considers the relationship of agency and structure as a duality of structure, in which people reflexively produce and reproduce their social life. His analysis of societies turns to the importance of social practices (the enactment of everyday activities which reproduce society) and ontological security (a belief in the reliability and durability of social life). Giddens claims that sociologists need to

study what people take for granted, and how they are able to act in the same way time and again in different contexts.

Social conventions are the taken-for-granted norms and beliefs of a particular society and are very important in the reproduction of social life. Tucker (1998) says 'such conventions may seem simple, but in reality they are extremely complex. They require an enormous amount of culturally specific knowledge...much of the knowledge that people have of social conventions is non discursive, grounded in the practical activities of social life', (Tucker, 1998, p. 80)

Tucker (1998) says that Giddens believes that the rationalization of social action is a skilled accomplishment tied to particular social contexts. Through this reflexive monitoring, people rationalize their social conduct. People's accounts of their behaviour come from a shared cultural accumulation of knowledge that is then reproduced in their actions. Giddens sees social activities as continually recreated by people's actions and this serves as the way by which they express themselves. Giddens argues that on every occasion people develop knowledge about why they participate in particular practices.

According to Giddens, the capacity to express reasons for one's actions is only one aspect of agency. Agency is composed of three levels.

1. Discursive consciousness refers to the conscious reason that people give to explain their behaviours and motivations.
2. Practical consciousness is the unarticulated beliefs and knowledges that people use to orient themselves to situations and interpret the actions of others.
3. The unconscious is that which cannot easily be put into words and resides beneath our conscious existence.

Giddens believes that people's understanding of the world is based on practical rather than discursive consciousness, for it is contextually bound and not abstract. People understand something by applying the right formula, which then allows for the systematic continuation of a sequence of actions, which is similar to following a rule. Giddens (1986) says that 'the rationalization of conduct becomes the discursive offering of reasons only if individuals are asked by others why they acted as they did'. (p. 281).

Giddens (1997) states that both structuralism and functionalism strongly underline the pre-eminence of the social whole over its individual parts, such as human subjects and integral actors. 'Structuration theory, frames human interactions as the ways in which social structures are formed', (Witmer, 1997, p. 326)

Witmer (1997) cites the four central concepts of Giddens structuration theory: "agency and reflexivity; the duality of structure; praxis and time/space distanciation; and social/system integration and institutional reproduction" (p. 326). Giddens proposes that human agency is present through collections of knowledge. Through mutually understood norms and learning experiences, people know how to proceed in social interactions. Giddens points out that although not all human action is consciously motivated, self-reflexivity allows individuals to articulate goals and motivations.

According to Giddens (as cited in Adams, 2003, p. 222) 'The reflexivity of modern social life consists in the fact that social practices are constantly examined and reformed in the light of incoming information about those very practices, thus constitutively altering their character...only in the era of modernity is the revision of convention radicalised to apply (in principle) all aspects of human life'. Based on the Giddens theory, Adams (2003) posits that "reflexive self-awareness provides the individual with the opportunity to construct self-identity without the shackles of tradition and culture, which previously created relatively ridged boundaries to the options for one's self-understanding." By not being bound or fixed culturally given identity positions means that an individual is faced with a burden, i.e. the liberation of constructing their own identity. 'We have no choice but to choose how to be and how to act', Giddens (as cited in Adams, 2003, p. 222-223). Adams (2003) puts this as "the individual is no-longer painting by numbers...she is creating her own work of art." (p. 223).

Giddens (as cited in Adams, 2003, p.229) says that 'Tradition provided the stabilizing frameworks which integrated memory, traces into a coherent memory. As tradition dissolves...'trace memory' is left more nakedly exposed, as well as more problematic in respect of the construction of identity...From then onwards, the reconstruction which tradition provided of the past becomes a more distinctively individual responsibility – even exigency'. What does more "individual responsibility" mean for the person in recovery? Giddens says, 'it is the liberating yet burdensome autonomy of post-traditional society – "no choice but to choose', (as cited in Adams, 2003, p. 229).

When referring to duality of structure, Giddens (1984) refers to the belief that ‘the structural properties of social systems are both the medium and outcome of the practices they recursively organize’, (Giddens, 1984, p. 25). Witmer (1997) affirms that structures therefore, are the rules and resources people use in social interaction. Witmer presents the three types of rules as legitimation (normative action), domination (allocation or authorization of resources), and signification (symbolic action and language).

‘Social integration refers to the interactive nature of systems; that is, there must be reciprocity over time in social interactions...The structures that become most deeply embedded within systems are typically the oldest and most durable and become institutionalized’, (Witmer, 1997, p. 327). Witmer (1997) illustrates that according to Giddens, all social life is “substantially routinized”, which means that everyday living tends to fall into certain patterns, habits, routines and addictions.

3.3 Perspectives on Shame

O’Connor (2012) wrote about the long term history of the relationship that Irish people both home and abroad have with Alcohol. His research was longitudinal throughout his career as a psychiatrist. He used the term ‘*Risky drinker*’ regarding the drinking behaviour among the Irish. He said that Irish people use alcohol to hide shame and ‘dull pain and humiliation from the past’ and asserted that people are not speaking about their alcoholism openly.

‘To get to the truth of the matter requires a realistic and fearless confrontation with the ugly, destructive and dangerous consequences of untreated alcohol abuse and dependence in society, as well as an awareness of the shame-based system of economic, social, psychological, religious, political and cultural denial that has evolved over the centuries to banish the problem from public consciousness’. (O’Connor, 2012).

As described by Pattison (2000) it is very difficult to recognize or distinguish shame from guilt, even for the individuals that experience it, ‘The intrinsic difficulties in identifying shame are: that its stimulus evokes guilt so that shame reactions can be confused with guilt; that it is an irrational, primitive, wordless reaction experienced in imagery of looking, and in autonomic activity, and so has little cognitive content; and that it leads either to denial or to by-passed shame feeling accompanied by watching the self’, (Lewis 1971, Pattison, 2000, p. 44).

Stephen Pattison, *Shame: Theory, Therapy, Theology* (2000) describes the ecology of shame and refers to (Fossum and Mason 1989:5) definition:

‘Shame is an inner sense of being completely diminished or insufficient as a person. It is the self-judging the self. A moment of shame may be humiliation so painful or an indignity so profound that one feels one has been robbed of her or his dignity or exposed as basically inadequate, bad, or worthy of rejection. A pervasive sense of shame is the ongoing premise that one is fundamentally bad, inadequate, defective, unworthy, or not fully valid as a human being’. (Pattison, 2000, p. 71)

‘Shame is a negative emotion that is felt in regard to the self after committing a transgression. When individuals feel shame, they focus on how others will perceive them based on their behaviour. Negative evaluations of the self that result from feeling shame have been associated with rumination (Orth, Berking, & Burkhardt, 2006; Silfver, 2007) and a depressive attribution style that devalues the self (Tangney, 1999; Tangney & Dearing, 2002, Rodriguez et al. (2016, p. 2)

Research according to Rodriguez et al. (2016) suggests that factors such as culture may influence the expression of shame. North America and Europe are regions that tend to devalue shame. These cultures are classified as individualistic and shame is negatively viewed and is associated with more negative outcomes. Goetz and Keltner (2007) describe these cultures as taking protective and self-serving actions.

According to Andrews et al (2002) and Ferguson et al. (1999) (as cited in Blum, 2008 p. 94) ‘Most theorists agree that shame is an intense, negative emotion. Shame involves feelings of helplessness, incompetence, inferiority, and powerlessness and generates a desire to escape or avoid contact with others as well as conceal deficiencies’. According to M. Lewis (as cited in Blum, 2008 p. 95) ‘shame is a consequence of an evaluation of failure, in relation to the person’s standards when the person makes a global evaluation of the self’.

Dr. Ernest Kurtz (*Shame and Guilt*, 2007) wrote extensively on the subject of shame, he says ‘shame suffers from its association with upbringing and helpless dependency: it carries connotations of being “caught” and the implication that a consistently mature person will have no occasion to feel such disgrace’, (p. 7). He explores shame further and explains that it is often a synonym for “embarrassment” and the result of being seen by another person, Embarrassment is the result of one’s shame being seen and that the other sees our shame. The

following schema by Kurtz which sheds some light on how shame affects a person. (Source: Shame and Guilt, Kurtz, 2007 p. 8-9)

Shame

Results from:	A failure, a falling short, a fault of being, the failure of power or control.
Concerned with:	The overall self; some ideal or principle; one is ashamed of self
Results in:	Feeling of inadequacy; sense of worthlessness; “no good”, “not good enough”, fear of abandonment.
“Feel like”	Ache
Repair by:	As qualitative rather than quantitative, requires: new way of seeing (insight), change in being (conversion).
Possible outcome:	Transformed.
In psychoanalytic vocabulary:	Transcending shame opens to a sense of identity and of freedom as human. Has to do with the ego ideal.

Chapter 4: Methodology

4.1 Qualitative research

In my research I have chosen to use the label ‘participants’ when referring to the individuals I interviewed and whom willingly gave of their time and formed the integral part of my study.

Yin (2011) describes five features of qualitative research which resonated with me as to the reasons why I chose to do a qualitative study. Below are the five features described by Yin (2011, p 7-8):

1. Study the meaning of people’s lives, under real-world conditions,
2. Representing the views and perspectives of the people (labelled by Yin as ‘participants’) in the study;
3. Covering the contextual conditions within which people live;
4. Contributing insights into existing or emerging concepts that may help to explain human social behaviour; and
5. Striving to use multiple sources of evidence rather than relying on a single source alone.

