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***The Treatment of Drinking Problems: A Guide for the Helping Professions*, by Griffith Edwards, E. Jane Marshall and Christopher C. Cook (Cambridge: Cambridge University Press, 1997), third edition, 368 pp., \$85 cloth, \$39.95 paper).**

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### I. Introduction

A 1982 text by Griffith Edwards on the treatment of drinking problems was widely hailed and utilized. It went through a second edition (1987) and was eventually published in six languages. A new and significantly expanded edition of this text, titled *The Treatment of Drinking Problems: A Guide for the Helping Professions*, has been issued, with two co-authors, E. Jane Marshall and Christopher C. Cook. The critical praise heaped on the first two editions needs only be embellished for this latest edition. *The Treatment of Drinking Problems* is precisely what its title implies: a sweeping synthesis of the research and clinical literature on alcoholism and a highly useful manual for clinical practice. If anything, the authors are too humble in their statement of intent. Claimed to have been written for clinical practitioners, the book's utility easily extends to anyone who professionally encounters the

personal and social consequences of excessive drinking. There are many quickly evident strengths to this book. First are its scope and objectivity. Edwards and his colleagues have presented a comprehensive survey of what we know about alcoholism and its treatment and have included balanced portrayals of some of the most controversial issues in alcoholism studies. Following a profusion of literature on addiction (much of questionable scientific merit), bringing into existence such a credible synthesis is no small feat. The text also rates high marks as a training manual. It is filled with prescriptive approaches to assessment and intervention that will be of great benefit to many helping professionals. The intent of this book is more one of helping alcoholics and their families than staking out ideological turf within the alcohol studies community. When the last page of *The Treatment of Drinking Problems* is turned, one is left with the clear impression that we

are not only learning a great deal more about the potentially diverse and complex nature of alcohol problems but are also making significant strides in treating them.

Having briefly added my own accolades to the praise that this book will surely receive as a training tool for professional helpers, it seems that this text might serve yet another purpose. The timing of this new edition offers something of a unique opportunity. Presenting itself as a comprehensive text on the treatment of alcoholism, and coming as it does at the end of the 20th century, this book affords a perfect vehicle to explore what we have learned about alcoholism and its treatment in this century.

To conduct such a review requires that we define a baseline of knowledge by locating a comparable text written at the end of the 19th century. There are a number of late-19th-century texts that could serve this purpose, including Dr. Joseph Parrish's *Alcoholic Inebriety* (1883), Dr. T.L. Wright's *Inebriism* (1885), Dr. Norman Kerr's *Inebriety* (1894), or Dr. Charles Palmer's *Inebriety: Its Source, Prevention and Cure* (1898). The text I have chosen for this exercise is *The Disease of Inebriety from Alcohol, Opium, and Other Narcotic Drugs* (1893), compiled by Dr. T.D. Crothers. This choice is based on Crothers's international status as a late 19th century addiction expert (a status comparable to that of Edwards today), the fact that Crothers's text was published by the American Association for the Study and Cure of Inebriety (an association analogous to today's American Society of Addiction Medicine), and that the text reflected the mainstream ideas of the association's central organ, *The Journal of Inebriety*. So, what does a comparison of these two widely acclaimed texts, written nearly 100 years apart, tell us about how the perception and treatment of alcohol-related problems have changed in the 20th century? The following section provides a few samples.

## II. Organizing concept and language

Although the Swiss physician Magnus Huss had introduced the term alcoholism in 1849, this term was not widely used in professional or public circles during the late 19th century. The central organizing concept among American and European addiction specialists of this period was the concept of inebriety—a term that applied to the problematic use of a wide variety of psychoactive drugs. While the term alcoholism would go on to achieve widespread prominence during the mid-20th century, we find in Edwards's new text a growing discomfort with it. Both alcoholism and alcoholic are rejected as stigmatizing and lacking in scientific definition. Instead, Edwards, Marshall and Cook advocate the use of such terms as drinking problems and person with a drinking problem. The fact that such terminology must be argued in the Edwards text tells us that the presence of a single conceptual umbrella within which alcohol-related and other drug-related problems could be treated has been lost over the course of this century. While terms like drug dependency, chemical dependency and substance abuse have vied for prominence, the Edwards text confirms that we close the 20th century without consensus on such a conceptual umbrella.

