New Directions in the Study of Alcohol Group

Alcohol: the Elephant in the room
evidence, ignorance & ignoring the evidence

NEW DIRECTIONS in the STUDY of ALCOHOL GROUP JOURNAL
Papers from the NDSAG Annual Conference 2007, Glasgow.

The NDSAG conference represents a wide range of thinking on subjects related to alcohol. Speakers bring individual experience and scientific anecdote from a diversity of alcohol agencies - social, health and academic – not forgetting the personal. The NDSAG journal seeks to publish some key presentations that show the range, but also which can be as thought-provoking on paper as they can in attendance.

This preview condenses the essence of NDSAG by introducing the papers with key paragraphs, just to give an illustration of how the themes are explored.

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Scotland and Drinking "a right guid-willie waught"(Ron McKechnie, Dumfries)
"It would be easy to list a catalogue of horror stories about Scotland and its drinking or to rehearse the popular myths and legends of one of Scotland's favourite pastimes. The intention of this paper is to say something different about the nature and history of drinking in Scotland. "The sub-title 'a right guid-willie waught', is a line from that very famous song, sung all over the world, Auld Lang Syne. In translation it means 'a good will drink'. The chorus also refers to 'a cup of kindness". This song, usually attributed to Robert Burns was sung to a tune known well before 1700. The sentiments reflect the values surrounding drink and its symbolism in Scottish culture."

The Standard of Evidence and Accredited, Brand Named Psychotherapies (Robin Davidson, Belfast)
"Readers will be aware of the large number of psychotherapies claiming to be effective in the amelioration of a whole range of psychological conditions. Manuals are produced and worldwide workshops set up. There are also expensive, specialist training programmes run by accredited trainers. Such training is often carried out in stages. First level practitioners can carry out simpler aspects of the therapy but it is not until level two or even level three training is successfully completed that an individual can receive the diploma and call herself an fully accredited practitioner. Clinicians must gain an accredited qualification in the "therapy" in order to practice. Thus, psychotherapy has become masonic and entrepreneurial. In the eyes of service commissioners this "technique training" may sadly trump traditional healthcare professional training which has adopted a systemic, multi-modal, theoretically based approach to human behaviour change."

A Noble Lie……. (John B.Davies, Glasgow)
"In the end we decided, 'Yes', there was such a thing as a noble lie provided it was in the right context. For example, in a situation (heaven forbid) where a close relative or friend has an illness which will probably prove terminal within a limited time span, but he/she is undergoing treatment which has a definite but low probability of success, individual interpersonal support is required and morally justified. Speaking for myself and hopefully some others too, I tend to say things like, "This is going to work;" "You're going to be fine;" "The chances of success with these things are pretty good nowadays"; and "Six months from now you'll be walking the Ring of Steall again;" even though in your own mind you believe none to these things to be true. At any rate, faced with situations like this, brutal honesty seems to me to be a last resort; only to be used in extreme and rather special situations. In such intimate settings, the people I talked with seemed to think that the noble lie could be justified at this level and there were circumstances where it was not merely defensible but morally required. Interestingly, and by complete contrast, we felt that the noble lie had no place morally in centrally funded government messages aimed at the general public, even if they were in a 'good cause'. We seemed to agree that governments and government departments should not be in the business of disseminating misleading information, for whatever reason.
These are all matters of opinion of course."

Addiction & Choice - How Can They Be Reconciled? (Nick Heather, Newcastle)

"In the popular understanding, shared by many scientists in the field, addiction implies a lack of choice over whether or not to engage in the addictive behaviour and it is in this way that it is thought to differ from normal, voluntary, human behaviour. On the other hand, some scientists have reacted against this simplistic notion by insisting that what we think of as addictive behaviour is fully within the realm of voluntary behaviour and choice, and that "addiction" is, in fact, a myth. My position lies between these extremes; I want to argue that addiction is a form of voluntary behaviour but that the choices available to the addict are constrained in some way. It is the job of addiction theory to describe the nature of those constraints and the nature of the predicament with which the addicted person is confronted."

The Family – Another Elephant in the Room? (Lorna Templeton, Bath)

"Three broad models for engaging family members in alcohol (or drug) treatment have been identified and a brief overview will be given here.

1. Facilitating engagement of misusers into treatment by involving the family.
2. Working conjointly with misusers and families.
3. Working with family members in their own right."

"Whilst some change is afoot (see below), the over-arching view is that, whilst the impact of alcohol misuse on families is clear and their needs obvious, supply most definitely does not meet demand. In a treatment world that is dominated by targets, stretched resources and individually oriented services, and is philosophically, politically and organisationally fragmented, there are few opportunities to move things forward. An increasing number of specific services are being developed but are inevitably constrained by their small and time-limited nature with often unrealistic pressure from funders to prove themselves almost instantaneously. Often, a fully integrated evaluation of how a service or an intervention is functioning in the environment in which it is located, is not in place. Furthermore, restrictions on training and resources, and the emphasis on assessment and record keeping, means that insufficient attention is paid to seeing how these services can work. Barriers also exist at a personal level from alcohol workers, who are apprehensive about change, wary of working with more than one person (or elephant) in the room and uncertain about, or resistant to, calls for enhanced inter- and intra-agency practices."

Murderous Fantasies (Brian Stevenson)

"I would like to convey to you my belief that indulging in murderous fantasies towards some of our clients is actually a good thing, and tell you about some of the positive experiences I have had with this method. This is also a plea for quality supervision, uncontaminated by day to day management requirements.

"In fact, nothing I want to say is provocatively new or original. Winnicott in his 1947 paper 'Hate in the Counter-transference' lays the foundations for this perspective; to which I have added a simplified form of a method from analytical psychology to enable the worker to produce an image on which to work.

"Winnicott talks of the importance for the client of the analyst being able to hate. 'To hate objectively' as he puts it. I understand this in the sense of 'holding' the hate, and even giving it some form of expression consciously, rather than denying it. The patient has to feel that the therapist can share that state that they experience, can experience it and withstand it. Now the technicalities of expressing/interpreting this are beyond the remit of the case worker, but the importance here is of 'holding' the hate, being aware of it, and not pretending it is not there.

How many of us take refuge behind the persona of the blandly neutral professional, smiling (through gritted teeth) in the face of the hostility of the patient. In so doing we are reflecting their hostility back, and probably not consciously. We are not being open to participating in the feeling."