Naturalism as a model of social research seeks the subjective lived experiences of the participants rather than objective social facts. According to Silverman (2014) naturalistic ethnography is built around the following:

- entering the setting
- establishing rapport
- recording observations with an eye towards social scientific concepts
- presenting findings.

“The naturalistic interviewer replaces the positivist ideal of the ‘neutral’ researcher with a version of research based on empathy and shared understandings.” (Silverman, 2014, p. 24)

4.2 Semi-structured Interviews

I chose the qualitative research method of in-depth semi structured interviews because I believe it is an effective method and subject sensitive. The method allows for flexibility in the process and is open for participants to have the time and space to answer the questions and not feel they are confined to any limitations in their responses. As the subject matter is so personal to every individual, each of the interviews was a unique space with that person and there were differences in the flow of questions and emphasis. In choosing the semi standardized In-depth interview I could ask several pre-determined questions in relation to the

research question and to focus on certain themes. However, I wanted to have a degree of flexibility to digress beyond the prepared interview and use scheduled and unscheduled probing questions to elicit additional information in response to the participant's answers. Berg (2007, p. 112) describes predetermined questions: 'These questions are typically asked of each interviewee in a systematic and consistent order, but the interviewers are allowed freedom to digress; that is, the interviewers are permitted (in fact expected) to probe far beyond the answers to their prepared standardized questions'.

By choosing to do an in-depth interview there is a set number of standardized questions to follow while at the same time a degree of flexibility to use additional probing questions, in order to elicit further clarification and expansion of the participant's experiences. Using this method allowed both myself and my participants to get the most out of the interview experience and it allowed for different possible interactions between the different participants. I found that some of my participant felt more comfortable with following the set questions and others were more at ease to elaborate and explain their experiences through the process of additional probing questions. Therefore, I felt that this was a suitable research tool to use for this study and the profile of my participants. Berg (2007, p. 109) highlights:

- Questions may be recorded during the interview;
- Wording of questions flexible;
- Level of language maybe adjusted;
- Interviewer may answer questions and make clarifications;
- Interviewer may add or delete probes to interview between subsequent subjects.

In some of the interviews there was a need to re-order the questions and this depended on how the interview was flowing. For example, some participants started answering or giving relevant information to a subsequent questions or a question that appeared later in the interview guide. In these cases, I felt it was better to allow the participant to continue with their response rather than cutting them off as I believe it was better for the participant to maintain their flow of thought and not be inhibited and run the risk of losing any useful or relevant data. Berg (2007, p. 113) sums this in the following: 'Questions used in a semi standardized interview can reflect an awareness that individuals understand the world in varying ways. Researchers thus, seek to approach the world from the subject's perspective. Researchers can accomplish this by adjusting the level of language of planned questions through unscheduled probes that arise from the interview process itself'.

Silverman (2014) posits that naturalists argue that through empathetic, open-ended interviews facilitate best understanding of informant's experiences, by establishing in-depth dialogue and rich and spontaneous talk.

However, in saying that, the interview was semi-structured and throughout all the interviews a guideline was followed from the interview guide. This I found useful as it assisted in the flow of the interview as well as a prompt for the participants. The questions were used as departure questions and some were used as probing questions. In saying that, I did not have to use so many probing questions as the participants were all engaged in the process and forthcoming in their responses.

All the interviews were kept within an hour timeframe. Before conducting the interview, there was time allocated to introduce ourselves and also to read the agreement to participate in the research and participants were informed that the interview would be recorded and of how the research data would be managed in relation to ethics and confidentiality. Creating a suitable environment to conduct the interviews and building a rapport with the participant was necessary to establish trust and openness in the interaction. I believe it was very important not to rush the interview and therefore allow time for this trust to develop as well as giving the participant enough time to express themselves and feel they were being listened to.

The interview was divided into three sections. Section 1 was a broader look at drinking in Irish society. Section 2 addressed their personal experience drinking alcohol and the process that led them to stop drinking. Then section 3 focused on their experience of recovery and their observation of the Irish drinking scene.

4.3 Participants

The participants in the research all work in the same addiction centre. They come from a broad spectrum of staff, which include addiction counsellor, supervisors and general staff. Some of the participants had been through the programme at the addiction centre. All 8 participants had been in recovery for more than 7 years and this spanned to over 20 years in recovery, with two of the participants having 20 years plus. One male and seven female participants. I contacted the addiction centre and explained my research topic to the manager and asked if the staff working in the centre would participate in the research. I got a very positive response from the centre manager and we arranged interviews over the course of a week. This was to facilitate work schedules and availability of the participants. The centre name and location has not been identified in this study to protect the anonymity of my

participants. All participants have been given a fictitious name to protect their identity, which are Ailish, Peter, Celine, Catherine, Maureen, Jane, Grace and Tara

4.4 Ethical issues in the study

As Miles et al (2014) strongly point out all researchers must consider the potential harm that our actions might have on the individuals we are studying or any other stakeholders. As a researcher, the classical principle of humane conduct must be adhered to, which is, do no harm. It was also important to address the ethics of my study throughout the entire study. I notified the NSD Ombudsman for research, data collection official prior to the collection of data.

All of the participants signed a consent to participate in the study. The consent form provided the participant with information about the study and the process of confidentiality and how the data was managed. It was necessary to adhere to the NSDs thorough and strict regulations, informing them about the research goals and assuring them of their rights throughout the study. See appendix 1.

I was transparent with the participants and informed them of what was involved from start to finish. I also conveyed to my participants that they provided a very valuable contribution to my study. It was essential for the interview process that I took the time to build trust with my participants, which enabled a more open process and the gathering of data to be more fruitful. As Miles et al (2014) point out, having weak consent leads to poor data. It is essential that there is as much openness as possible, dialogue, transparency and clarity throughout the study to avoid ambiguity on all sides.

4.5 Data analysis

During the process of data analysis, I have used the five phases of analysis posited by Yin (2011): 1. Compile database, 2. Disassemble the data, 3. Reassemble the data, 4. Interpret the data, and 5. Conclude.

1. Compiling the database: First of all, all the interviews were transcribed in a word document, which detailed the entire interview. After all the interviews were transcribed transferred the data into an excel spreadsheet and grouped the responses of each participant per question or question group

2. Disassemble the data: Once the data was input into the excel spreadsheet, I could start seeing some comparison in the responses and of what categories were emerging from the data. I began labelling responses per categories, e.g. denial, acceptability etc....
3. Reassemble the data: Once all the data was grouped per question group in the excel spreadsheet I was then able to identify concrete categories and could group the data to facilitate interpretation of the results.
4. Interpretation of the results took time and it was also important for me to include what was relevant, while at the same time avoiding losing any key findings. This involved dialoguing with the theoretical framework continuously and seeing what was emerging for discussion.
5. The conclusion chapter summarizes the key findings from the data collected.

4.7 Strengths and Limitations of the study

The sample of participants was one of the main strengths in this study who are all in long term recovery from alcohol addiction. They were able to provide their own personal experiences of recovery the fact that they all work in an addiction centre they were also able to provide a professional understanding of the issue. During the interviews, participants clearly demonstrated a reflexive understanding of the issue. This reflexive standpoint comes from their personal experience and professional experience. The descriptions provided by the participants were very detailed and demonstrated a willingness to participate and convey their message to a wider audience.

The one to one interview setting was intimate and allowed the opportunity for the participants to open up and communicate. It was an opportunity for these people to have a say about the issues of drinking in Irish society and express candidly how they felt and what experiences and issues mattered most to them. Although there were homogenous opinions on the issues raised, each participant had their own unique experience and emphasised particular issues that had more meaning to them. For a relatively small sample of eight participants I was able to collate a significant amount of data.

To my knowledge there are no studies carried out with alcoholics in recovery about their perspectives and experiences.

The main limitations of the study was in deciding what data was most relevant to the research question and what would keep in line with the requirements of the study. I found that each

individual interview provided extensive information that could be included and my task was in deciding what I could use for this paper. In further research a more even male to female ratio may present other findings, however this study was not based on gender differences and therefore not in the scope of this work.

Opportunities for further research could include larger samples and/or replicate this methodology with other groups within the country and in other countries. In addition the use of other data collecting methods, such as focus groups may provide additional information and further dialogue among participants.

Chapter 5: Empirical findings – presentation of data analysis

In this chapter I will present the findings of the study from the data collected in the in-depth interviews with the participants. This first chapter will focus on the presentation of the results based on participant's responses. The results are presented into the themes and issues identified from the analysis of the data. In chapter 6 there will be a discussion based on the presented results.

5.1 High consumption, binge drinking and drunkenness is the norm

The responses presented in this section and 5.2 relate to the questions: Why do you think we have one of the highest consumption rates of alcohol in Europe? Why do you think we have a tendency to binge drink?