Crothers proclaimed in his 1893 text that inebriety was a disease, that it was curable, and that special hospitals should be established to effect such cures. This well-articulated "disease concept" would fall from prominence in the face of the powerful early-20th-century drug-prohibition movements. It would regain its prominence during mid-century and again come under increasing attack in the late 20th century. We find in the Edwards text only a very brief discussion of how the concept of alcoholism as a disease may serve as a helpful therapeutic metaphor for some persons with alcohol problems. If we use the Edwards text as a barometer of current scientific and cultural thinking, one would have to conclude that the "disease" conceptualization of alcoholism as an organizing concept for public policy and treatment is once again falling out of favor.

The etiology of alcohol problems

The papers that T. D. Crothers compiled in 1893 reveal what today might be called a multiple-pathways model of alcoholism. He suggests that alcoholism may be either inherited or acquired, posits a large number of causative influences, sets forth an elaborate system for classifying alcohol inebriates, and calls for the careful individualization of treatment. Much of this thinking would be replaced during the middle decades of the 20th century with single-pathway models that narrowly defined alcoholism and its causative influences and similarly defined narrow approaches to treatment and long-term recovery. The Edwards text suggests that we are again returning to more complex conceptualizations of alcohol problems and more complex understandings of the treatment and recovery process. Edwards, Marshall and Cook provide detailed discussions of how environmental influences, genetic predisposition, and various psychological mechanisms can interact to create vulnerability for drinking problems. While no singular and definitive cause of alcoholism is posited in either text we are comparing, *The Treatment of Drinking Problems* provides clear evidence of just how far we have come in understanding the complex etiology of alcoholism and alcohol-related problems. It also reinforces how far we have come in understanding (or rediscovering) that there are natural forces that can aid in the recovery process and that the most effective treatments align themselves with these forces.

Perhaps another harbinger of change is a new chapter, entitled "Alcohol as a Drug," that has been added to the Edwards text. One finds in Crothers's text a clear portrayal of alcohol inebriety as a collision between the pharmacological power of alcohol and the vulnerability of the drinker. With the eventual collapse of alcohol prohibition in America, alcohol was declassified as a drug and culturally transformed into a celebrated beverage, while alcohol problems were defined as springing from the unique vulnerability of a

small percentage of drinkers. Edwards's new chapter reflects a return to defining alcohol as a drug and the rediscovery of its power.

### **Consequences of excessive drinking**

It is in presenting the pathophysiology of excessive drinking that one finds truly remarkable differences in the texts we are comparing. While 19th-century inebriety specialists were aware of the physical ravages of excessive drinking and had already detailed most of the alcohol-induced acute and chronic brain syndromes, Edwards, Marshall and Cook's summation of the modern research on the effects of excessive drinking underscores just how far we have come in our medical understanding of this drug. In this summation of alcohol's influence on gastroenterological, musculoskeletal, endocrine, cardiovascular, metabolic, and neuropsychiatric disorders, one finds a list far longer than the most rabid 19th-century temperance reformer could have imagined. One is left amazed that a drug with such potential for physical devastation could have become so domesticated and widely promoted. In reading this summation of modern research on alcohol, one is surprised not that people have problems with alcohol, but that the percentage of drinkers experiencing such problems is so low.

### **Alcohol in relation to other drug problems**

The availability of a concept such as inebriety helped 19th-century addiction specialists recognize the then growing trend toward the concurrent and sequential use of multiple psychoactive drugs—a phenomenon they referred to as "mixed cases" or "multiple inebriety." The *Disease of Inebriety* contains eight chapters on drugs other than alcohol and makes frequent references to the interconnection between alcohol inebriety and other forms of inebriety. *The Treatment of Drinking Problems* contains only one short chapter that makes essentially the same point and even focuses on many of the same drugs: opiates, cocaine

and nicotine. The almost total focus on alcohol in this text, in spite of this brief chapter, makes one wonder if we are not moving again toward a polarization in our conceptualization of alcohol-related problems on the one hand and problems related to the consumption of other potentially addictive drugs on the other.

