PSYCHIATRIC TREATMENT OF ALCOHOLISM

DEAR SIR,

I do not wish to suggest that the article by Dr Davies on alcoholism (*Journal*, May 1979, **134**, 449–58) is any worse than many other papers that our system allows publication. If I choose it for attack, it is not because of the author (of whom I had never heard previously), but perhaps because one just has to protest sometimes, or because we have just recently buried an alcoholic friend here—Ruthven Todd, one-time writer and artist and crony of Dylan Thomas . . . or because I think of the late genius of Irish music, Sean O'Riada . . . and of how the problem of the artist and alcoholism has never received the attention it demands.

It is difficult to believe that this article is a "Revised Version". In fact, it may be a help in teaching as an example of "How Not to Do It"; and I shall probably use it thus. Its most striking quality is its superficiality in all aspects of the problem dealt with. Alcoholism is, after all, primarily a *psychological* problem (*pace* psychiatrists, sociologists and others!): yet there is no reference to the vast psychological literature of relevance here. Even more fundamentally, with regard to the way we talk and hence *think* about the problem, there is no awareness of the necessity of linguistic analysis, of the crying need for operational definitions of such key concepts as 'illness' and 'alcoholism' or of the basic question as to just how many and which disorders traditionally dealt with by psychiatrists are 'illnesses', anyway.

A psychologist stares in disbelief at the repeated, unanalysed, uncritical use of the meaningless, archaic terms, 'strength of character' and 'will-power'. (May I refer here to my own article, 'The Concept of Responsibility', *Journal*, 1955, which was the major influence apparent in the British Psychological Society's *Memorandum of Evidence to the Butler Committee on the Law Relating to the Mentally Abnormal Offender* twenty years later). By "psychiatrists may operate with predominantly static models of motivation" the author means simply that some psychiatrists do not think they *can* or *should* alter patients' motivations. (Then what are they in business for, asks a small voice?). The ethical questions of patients' motivations and of modifying them are conscientiously ignored.

The strongest impression conveyed is that psychiatrists haven't got a clue as to what alcoholism really *is* or as to what (if anything) they should *do* about it; and that the harassed doctors quoted, like the sociologist himself, are struggling with something out of their field—and depth—on a level with the priest or 'meenister', unsullied by any course in contemporary psychology. It may serve a useful purpose in showing those commanding the heights, whether of Hampstead or Denmark Hill, just what goes on at grass-roots level. At any rate, it makes a psychologist realise how much superior and more useful a behavioural formulation, involving a systematic functional analysis of behaviour, is.

Making heavy weather of what little he has to say, the author shows the long-windedness, repetitiveness, inexact and over-general use of terms, tautologies and discovery of the obvious which unfortunately characterize the American-sociologese style, complete with 'Figures' (sic) and quintuple columns of symbols, meaningless in the present context, adding a spurious mathematical-scientific gloss to the shoddy paper.

The psychologist's dismay mounts on reading that more of the same is on the way—research not into the nature, causes and treatments of alcoholism (nothing so simple-minded and straightforward) but to determine "the nature and direction [?] of patients' expectations of alcoholism treatment". What I object to, and what I think society should object to, is allocation from paltry research funds to such piffling—and, worse, confusing—pseudo-academic exercises. Partly the fault lies in the wrong people trying to do the wrong things: here, it is crucial that physician, psychiatrist, psychologist, sociologist and others concerned sort out where their respective knowledge and skills, and hence their respective potential contributions, lie. This is surely a prerequisite to any inter-disciplinary research. A major weakness of sociologists in work like that under review, and of those psychologists who have taken a Ph.D. but no Clinical Course, is their lack of primary clinical experience and responsibility *prior to* plunging into clinical research—or, more accurately in their case, research in the field of abnormal behaviour. We can trace the fault back to their teachers, of course . . . and to *their* teachers . . . and to those deciding who gets the research grants . . . and to *their* teachers . . . It's not the parents' fault, either . . . ?

J. EDWIN MACDONALD

Ca'n Sitin, Galilea,
Mallorca, Spain

DEAR SIR,

Thank you for giving me an opportunity to respond to Dr J. Edwin Macdonald's comments on my article published in the May issue of the *Journal*.

Of the number of issues raised by Dr Macdonald I do not think that the correspondence column of this Journal is the appropriate place to discuss the allocation of research funds in the medical, social and

https://doi.org/10.1192/bjp.135.4.380 Published online by Cambridge University Press