All of the eight participants concurred that in Ireland it is socially accepted that people consume large amounts of alcohol and get drunk without anyone thinking there is a problem with alcoholism:

It's not questioned and It's acceptable behaviour even though it is totally unacceptable...It's not questioned, so it continues. (Ailish)

We tolerate a lot more drunkenness, it's tolerated and it's people's attitudes. (Grace)

Mighty night, I don't remember a thing" that would be often what you'd hear among people. (Celine)

It's just the way it is, we are born into it. It's tradition, the pubs were always there, if you didn't go visiting others houses years ago, people went to the pub. (Jane)

I think you have ease of access, you don't have to look at the consequences. I do think we like blacking out (Peter)

As we can see from the above comments drunkenness and associated behaviour is tolerated. This overall acceptance seeps through all aspects of society. Within families and the pattern is repeated through the generations and young people are doing what they have seen their elders do:

I think people have come from families that have mothers or fathers that have a drink problem but have been able to cope and that is normal to them. Then the next generation is doing the same thing. (Maureen)

Now there is a lot of focus on the youth, but it goes through all age groups. (Peter)

The power of the media, which includes social media was mentioned and advertising of alcohol promotes the glamorous side of drinking and there is a creation of false expectations.

The advertising of drinking shows the very sunny side of it, celebratory side of it, we are all having a good time and we are all happy. (Ailish)

For a lot of people and for younger people, it's so much pressure for them now, with social media and to be better than the next person or to have done more. Alcohol gives them permission to be something that they're not. They lose their inhibitions. (Celine)

The consensus is that there is widespread acceptance of binge drinking and drunkenness and that it is encouraged in society and in the media and that it is not questioned.

5.2 Embedded Culture and Traditional perspectives

This section goes a step further to look at what is behind the acceptance of high alcohol consumption and binge drinking. From the responses, there was a sense of resignation by all participants that this is just the way it is, the norm and tradition for many years. Jane described it as a “learnt behaviour”. Heavy drinking has been described as the ‘norm’, it is not questioned:

I think it is awful to recognize us as being heavy drinkers. I don't think people look at the why...it's just the way we drink, it's part of the normal culture. (Catherine)

Other comments added to the point that drinking is what Irish people are known for and drunken behaviour is expected of us:

I think abroad it's all fun and games with the Irish and they drink...When I'm abroad and people say, “you're Irish and you're not drinking” I try to promote it, saying there is more to Ireland than drinking. (Grace)

We know in other countries that it is not acceptable to falling over the place drunk and the Irish are always known for that...We are all, well aware, that Irish are recognized for their drinking. (Catherine)

Other European countries that would not be too far removed from us, they drink in a different way, it is not about blacking out., it's not about getting away from the reality, it's more about staying in the reality and having a more pleasurable experience. (Peter)

The reputation of Irish people as drinkers outside of Ireland was highlighted and comparisons made with other countries in Europe that this behaviour is associated with being Irish. It was also identified that there seems to be no other form of socializing, without alcohol:

I think Irish people only know how to really go out and drink, they don't know other ways to be able to socialize. (Maureen)

Peter highlight the issue of avoidance of responsibility was suggested and the need to escape as a culture:

I think we have a deep-rooted sense of not being able to take the correct level of responsibility as a culture. (Peter)

I think we abdicate responsibility, we like to escape from reality and I tie that back to the lack of responsibility. (Peter)

This section points out that consumption of large quantities of alcohol and binge drinking is a normal part of tradition and culture and we have a reputation around the world.

5.3 Why drink?

Firstly, participants explained why they started drinking and what motivated them to drink.

It gave me confidence and helped me to be more at ease with myself. (Ailish)

When I was growing up and started drinking it would have been to be part of the crowd. I didn't want to be the odd one out. (Ailish)

It's the bit of the buzz you get, the whole social freedom it gives you. (Tara)

At the beginning, it was about the buzz, not getting drunk. (Peter)

But I looked forward to it so much, like a reward. (Celine)

It is evidenced here that alcohol was a confidence builder and eased social anxiety, feeling free and being part of the crowd. Two of participants said that they could be somebody else when they drank:

It was changing the feelings, I didn't have to face reality. I didn't have to feel fear. I had self-esteem, it was false but I had self-esteem. I could be somebody else. Because I didn't like who I was. (Grace)

For me it was to become somebody else. (Tara)

At that time I just thought it was social drinking, but it wasn't, I drank for effect. (Celine)

As their alcoholism progressed participants became more withdrawn and resorted to solitary drinking at home as opposed to public drinking. There was no enjoyment anymore attached to their drinking.

When looking at why the wider population in Irish society drink it was highlighted that people want to escape pain and using alcohol to cover up emotions. One participant believes that people are self-medicating and links heavy drinking with suicide:

People self-medicating because they have depression instead of going into a doctor...I think the suicide rate would half, and I truly believe that. (Grace)

I would say a lot of people are covering up unhappiness...and not being happy at where they are in their lives...I would see a lot of anger...real despondency, that change isn't possible, what's the point (Peter)

We have got quite an inferiority complex...overall, we don't have the confidence, but I link that back to immaturity. (Peter)

It would appear from the above responses that personally, and as a collective alcohol is used to enhance confidence, ease pain and escape whatever feelings are not desired:

With pain, it's with the culture – Have a drink, it will ease it. (Peter)

There's some sort of soothing in drinking – take a drink and it eases your pain and your anxiety or when you're really happy it helps to enhance that. (Catherine)

It prevents us from doing any kind of depth work we can be very superficial. Putting in real change, either into yourself or society, that requires a lot of work, and it stops us from having to do that. (Peter)

It is interesting to note that Jane comments about not opening up:

I think we drink because we never opened up to each other. Now it's a bit different, but at the same time we might be opening up but we still drink. (Jane)

This opening-up could mean many things in relation to different feelings, past hurt or trauma and other issues. Also the part “to each other” indicates that between two human beings there is an inability to talk, express. Therefore, drinking facilitates the ability to open-up among Irish people.

5.4 Denial and Stigma a twofold understanding

In response to the question - *Do you think there are people in Ireland that have a drink problem and are not aware of it?* The overall opinion of all participants is that anyone can develop a drink problem. All participants attributed the attitude of denial about what an alcoholic is and referred to classic image of the person on the park bench as what people perceive an alcoholic to be. All of the participants strongly agreed that there are people in Ireland with a drink problem but are not aware of it:

Quantity will do it over a period of time for a proportion of people. (Peter)

Everyone has the ability to become an addict. If you practice hard enough at anything you'll get good at it. (Tara)

The more you drink, the higher chance you have a becoming an alcoholic. (Celine)

I can totally identify with Alcoholism being genetic but also being progressive. (Jane)

There was reference to the 'functioning' alcoholic. Also, that people are not opening up the subject or talking about it openly:

Irish society really frowns or looks down their noses upon the word alcoholic, the word addict. There's a huge stigma attached to it. (Maureen)

As I know now there are loads of different types of alcoholics, e.g. functioning alcoholics, you don't need to be on the park bench. (Grace)

I think it has a lot to do with ignorance. People's perception of what addiction is – which stalled me from coming for help. (Ailish)

Although participants know and understand that they have a problem and cannot drink alcohol, all believe that over time and with enough quantity people can develop alcoholism. All of the participant say they know people who have drink problem and are either not aware of it or not willing to address the issue:

Yes, I would say that there are people that live their lives being an alcoholic and are not aware of it and possibly could have lived a way better life and so could have their families. (Ailish)

Yes, I do think people in Ireland have a drink problem and are totally unaware of it or they are not willing to look at it. They are in complete denial about the whole thing. (Maureen)

People who have a drink problem, hundreds and millions, absolutely. I see them every day of the week... Maybe 50% of our population have issues with alcohol. (Catherine)

There was also denial about people actually admitting that perhaps they have a problem and are not open to addressing it:

There are as many people that have a drink problem and are aware of it and are not willing to do anything about it, they are comfortable yet. (Celine)

I think that there will be awful lot of them in either treatment or the rooms of AA, or a lot that may die of it because they don't want to look at it. (Maureen)

Because of the nature of it, it's quite hidden for a long time. And the shame, the shame of recognizing that yes, I really have a problem. (Catherine)

Because we have the attitude to drinking a lot, it's easier to mask it. (Peter)

To have a problem with alcohol is not an open subject or something that people find easy to talk about among friends and within families. It has been described by Ailish as the Elephant in the room:

It's to talk about it, put it out there. It's often described as the Elephant in the room.

It's there but nobody is saying it's there. (Ailish)

People are uncomfortable about the subject:

I think it's just an uncomfortable topic for people to talk about. Anything that is uncomfortable, the Irish people just don't seem to be able to talk about it...I think those who are most open and have been through it, are people who have been in recovery. (Ailish)

Participants described that people underestimate the amount of alcohol they consume and that people think nothing about drinking a couple of bottles of wine over an evening:

They may start with one or two glasses but might end up with one or two bottles, or three bottles...some women would drink 14 units in one or two days and they don't even realise it. (Jane)

Grace believes that an addict will continue drinking as long as there are no consequences: *My experience is that an addict will only change when there's a consequence, we keep mopping up the consequences.*

This same denial and the stigma around addiction is what initially prevented the participants seeking help. However, all of them reached a point in their lives when there was no choice, their physical and mental health had been severely affected. For many of them family members intervened. However, their drinking had continued for many years before they themselves knew they had a problem or that family members intervened. Many admitted that there was a lot of suffering and destruction caused over a long period of time before help was sought:

That is the sad thing about addiction, it has to get so bad before the person actually sees what is happening. There is a lot of destruction for the person and people around that person before that person will face it and seek help. (Ailish)

It can get a lot worse, you can be in the gutter before people can see it. (Jane)

Participants thought they were 'the same' as everyone else and they had a social circle doing the same thing. Ailish said she really didn't think she was that bad.