## **Treatment**

Much can be learned about the evolution of alcoholism treatment by comparing the Crothers and the Edwards texts. The goal of treatment has shifted from an exclusive focus on abstinence to Edwards's recommendation that goals be highly individualized for each client—a stance that, for Edwards, clearly involves the potential goal of a return to normal drinking for at least some clients. Edwards pushes the clinical technology even further by suggesting specific factors that would and would not warrant a consideration of controlled drinking as a treatment goal. In these texts, the locus of treatment shifts from sustained institutional quarantine to outpatient care in one's local community, and the measurement of the ideal length of treatment shifts from years to weeks. The delivery of treatment services has shifted from the solo inebriety specialist to a multidisciplinary team. The use of recovered alcoholics within the treatment process is noted as a point of both potential benefit and potential harm and thus as an area of controversy in both eras. Crothers's emphasis on physical methods of treatment in his text—drugs such as strychnia and cannabis, and electrical stimulation and hydrotherapy—reflects a view of treatment essentially defined as detoxification and physical restoration. The Edwards text, while noting new pharmacological adjuncts such as naltrexone and acamprosate, places much more emphasis on the psychosocial rehabilitation of the problem drinker. In *The Treatment of Drinking Problems* there is much more focus on what happens in the relationship between the professional helper and the person with an alcohol problem. Edwards catalogues the interview

techniques that can be effectively utilized to develop this relationship and further catalogues an expanding menu of clinical tools—stages of change research, motivational interviewing, the community reinforcement approach (to name just a few)—that have emerged within modern clinical practice. We also see differing perceptions of the family in comparing the Crothers and the Edwards texts. We note a shift from seeing family members as obstacles or as supports to recovery from alcoholism to seeing family members as individuals whose needs and problems should be assessed and treated in their own right by the addiction expert.

## **Mutual aid**

Alcoholism-recovery mutual aid societies such as the fraternal temperance societies, the Ollapod Club, the reform clubs, and the Keeley Leagues rose in tandem with and sometimes within inebriate institutions of the 19th century. There is, however, no evidence in *The Disease of Inebriety* that treatment specialists of that era viewed participation in mutual aid societies as an essential component of alcoholism recovery. In contrast, *The Treatment of Drinking Problems* includes a chapter on Alcoholics Anonymous, the rise of the “Minnesota Model” of alcoholism treatment, and the more recent proliferation of alternative mutual aid societies. Perhaps this difference reflects a growing understanding that the forces required to sustain recovery from alcohol problems are different from the forces required to initiate resolution of such problems.

## **The future of treatment**

As clinical texts, neither *The Disease of Inebriety* nor *The Treatment of Drinking Problems* addresses broader cultural forces that define and potentially threaten the accessibility to and nature of treatment for drinking problems. The brimming optimism that Crothers expressed in 1893 regarding the future treatment of inebriety failed to anticipate the circumstances that led to the

demise of most inebriate homes and asylums within the first two decades of the 20th century. There is a similar optimism in the Edwards text—an optimism born of the many breakthroughs in the understanding and treatment of alcoholism and alcohol-related problems in the 20th century. Yet one must wonder about the recurrence of some of the same cultural forces that led to the demise of treatment for inebriety a century ago—forces that include ethical abuses within the treatment industry itself and the demedicalization and recriminalization of alcohol problems and other drug problems.

### III. Summary

*The Treatment of Drinking Problems* is an invaluable guide for professional helpers. Edwards, Marshall and Cook are to be commended for providing such a sweeping review of the current state of our knowledge of this subject. If you need a tightly summarized, well-written text that outlines what we have learned about the nature, causes, assessment and treatment of alcohol problems in the 20th century, read this book. Then, if you have the time and inclination, find and read *The Disease of Inebriety*, so that you may marvel at how far we have come and how much we are continually rediscovering.