I had huge difficulty with it because my idea of an alcoholic was very different to what I was. (Grace)

It's all part of growing up...everyone is doing it. I thought that everybody done this or that everybody drank the way I did. (Maureen)

I was running my own business, I had my own house... all looked good on the outside. (Catherine)

I still have the stereotypical image of the alcoholic, sitting on the park bench, I don't look in the mirror and see me. If you lined up ten people and asked students to pick out who is the alcoholic, they would have a great difficulty trying to find one. They usually think of somebody dirty. (Tara)

5.5. Failure and Shame

The fear of failure deterred participants from seeking help or admitting that they had a problem. There was also the fear of the unknown and not being able to socialise without alcohol: *Fear of the unknown I suppose. I was terrified of not drinking.*

I could do nothing without drink. Totally dependent on it. I thought I could not live without it. (Celine)

Fear of not being able to be happy by not being able to go out and socialise. (Jane)

To have a problem with alcohol meant you were a failure.

At that particular time when you would hear conversations about people that had a drink problem it would mean that they were kind of failures...Why am I not even able to do that (drink) right. What's wrong with me? (Ailish)

Tara described how many people have a fear of failure in recovery, which led to the attitude of not even trying:

Pride. Fear of failure would be a big thing and I think it is for a lot of addicts. You don't think you're going to be able to do it so you don't even bother trying. (Tara)

Celine also talked about fear:

Stubbornness, a fear of change, everyone would know I was drinking more than I thought they knew. Shame, guilt. This thing "I can't do it", where I learned that I can. I was very negative at the time, how would I manage a day without a drink. (Celine)

Maureen said that she worried about how people would judge her or pity her:

Am I going to become this person that people are going to pity me? I thought God no, I can't become that...When I thought about stopping drinking, I thought about how is society going to judge me? (Maureen)

This highlights the beliefs in Irish society that people will feel sorry for you if you cannot drink because, to drink is a strength and there is a strong sense of pride.

Three female participants, who are all mothers spoke about how they all felt shame in relation to their drinking and in having to admit they had a problem:

It was the shame, the shame of being a mother and to come out and say that I wasn't able to handle the drink. (Ailish)

Shame of what people would think...especially being a mother...how could she. (Celine)

Failure, particularly for a woman, ashamed of the fact that I was a mother, not capable of doing what I was supposed to do. (Catherine)

The other three female participants do not have children and did talk say they had shame.

Peter said that shame is over rated and he did not have shame in relation to his drinking but is of the belief that shame is more commonly experienced by women:

Shame would be tagged onto female drinkers more than male drinkers. Peter

Shame is an over rated thing; a lot of people wouldn't feel shame in relation to their drinking. (Peter)

5.6 Drinking as a definer of belonging or not belonging

Belonging and not belonging was discussed and the importance of not being the 'odd one out'. In section 5.3 "being part of the crowd" was mentioned as a reason to drink and participants talked about the peer pressure to be 'part of the crowd' and Catherine highlights that when you do not drink you are different:

The person who doesn't drink, they are considered to be different. (Catherine)

There is an assumption that there must be something wrong with you if you do not drink.

Catherine highlighted the feeling of exclusion when you do not drink and the lack of connectedness.

You certainly feel you're in and you feel very out if you're not drinking...For people who don't drink, you're not connected to the people who are. (Catherine)

Ailish described that it is frowned upon if you question that drinking so heavily is not normal.

In the course of recovery participants had to create a new social life and this was done as a result of a need not to feel isolated.

I had to activate a social life so that I wouldn't feel isolated. (Ailish)

You are connected when you're drinking but you need to connect somewhere else when you're not drinking. (Catherine)

Ailish described that she felt excluded from extended family and not invited to some events would have preferred if she had been given the option. This was in early recovery when she also was concerned about feeling the odd one out.

*I would look like the odd one out, "Would I be questioned why I wasn't drinking."
(Ailish)*

5.7 Recovery in Ireland

Each respondent started by describing their social life in the immediate two years without alcohol and then went on to describe how it has evolved. In the first two years of recovery participants said they faced the most challenges. All participants said that they had to rebuild a completely new social life and find other things to do. That is, "Looking outside the box." Weekends away and going on foreign holidays a couple of times a year was important to all participants. Getting away to the sun and out of Ireland was identified as important for most participants. The weather being identified as a factor and lack of alternative things to do. Having something to look forward to, is important. Meeting people that were going through similar experiences was important in early recovery as well as attending recovery meetings as part of their aftercare.

All participants describe having a quieter social life:

It's like I am living two different worlds... It's like you are nearly an alien and you come onto another planet. (Ailish)

Well everything changes, my social life is very different. I do not socialize with people who are drinking. (Catherine)

Social life is good. For the first two years your life narrows but after that it opens up. I still can't do pubs. (Grace)

Going for meals, having at least one sun holiday a year. Meeting up with people in recovery over coffee and food... I don't need to go out. I don't need to be in a pub, there's nothing in a pub for me. (Celine)

Lack of social opportunities in the beginning...There is more things available now, going on foreign holidays to get away...give myself a treat... Constructed the social life I wanted...tried lots of different things over the years, expanded my horizons. (Peter)

I go to the gym an awful lot, I go walking, cinema from time to time, dinner, outdoor activities. (Maureen)

Social life is fine, there's nothing I don't do except drink. I don't spend my night in a pub, I go for meals and away for weekends. (Tara)

The pub was gone and the whole socializing with people who were drinking was gone. (Ailish)

Ailish also said that she does not have drink at home or in celebrations:

We have an open house about drink...I never protect drink, I say it as it is...I have no drinking in my house, we have lots of family occasions and drink doesn't have to be part of it.

All of the participants spend some time in the company of people who drink socially but are unable to be around drunken behaviour. Some participants described how they cannot tolerate or be around people who have drink taken:

I can be with friends, maybe a quiet place but I can't go where there is drinkers or a drinking session (Grace)

I couldn't go to nite clubs now, I would find that difficult because it's very much drinking...It's just bravado and rubbish talk, there's not...I can't do small talk anymore. People not real...I love socializing and I am really good with people but I want them to be there. (Grace)

When people are slobby I can't be around them. (Catherine)

I do go out and socialize but I leave early, when people start getting drunk, I just leave, I don't even say I'm going. (Celine)

I do go out and socialize but I leave early, when people start getting drunk, I just leave, I don't even say I'm going. (Jane)

Weddings and stuff, if you get fed up at them, have a plan B and you get out of there...You can do it in a subtle way, often you can slip out of a person's house and they won't even miss you. (Celine)

Maureen commented that she has a better social life now that she has stopped drinking. When describing a weekend away with friends, she was able to enjoy the weekend because she enjoys dancing and was able to avoid the drinking session part of the weekend. She also could do many other things over the weekend because unlike her friends she did not have a hangover. Jane remarked on how good she feels to be sober:

I'm glad I'm sober, my life is so different. It really feels good to be sober, so, so good. I really wish that other people to actually see it and grasp it. (Jane)

Other activities they now do include going to the cinema or theatre, social dancing and the gym. Participants themselves experienced social awkwardness and described having to learn how to socialise without alcohol:

Learning to become age appropriate and having the right set of skills and outlooks for that and fitting in to within reason societal norms. (Peter)

Participants talked about the awkwardness and uncomfortableness that people have around them, one participant says that she is now able to ease their awkwardness:

I think there is an awkwardness with people around you...I think it is more their awkwardness and discomfort...It took me a while to come out and be open, now I can talk about it and it can ease other people's discomfort around me and say - have your drink, I don't mind. (Ailish)

You are very different when you don't drink and people look at you differently. And they definitely think there is something wrong with you. (Catherine)

So many people within my own circle (family) are so uncomfortable around me. They make excuses for their drinking and they're not alcoholic and they minimize their drinking around me. (Catherine)

They are more awkward talking to me then I am talking to them.... they feel awkward because they drank the same way I did. (Maureen)

Celine described how people she once socialized with now avoid her and would not walk the same side of the street as her:

They would avoid me like the plague because it would be throwing light on their drinking. (Celine)

This was something that other participants have experienced. Depth of relationships and friendships and superficiality were all spoken about. The social bond that they once had with their drinking friends had lost its connection once they stopped drinking. The participants found that they no longer had anything in common and the 'drink' was the thing that was in common. By taking away the drink there was nothing in the relationship or friendship:

The pub was gone and socializing with people who were drinking was gone. (Ailish)

My social life is going to Friends' houses, going to dinner, the theatre and events around the kids. (Peter)

Takes a lot of effort and motivation to get yourself to start thinking outside the box and be willing to do that. To see what's out there...I really think you need something to look forward to...look for things that give you pleasure. (Ailish)

Some of the people I socialized with in my 20's, if you stripped away the alcohol you would have no other basis, we didn't share any common values...some people we drifted, we had no more common interests anymore. Some people I actively cut out. (Peter)

People, places and things – I don't want to tempt fate. I've got this far without them...when someone goes into recovery, it weeds out the drinking buddies. The true friends will stick by you and the true friend's haven't a problem with alcohol. (Celine)
They think I'm boring, they don't get it. They don't get the fact that I can't be around it. It isn't because I want to drink, it's because my tolerance is less. (Catherine)

I really mind my recovery, I know what's right for me...I threw myself into recovery, connected with other women, think it is very specific and different for women. (Catherine)

Friends were great, but the ones that weren't had to go. (Grace)

The people I socialized with before all fell away from me. (Maureen)

The alcohol was what was keeping the friendships:

Friends that I had years ago came back into my life and that was fantastic. I have a whole new group of friends from the social dancing. (Maureen)

I still know a lot of the same people, I would still go for a cup of coffee into the pub that I used to drink in. (Jane)

Family occasions are no problem, they're fine, but I would still have a plan in place. (Grace)

Maureen now socialises with social drinkers, before she hung out with drinkers but she socializes with different people now. Those people she hung out with, nothing in common now, when you took away the drink. She now goes out with family and has learned to socialize without drink. Celine commented that some of her old drinking circle are now dead from alcoholism or seriously ill. Although, some have got sobriety.

The participants' openness about their recovery varied and they are more open about recovery as the years progressed. Some participants say it depends who they open-up to and how much information about the past they disclose:

I am not going out on the street and telling people...I think you can be an example of recovery by not opening your mouth, just knowing that that person is in recovery. I would often have people asking how my life is now. You can be an example without having to stand on a pulpit. (Ailish)

You have to give your own story away to keep sobriety, it's as simple as that. I tell my story, it might trigger something in someone to seek help or encourage them to keep going if they are in recovery. (Celine)

I have people that I trust and they know everything about me. (Grace)

Tara is open about the fact that she does not drink:

There's people and places I'll avoid. I am very open about the fact that I don't drink...nearly everyone that I am in a social context with are aware. (Tara)

5.8 Challenges in recovery

Each participant faced their own personal challenges and some shared similar challenges. Experiencing bereavement was mentioned by some participants as times when they were challenged and had to confront their feelings and deal with them while not drinking. Three of the participant's relationships broke up and this was painful:

Emotional pain, when my mother died, relationship broke up. I had to face reality, face my feelings. (Grace)

Some years in recovery my marriage broke up. It was a very drink related relationship. Painful times would be challenging. (Ailish)

Two participants felt that relationships were a big challenging in recovery or impossible:

In recovery relationships are huge... Some people genuinely don't understand, I felt in the early days that if I told anyone that I was a recovering alcoholic, or told my story, how would they view me?...and it's the whole thing again, is there going to be a stigma attached to it. Are they not going to want to be around me? (Maureen)

Relationships, next to impossible as far as I'm concerned. (Jane)

Trying to help others and the realisation that one cannot control if people do not choose to get or take help:

"I cannot fix anyone else. I made a mistake to try to fix other people." (Celine)

Also, when their own children or young relatives are now in danger of alcoholism is challenging to witness:

It was hard when my own kids started drinking, drinking alcoholically even. All three of them are in a danger zone, after all they've seen and experienced, it doesn't make a bit of difference. (Celine)

My nephew said he can't really have fun without it, because they are all having a drink and I feel like I am left out. (Jane)

The first two years of recovery was most challenging for most participants and there was a lot of re-learning and adaptation. Many talked about maturing and taking responsibility for their actions. Both Ailish and Peter described having to become part of society again:

I had to rebuild a complete other life for myself...I think you have to become part of your family or part of the human race again... you can't lock yourself away in a box either. You have to become part of life and to whatever life has to offer. (Ailish)

Sticking in it, taking responsibility. Why can't I have the quick solution, why can't I have the easy way out...becoming part of the majority of society what was the difficult bit. (Peter)

My social skills were very poor because I had learned to socialize with alcohol...feeling very self-conscious. I had to work on my self-esteem, believe in myself. Your self-esteem is so battered by alcoholism. (Catherine)

I found lifestyle changes the most difficult. (Grace)

The participants had varying experiences of what they found unhelpful. A number of participants had family members who did not appear to fully accept that she was an alcoholic. They wouldn't agree that their family member was an alcoholic because of their views of what an alcoholic is. Also, this was linked to shame. It takes time for family members to accept:

I find it sad and I can get very frustrated. At family days, people not being able to come to terms, or laughing off some things. (Grace)

A family member didn't think I'd last months never mind years. That's a great motivator to prove people wrong. (Jane)

Catherine and Celine both experienced times where among family or friends it was thought that they could have one or two (drinks).

My family couldn't help me. They hadn't a clue what I was talking about. They even thought that maybe I could have one or two (drinks)... that is not a bit helpful from any

family member. But we as addicts have to take responsibility. We can't blame anyone.
(Celine)

What is unhelpful is the assumption by everybody that you drink. Unhelpful people not understanding the words "I don't drink." (Catherine)

At family gatherings and occasions, such as weddings, participants are often asked why they are not drinking as the assumption is that everybody drinks:

Would be the people thinking that you were odd. I would have had comments from people, you don't drink? Did you have a problem? (Catherine)

That's a thing that a lot of alcoholics have, everybody is wondering why I am not drinking. Some people tend to make excuses like, I'm on antibiotics. I never lied about it. I never used tablets. I just say I don't drink. (Tara)

Ailish described that the subject is not talked about and that this is unhelpful:

The very fact that people don't talk about it is unhelpful. When I was able to have the strength, I still seemed to be the one that was able to bring it up. It's not talked about.

What do you do if you do not drink in Ireland? Participants found it difficult to find alternative things to do in Ireland:

There's less to do in Ireland I think. (Tara)

In small towns, there's nothing to do. For youth, not enough things for them to do...Climate is a big element, Climate affects everyone's mood as well. (Tara)

Irish society doesn't have an awful lot for the recovering person, or for helping people to get into recovery. (Maureen)

If you don't drink, what do you do...there's not a lot of outlets. (Grace)

I met a person at an AA meeting from another country and they had changed their ticket to go home early because they said - If you don't drink in this country, what do you do? How do you live in this country if you don't drink? It's really depressing.
(Grace)

Being confined to my home town would have filled me with dread after giving up alcohol...lack of outlook, lack of sunshine. (Peter)

5.9 Observations of the Irish drinking scene

In this section, the participants were able to shed a light on their observations of the drinking scene. All participants said they rarely socialise in venues where there is a lot of alcohol consumed because this is no longer part of their lives. However, all have had some exposure

to what is happening at night in towns and cities throughout Ireland. Everyone had a lot to say about the situation. They described the Irish drinking scene as scary, frightening, uncontrolled, wasteful, disgraceful and acceptance of behaviour that is not acceptable:

Wasteful, people throw away an awful lot of money. The whole night is a binge. I see a lot of home drinking, birthday events at houses...it's uncontrolled. (Tara)

I really get angry, when I see girls on the street outside a pub...It's very frightening...who is going to tell them to stop?. (Catherine)

Scary, I'm glad I'm not drinking now. Peer pressure. Social media has driven it crazy...one trying to be as good as the other. (Celine)

We all knew men who drank and families that were poor because of drinking, but all that's changed now, changed for the worse. (Catherine)

I see a lot of drunkenness, I see a lot of aggression...a lot of disregard for personal safety. A real disinhibiting of personal safety mechanisms...Frightening amount of money spent. (Peter)

One participant spoke about how cheap alcohol is now, compared to years ago and that this facilitates binge drinking:

Binge drinking, it has changed from getting drunk in a pub to drinking in the house. There's more alcohol being consumed because of that, it's cheaper. It's an alcoholic's paradise now, you can get a bottle of vodka for 11 euro now. You don't have to have money to be an alcoholic now. (Jane)

The acceptance of anti-social behaviour was highlighted and that drunkenness is laughed about and seen as funny:

People are not taking it seriously. The attitude is that sure we're having the craic, we're Irish. It's not funny anymore. (Grace)

The saddest thing for me is that people laugh at things that are really not that funny...It's laughed about, not facing it as it is. A lot of acceptability of really what is not acceptable...a lot of antisocial behaviour going on out there. (Ailish)

I see its total denial and they don't want to go there. I get very frustrated when you see people who think it is ok for a 15-year-old to get extremely drunk. (Grace)

Irish society has normalized this, this is very "normal" to some people and I think people have got caught up... people feel that they need to be hitting this bar whatever this illusion is that Irish society have. (Maureen)

Drinking games, doing shots, they like to think it's great fun but that damage they are doing is unreal. (Celine)

They reminisce about the day or night, everything is put into humour even if someone fell on the ground. (Ailish)

Ailish mentioned again about drinking not being openly discussed:

People still protect it. I don't think it's an open topic yet.

Tara believes that there is some improvement to opening up the issue although her comments highlight how the issue tends to be hidden:

There's change creeping in because I think through people talking about it and family members talking about it means it is not as stigmatised as it used to be in Irish society. It was always pushed under the carpet and hidden away - they're not well with their nerves. (Tara)

Tara also attributes home drinking in facilitating more women to drink:

Drinking wine at home has progressed to a lot of addiction...It's become the norm to open a bottle of wine for someone instead of asking someone for a cup of tea or coffee. If the cork comes off it doesn't go on. Tara

Catherine talked about the "Petrol station mothers" and how wine is now more accessible. She describes two types of female drinkers in Ireland as:

The ones that stay at home drinking wine from 6 o'clock in the evening and young women who are out drinking and they have become like men, if not worse...what has happened to young mothers and young women in the drinking culture in Ireland is absolutely horrendous...young women that are out drinking, their respect is all gone...There's nothing worse than seeing a lady staggering out of a pub. (Catherine)

5.10 Will there be a change in attitude?

Responses were very negative about the future unless there is a change in society's attitude:

Simple word no. It's not going to happen, not in my life time anyway. (Celine)

We still have a long way to go as a society. (Ailish)

Although Grace believes that change is happening slowly, she is still of the belief that many people are going to die and already knows many people who have died as a result of alcoholism:

I just think many people are going to die, because it's epidemic, we are the worst in Europe...It maddens me that it's not policed more, even though I know the recourses are not there...It maddens me that there are people dying from this, I have seen to many people die of this. (Grace)

It's rampant, alcoholism addiction is rampant. Where are all those kids going to end up? Prison, treatment centre or death. Three choices. (Celine)

Drinking is the biggest drug Ireland has. You hear them talking about the drugs. We need to tackle the drink first. (Catherine)

Some that will stay in denial and it will end very badly, death or an accident or something like that. (Maureen)

I don't think we are prepared to put the time, the effort and the money into it...I don't think there is an impetus coming from within, it would have to be a bottom up, whereas everything is fed top down. People would have to want to do it slowly. (Peter)

While there was some mention to slow change and some health initiatives, very few participants were hopeful for a change in attitude. Participants made some recommendations they believe should be done. For example, more police control on the streets and more awareness within the medical profession. Ailish highlighted a recent campaign relating breast cancer with drinking and to celebrate good news from a health check-up the lady asked for a cup of tea instead of taking an alcohol drink because she has to cut back. Other suggestions include:

It needs to be publicized more... creating more awareness...I don't know how tuned in our medical people are...I go into my doctor and I tell them I'm depressed but I'm not telling them I'm drinking two bottles of wine. (Catherine)

There needs to be more education in schools, it's should be when they start secondary school, too late when in transition year. (Tara)

If you really wanted to work with younger generations towards their views about alcohol, you are going to have to start with them you 5/6. You are going to have to write off two or three previous generations ahead of them. This is your core group, I'm going to work with these. Maybe in 30 years' time we might have changed something. (Peter)

I suppose like the cigarettes, bottles should carry the warning – you can become addicted to this – it can lead you on to anti-social behaviour...but I still think there is a lot of acceptability. (Catherine)

Alcohol education and depression should be taught in schools. (Jane)

I think there is a move towards change... bringing it back into more public drinking, taking it out of the home as much as you can. Without that I don't think there will be widespread change. (Tara)

Chapter 6: Discussion

6.1 Summary of the results

The results presented in the previous chapter show somewhat a homogenous understanding of the issues highlighted about the Irish drinking culture. There does not appear to a significant contrast or difference of opinion among the participants regarding the issues highlighted. However, some of the participants had more to say about certain issues and went more in-depth on certain points. These differences may relate to life stage, their personal experiences and what they deem important in relation to their lives.

The opinion of all participants is that although it should be unacceptable, binge drinking and drunkenness is acceptable in Irish society. Participants described the Irish drinking scene in a very negative light and see nothing funny about people falling over drunk and endangering themselves and others. The view is that drinking is one of the main ways that people socialize in Ireland and despite some improvements over the last twenty years, there is still very little alternatives available for people who do not drink.

There is a view that alcoholism is not an open subject and people do not want to talk about it. The results suggest that there is an awkwardness towards people in recovery who then experience exclusion from the wider society. Participants described being regarded as different for not drinking. The perception of what it means to be an alcoholic has been highlighted as well and the stigma and denial that operates at many levels, individually, within families and society. All participants believe that anyone can develop a drink problem, however it can be hidden for a long time before it is addressed. The availability and low cost of alcohol was also strongly highlighted by the participants. One participant described the situation as an alcoholic's paradise because alcohol is so cheap and easily available. Sadly an alcoholic's paradise is anything but paradisaical and rather quite the opposite.

The pressure to drink and keep up with the crowd was also identified as well as the lack of alternatives. Among women shame has been identified more so than for men. How alcohol is affecting women has been strongly underlined. There is full consensus by all participants that there needs to be more awareness and openness about the issue for long-term change. This chapter is going to discuss and expand these findings.

6.2 Binge drinking and drunkenness is accepted and tolerated in Irish society

All of the participants agree that binge drinking and drunkenness is seen as a normal part of socialising and part of the tradition. It has been the norm for many years and is embedded in the culture. One participant described it as the only way Irish people know how to socialise. It would appear that as Geertz (1973) pointed out 'a given' that one is to grow up and drink in Irish society. There is nothing wrong with celebration and having a few drinks to ritualise the event but there is a difference to the social enhancement that alcohol gives and to the anti-social behaviour of drunkenness. Participants all said that, it is seen as ok to get drunk, it's being part of the crowd, great fun, something everyone does within these culturally accepted norms. This is an example of the strength and influence of culture and what Geertz describes when people are incapable of directing their behaviour without the guidance provided by the system.

The fact the young people are exposed to drink from a very young age was highlighted and one participant remarked that it is acceptable to see a 15 year old falling over drunk. Another participant highlighted that it is learnt behaviour and children see their parents drinking and this is then seen as normal. They are following from their parent's examples, yet parents ironically despair when their young son or daughter starts drinking. According to Dawson (2000) the developmental stages within a person's social context shifts from parental influence to peers and schools during adolescents, however up to the age of 15 parents have greater influence. Askaboutalcohol.ie has emphasized the hidden harm upon young people as a result of parental drinking. Parents need to be take responsibility for the influence they are having on their children in relation to drinking alcohol. Of course, blame can be attributed to the media, school education and peer pressure etc.... but what example are parents giving to their children? We must not forget the children learn from example and the first educator for a child is their parent.

6.3 Alcoholics in recovery: A marginalized group

Participants explained how they had to make changes and reconstruct a new social life and tend to avoid pubs, venues and social gatherings where there is a lot of alcohol consumed. They describe excusing themselves from family functions, leaving early and having another plan in place. This seems to indicate that the person in recovery is making all the adjustments and changes to be part of a society. While on the other side it could be argued that there is none or very little adjustments made by society for them, and this includes family members

and the wider social circle. It is as if there are two worlds operating. One participant described how it seemed as if she was an alien and had come onto another planet when she started in recovery. The participants said that they can take part in social gatherings where it is just social drinking, when people have a few drinks and the atmosphere is good. However, they leave the event early once the drinking and drunkenness escalates. Participants have said they find it difficult to be around drunkenness, not because there is a temptation to drink but because it is unpleasant and not a situation they want to be exposed to.

The result is that the more people get drunk, the more distance that is created between people and a lack of connection in these social gatherings. People may think they are having a great time but perhaps not everyone is having a good time. What about those people that slip away early from the party, leave unnoticed to everyone. Sadly, they do not even have to make an excuse sometimes because they are not even missed. Five participants brought up the subject of relationships and the difficulties of maintaining a relationship with someone who drinks heavily.

6.4 Awkwardness: Who is feeling awkward now?

It is interesting to note that in early recovery the participants experienced social awkwardness and for some this was linked to shame. Three participants who are also mothers described a very public shame in relation to what others would thought of them. The also had feelings of inadequacy, sense of failure and not being good enough.

All of the participants tended to avoid some social gatherings because this was also part of their treatment plan. However, as the years went by, their awkwardness subsided, however they continue to experience other people's awkwardness and discomfort around them. Participants have found that the people they once socialised with now avoid meeting them and distance themselves.

Two participants discussed the experience of not being invited to certain gatherings and said they would have liked to have had the opportunity to decide from themselves. It is interesting to question the motivation behind this decision by family and or friends not to invite the person in recovery. Is this an altruistic action to protect the individual and to ensure they do not feel awkward? Or is it perhaps to ensure the people who will be drinking at the event does not feel awkward. It is probably based on a very practical consciousness and therefore it is

better not to invite that person because then nobody has to feel awkward. Giddens believes that people's understanding of the world is based on practical rather than discursive consciousness, for it is contextually bound and not abstract. People understand something by applying the right formula, and the formula applied here is to exclude the person in recovery who does not fit and this adheres to the 'rule' or we could call it norm is that everyone is going to be drinking and this person is not fitting in to what everyone is doing. However, to refer to Giddens (1986), people need to be asked why they acted as they did for the rationalization of conduct to become 'the discursive offering of reasons'.

Participants have their own understanding of why people avoid and feel awkward around them. It could be said that the person in recovery bases their actions from a discursive consciousness level and they can explain their behaviours and motivations. We have seen from the participant's comments that their old drinking companions do not want to meet and they believe it is that it is highlighted their drinking habits. This awkwardness happens within families and the wider social setting. The norm is binge drinking therefore it creates a problem to binge drink when someone is not drinking. This person in recovery is a mirror to them. Are people not at ease because there is something in them that is being provoked, do they feel observed or judged?

6.5 Pride and failure

The sense of pride about being a good drinker has been evidenced in the literature review and results. Participants highlighted that the Irish are known for their drinking around the world and therefore to be Irish is to be a drinker. There is a bravado about and a sense of achievement about how much drink is consumed and that is an indicator of a "great night". The long tradition of drinking is so embedded in society and this contributes to this sense of pride associated to drinking. This individual micro level attitude encourages this sort of social practice and makes it acceptable

As we have seen earlier in the literature that in Germany there is a sense of pride when one is able to drink large quantities of alcohol and this is also the case in Ireland. Compliments such as 'He's a great man for the drink' or 'He can hold his drink' are quite common. This is an important attribute for many people and thus insinuates that a person who cannot 'hold' their drink is somehow a failure or inadequate and this is seen as a weakness. One participant remarked that they felt a failure because they could not drink. Another said she was deterred

from seeking help because she did not want people to pity or feel sorry for her. The feeling of failure and stigma attached to people who do not drink is tied to the strong cultural pride society has about drinking. It is interesting that society looks upon people who have had a drink problem and given up drinking as those who are to be pitied or that they should be ashamed, when could it is not a great shame that throughout the entire world we are famous for drinking and drunkenness. This belief that drunkenness is something to be proud of could be what Geertz referred to as 'misinformation' that culture provides.

6.6 Anyone can develop a problem with alcohol

The opinion of the participants suggests that there is a large proportion of people with a drink problem who are in denial and are not prepared to address it. It is interesting that although all of the participants identify as being an alcoholic in recovery and that they cannot drink they are still of the opinion that anyone can develop alcoholism as a result of how you drink, the amount and length of time. The results indicate that can take longer for a person in Irish society to realise they have a problem with alcohol because of acceptance and cultural beliefs and the problem can remain hidden. It also takes time for family members and friends to admit there is a problem. Participants had this experience of family members not being able to accept the label 'Alcoholic' and also not understanding that even one or two drinks is not possible. When a person goes into treatment there are information days provided for family members to attend and one participant highlighted that quite often laugh or make light of the issue. There can be a lot of denial among family members about their own drinking patterns and this is quite common. People believe that as long as they are holding down a job, have a home and are able to function that there is no problem. Nobody intends to develop a drink problem but it can develop quite slowly over time. There is a perception of what an alcoholic is and this often far removed from the reality. The participants themselves took time to come to the realisation that they were an alcoholic.

What does it mean to be an alcoholic? Is it just the dirty clothed person on the park bench? None of the participants in the study could be described as that. They all had a roof over their head, were holding down jobs and were somewhat functioning. This functioning however, went on for a long time with lots of repercussions for those around them. The results identified that heavy drinking has been normalised and people tend not to question it.

As has been highlighted in Askaboutalcohol.ie, people underestimate the amount of alcohol they drink. In addition to that the societal drinking norm and accepted limits are so high that it can take a long time, years or decades even for a person or family members to recognise that this person has a problem with alcohol. Some participants experienced that their family members had a problem with the label alcoholic. Again, this related to the understanding of what an alcoholic is as well as shame attached to this label. Rodriguez et al. (2016) said the expression of shame can be influenced by culture, and in cultures like Ireland that are classified as individualistic, shame is negatively viewed and associated it with negative outcomes. People tend to use self-protective actions to avoid shame. Denial could be viewed as one of those self-protecting actions. We see for example that the person themselves may have finally surrendered to the denial but family or friends might not fully accept or want to accept. Too many people are in denial about the unhealthy way they drink and the amount they consume. O'Connor (2012) described this as a cultural denial and that people are not speaking about their alcoholism openly.

Regardless of all the health warnings out there, people continue to underestimate the amount of alcohol they consume and it is not taken seriously. Is it convenient to underestimate how much one drinks because it is easier to continue in denial? What are the consequences? It may take some years for the consequences to manifest and some people are more fortunate than others. However, people do not link their health issues with their alcohol consumption, everything else is looked at before that it considered. There is a blanket denial and this societal acceptance is so strong that it encourages people to drink.

6.7 Drinking equality among women and men has serious implications for women

Participants highlighted that drinking among women has increased to worrying levels with at home drinking and public drinking. One could argue that the drinking culture in Ireland is having more negative effects for women because it is now accepted that women drink as much as men or even more. This form of equality among men and women is not a positive one, as is evidenced in the health literature there women cannot drink as much as men. Availability of alcohol was also highlighted as an enabler to mothers who can buy their inexpensive wine or another drink of choice at a petrol station or local shop. Participants are of the belief that this is contributing to more probability of addiction.

There is evidence that cultures have adopted the drinking patterns and behaviours of another culture when they adopt foreign drinks. This has been seen with the adoption of wine drinking at meal times in Ireland. However, the levels of consumption in wine per person is much higher than that of the levels drunk normally in Spain or France for example. In the Irish context, it appears that although we have adopted the foreign drink, we have modified the value, attitude and behaviour towards that drink to suit our belief about the drink. One participant highlighted the acceptability of sitting at home drinking two bottles of wine. The public health literature has clearly highlighted the health risks for women. However, the cultural influence of what is acceptable in society is determining women's choices.

6.8 Experience of recovery in Ireland

The participant's responses demonstrate that they are somehow living in a world separate to those that drink. It is them that have "stepped out" of the drinking world. We have seen earlier the mention from a participant of feeling like an alien. For all the participants, there has been a positive progression to reengaging in social activities from about two years into recovery. However, it is still evident from their responses that they are the ones that make the changes, have a plan B, and avoid certain events and celebrations. One participant mentioned that after a recent family event, she left after the meal, whereas family stay on. This is something that she does regularly and it is also common among other participants to do the same.

Participants spoke about the lack of alternatives for people who do not drink and how they had to seek out other ways to socialise and get enjoyment. To varying degrees the concept of "looking outside the box" was mentioned by most of the participants. All of them spoke about learning to socialize in a different way than the norm. The norm being the "box" in which the collective society in Ireland operate. This box has a long history and is very much embedded in society. It is the way we do things and how we behave. It takes courage to look outside the box because the collective is so strong. In other countries, you are not seen as different if you do not drink and it would not be automatically assumed that you were an alcoholic or in the case of women pregnant if you did not drink. Further research would need to be carried out to establish whether or not other cultures are more inclusive.

Through their own process of reflexivity the participants are outside the 'box' and from this position can highlight issues in the 'box'. This reflexive self-awareness has given the participants an opportunity to have an identity that is not tied to some negative aspects of

culture and tradition. To rebuild their lives and be part of Irish society again and to paraphrase Giddens, they had no choice but to choose how to be and how to act. In Irish society this is not easy due to the rigid and embedded culturally given identity positions and this means that the person in recovery is faced with a burden, i.e. the liberation of constructing their own identity. Therefore, it seems that the person in recovery has broken these particular bonds with tradition and culture regarding drinking. Other things matter more to them now.

6.9 The Irish drinking scene is disgraceful, scary and uncontrolled

The responses from the participants paint a very unpleasant and uninviting picture about the Irish drinking scene. When referring to drunkenness and binge drinking they say - what is accepted is unacceptable. They describe people falling over themselves on the street and putting themselves in danger or potentially endangering others, while young are women exposing themselves to very vulnerable situations. It appears to be uncontrolled behaviour and that people seem to be doing what they want and nobody questions it. It could be claimed that alcohol is providing the permission to behave in a certain way without any responsibility for the consequences. Gusfield (1987) highlighted that people in 'ambivalent' cultures often use the term, 'I was not myself' referring to the night before. People abdicate responsibility using 'alcohol' as an excuse, thus freeing them of responsibility.

Participants also commented that drinking is what Irish people are known for around the world and made some comparisons with other countries. The issue of there being none or very little consequences was also raised and that it is not policed enough. What is being allowed happen on our streets would not be acceptable in other countries. However, it appears to be taken for granted in Ireland. Giddens describes how social practices are the enactment of everyday activities which is what people take for granted. As indicated in the results it is taken for granted that drunkenness is part of the Irish drinking culture. Giddens argues that what people are able to act consistently in different contexts and this can be seen in the way Irish people take it for granted that they can drink as much as they want, get drunk this behaviour is also exported abroad, which perpetuates the drunken Irish reputation.

6.10 People in recovery have a role to help change cultural beliefs about drinking

All participants interviewed help other individuals to be aware about alcoholism from a professional standpoint as well as in their personal lives. What if we were to hear more from

this group of people? What if there wasn't such a divide between how people choose to socialize? This awkwardness needs to be looked at and addressed. This exclusion needs to be addressed. Perhaps it is time to acknowledge the elephant in the room. I think it is also up to the person in recovery engage more in society and challenge the norm. This might be easier said than done but once changes happen at individual level this will eventually start to influence society. As Giddens points out 'Society only has form, and that form only has effects on people, in so far as structure is produced and reproduced in what people do'. We have seen how this drinking culture society is formed by what people do and continues to be reproduced as long as it is not challenged. But what if we started to do things differently, such as more non-alcohol events, more awareness in the media by people in recovery speaking out.

People in recover from Alcohol are living examples of change and have a deep knowledge and insight into this issue that needs to be heard. It has come to the stage where we must listen to these voices telling us that it isn't funny anymore, that it is a disgrace how we socialise and we are endangering our societies further if this continues. It is unacceptable to see young people aspiring to get drunk because there are very little alternatives and it is the only example of socialising they've grown up with. It is time to open up and talk about the issues and stop protecting this harmful drinking culture.

Chapter 7 Conclusion and recommendations

This study involved interviewing eight people about their experience of recovery in Ireland and their perspective on the drinking culture in Ireland. The main findings from the study indicate that there is a cultural acceptance that heavy drinking and drunkenness is the normal way to socialise in Ireland. Alcohol is protected in Irish society and there is a sense of pride associated with drinking. Harmful and dangerous drinking is not an open subject in Ireland and there is an avoidance and awkwardness around the issue. Participant's said that there is an avoidance and awkwardness by others to towards them and said that there is a lot of denial around alcohol issues

Regardless of all the research on health warnings, people and the societal structure at large protect it. There is a segregation between drinkers and non-drinkers, people who do not drink are regarded as different and viewed to have something wrong with them. People in recovery have not been listened to and there is not an openness about the issues. Whilst all participants said their lives are better having stopped drinking alcohol, it was underlined that recovery in Ireland is not made easy for people. There is a lack of alternatives for people who do not drink and there is still a lot of stigma and unwillingness to open up the subject. The person in recovery has to make all the changes and step out of society in Ireland and it appears there are two worlds operating.

7.1 Cultural acceptance of drunkenness influences drinking behaviour

There is overwhelming evidence to suggest that cultural influences need to be considered in relation to problem drinking. Policy needs to include research on cultural influence on the practice and behaviours towards drinking. The pure public health approach to address the issue needs also include a cultural component. There is a need for long-term educational models to address the issue and establish a re-learning on how to drink alcohol and integrate it into our lives.

There is a collective denial in Irish society about alcohol and this is enabling people to drink to unhealthy levels, which in turn can lead to more problematic consequences later in life. There is an unhealthy relationship with Alcohol in Irish society. We have seen that it can take years for people to realise how bad it has got and that they need help. Askalcohol.ie is a first step to opening up about the hidden harm but there needs to be stronger backing at

government level and through the national media. We need to start changing the conversation and stop protecting alcohol and using it as an excuse.

Alcohol provides a sense of belonging, togetherness and that space of being part of something. However, there is a lot of superficiality associated with drinking. There is a false sense of belonging and people use alcohol in unhealthy ways to promote self-esteem and confidence. Relationships are often only sustained by shared alcohol consumption and take the alcohol out of the equation, what is left.

7.2 Consistent heavy drinking can result in alcohol related problems

Although Alcoholics know and understand that they have a problem with alcohol all believe that over time and with enough quantity people can develop alcoholism. More people are drinking at alarmingly high rates and are at risk of developing serious health problems and having accidents. Despite all the health warnings and advice people continue to practice harmful drinking and because the assumption is that everyone is doing it people tend not to look at their drinking as problematic. This can continue for a long time before people start to have consequences and sometimes it can be too late. More emphasis on mental health must be addressed and the issue of self-medicating with alcohol.

There is a need for a fundamental change in attitude about Alcohol at governmental level in relation to legislation and police control on the streets. The results highlighted that there is too much lenience towards drunkenness and associated anti-social behaviour and unless there are consequences people are not going to change.

7.3 Implications in Social work

It is the role of social workers to highlight problems and put these problems on the agenda. A Social problem is understood as an individual problem which is connected to the cultural and social context. It is important to be aware of the cultural contexts in which we are working in and how this is influencing our client group. For the welfare of youth and children awareness of cultural contexts may assist in spotting earlier the signs of hidden harm. Social workers also have a role to open-up the topic with children and their parents to create more awareness and healthy dialogue. Social workers advocate on Children's behalf and must be their voice and at the same time encourage children to open-up about alcohol misuse.

7.4 Recommendations and further research

As has been evidenced there is a need for more openness about alcohol and related issues to be priority. There is a need for further research on the experiences and perspectives of recovering alcoholics. I am by no means putting all the weight on people in recovery to solve this issue and I know that they are already making changes by being living examples, but I think the norm is not being challenged enough. People in recovery have gone through a reflexive process and continue to live in this drinking culture dichotomy. They have a wealth of knowledge and experience that can be at the forefront of positive change and can influence long-term strategy for social change.

A strategy for ‘re-education’ or ‘new learning’ in Irish society about safer and more enjoyable ways to drink could be implemented. This education would have to start as early as primary level. We have seen in the case of recycling, children adapt to change quicker than parents, perhaps the same can apply with alcohol education. Children are the future of a society and it would be in the best interests that we start to educate from the bottom up approach. There needs to be a fundamental shift to decode the cultural beliefs and pave the way for a different future with a healthy approach to drinking.

The media must start influencing society through campaigns about healthy approaches to drinking and ban any content that promotes the acceptance of drunkenness. Irish television and radio have a powerful influence on society and there is a tendency to play into the stereotype of ‘Ah, sure we’re Irish and we drink, ‘Have a few jars’ topic, which seems to permeate a lot television and radio interviews. Why not change the topic and nurture other things that is meaningful to Irish society? We have so many other things to offer to ourselves and to the World, instead of the drunken image that is currently widespread across the world.

The role of Alcohol Action and Ireland and Askaboutalcohol.ie is to be commended for getting the message out there and working at policy level. Thanks to this work there is a lot more information available to the public and highlights the serious consequences alcohol misuse is having in Ireland. There appears to be a shift in people’s awareness, however there is a long way to go. More research with recovering alcoholics can build on this knowledge and pave away towards more openness and dialogue. I strongly believe that people in recovery have a role to educate others and the subject must be talked about, must be opened up. Instead of exclusion we need to have more dialogue and inclusion.

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Appendix 1:

Request for participation in research project

"Alcohol in Irish Society. Understanding what is behind the alcohol culture in Irish society. A study with recovering Alcoholics to explore the meaning behind why Irish people need to drink Alcohol"

Background and Purpose

This is a Master Thesis research project as part of my Social Masters programme at Nord University, Nordland, Norway.

The purpose of this study is to have a better understanding of the hidden motivations behind the drinking culture in Ireland. Being drunk and drinking in excess tends to be tolerated and accepted in Irish society.

I feel that the people in recovery from Alcoholic addiction can provide an insight into this subject this issue in Irish society.

Participants for this research have been selected because of their experience in recovery from Alcohol addiction. All participants must have more than two years in recovery.

What does participation in the project imply?

Questions will concern your personal experience about drinking alcohol and recovery as well as your experience socializing in Irish society. Data collection requires active participation in an in-depth interview. I will use specific questions as a point of departure, however I may use some probing questions at different points of the interview in order to fully engage in the theme of the research. To ensure that there is a flow in the communication I will be making an audio recording of the interview, which later I will transcribe into a written document.

What will happen to the information about you?

All personal data will be treated confidentially. Only myself and my supervisor will have access to the collected data. Personal data and recordings will be stored separately from list of names. Participants will not be recognizable in the publication.

The project is scheduled for completion by 15th August 2017. All data will be made anonymous by project completion.

Voluntary participation:

It is voluntary to participate in the project, and you can at any time choose to withdraw your consent without stating any reason. If you decide to withdraw, all your personal data will be made anonymous.

If you would like to participate or if you have any questions concerning the project, please contact Lorraine Cusack Tel: 00 47 95071223 / 00 353 857803336. Project Supervisor Øystein Henriksen, Tel: 00 47 75517322.

The study has been notified to the Data Protection Official for Research, NSD - Norwegian Centre for Research Data.

Consent for participation in the study

I have received information about the project and I am willing to participate

(Signed by participant, date)

(Note: This is the original letter. Since the time of print, Title of the study has been revised.)

Appendix 2:

Interview guide Introduction:

I have chosen to do an in-depth interview. (Please also refer to Information consent letter)

As this is a semi-structured interview, the following questions will act as a guide and departure point for this interview. There are no right or wrong answers and the purpose is to elicit your real life experience. Some of the questions will be structured and others will be probing questions that maybe in response to an answer you have given which I might need further clarification.

Gender:

Age:

Occupation:

Section 1: A look at drinking in Irish society

1. Why do you think we have one of the highest consumption rates of alcohol in Europe?
2. Why do you think we have a tendency to binge drink/risky drinking behaviour?
3. What in your opinion is contributing to this trend?
4. What is influencing this trend?
5. Who is responsible?
6. Why do you think Alcohol is so appealing in Irish society?
7. What needs do you believe alcohol is providing in Irish society? / What need do you think drinking alcohol is meeting for Irish society?
8. Do you think there are differences among men and women as to why they drink?
9. Do you think there are people in Ireland that have a drink problem and are not aware of it?
10. Why do you think people maybe unaware that they have a drink problem?
11. What do you believe might contribute to this being the case?
12. Do you think that there will be a change in Irish society regarding the attitude to drinking?

Section 2: Background to past

1. Can you remember your first alcoholic drink? What were the circumstances leading up to you taking your first drink?
2. Did you feel pressure to drink? If yes, can you explain?
3. Did members of your family drink? Who?
4. What was your exposure to alcohol like when you were growing up?
5. How did drinking alcohol make you feel? Describe the experience...
6. What feelings it drinking provide?
7. What feelings did drinking suppress?
8. What do you feel was good? If anything... Positive/Negative effects
9. What needs was alcohol meeting for you?
10. How did you disclose about your drinking problem?
11. Was there any reason(s) that might have deterred you from seeking help to stop drinking?

Section 3: In recovery

1. How is your social life now having stopped drinking?
2. Have you made changes? What changes?

3. Are you open about your recovery? Who do you open up to?
4. **Do you socialize in a different way? With the same people? Different people?**
5. **What are your observations in the Irish drinking scene?**
6. **What has been the biggest challenge(s) in your recovery? /Have you had any challenges in your recovery? What challenges?**
7. What helped you/still helps you in your recovery?
8. What has been helpful?
9. What has been unhelpful?

Thank you for your time and participation in this Interview!