Language matters: Terminology in the scientific alcohol literature

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The presentation version of this paper was the second in a series of talks in the panel “Language Matters” at the 2015 conference of the Substance Abuse Librarians and Information Specialists in San Diego California. At present, there is no agreed-upon terminology in the addiction science field. What follows is a brief chronicling of previous attempts to define terminology as found in the body of scholarly literature of alcohol studies, which was later expanded to addiction science.

Keywords
Language, Terminology, Scholarly literature, Scientific communication

The impulse to classify and categorize the various concepts related to alcohol and substance use dates back as far as first-century Rome (Keller, 1976), but for the purposes of this paper, we will restrict our study to the previous two centuries or so. One of the earliest thorough treatments addressing the problem of alcohol in this period is Benjamin Rush’s publication Inquiry into the effects of ardent spirits upon the human body and mind with an account of the means of preventing and of the remedies for curing them, published in the early 19th century. Rush only refers to terminology in a tangential sense, but nonetheless provides a prophetic vision of more explicit attempts by future scholars to nail down the somewhat tenuous body of words used to describe different concepts in the field. Rush explicitly mentions both acute and chronic effects of alcohol in his Inquiry, a farsighted distinction that is still used as a framework in numerous scientific studies. Curiously, Rush equates acute drunkenness to an “odious disease (for by that name it should be called),” but refers to chronic drinking as causing other diseases, and does not classify it as a disease in itself (Henderson & Rush, 1934). It is this inexact science of labelling what one means by terms like acute or chronic drunkenness, as well as related terms such as inebriety, alcoholism, and alcoholic, on which this paper focuses. This is by no means an exhaustive study into the history of addiction terminology in the
scholarly literature, but instead a brief offering into some of the contentious issues and attempts to provide clarity on how information has been expressed and how the words used reflect the understanding of substance-related issues at different periods of time.

“Inebriety”

In 1876, over a half century following the publication of *Inquiry*, the first English-language addiction journal went to print, entitled the *Quarterly Journal of Inebriety* (later renamed the *Journal of Inebriety*). In their brief history of the journal, Barbara Weiner and William White note how it stemmed from the American Association for the Study and Cure of Inebriety (AACI), which held “that inebriety was a disease.” This was not a popular stance to take, which was made evident by the “violent,” “adverse,” “bitter,” and “hysterical” reactions to this declaration (Weiner & White, 2007). The title ran for nearly fifty years, ceasing publication in 1914.

In 1884, less than a decade after the launch of the *Journal of Inebriety*, a new publication was launched, entitled *Proceedings of the Society for the Study and Cure of Inebriety*. Table 1, first depicted in Edwards (2006), shows the progression of its various title changes into what is today known as *Addiction*. From a terminology standpoint, the progression from the original 11-word title to the one-word title is interesting, and may reflect the scope and understanding of substance use at these different periods of time. The chief founder of the original society, Dr. Norman Kerr, had a specific aim of investigating inebriety’s various causes, and at its outset apparently had the confidence to believe that there was a cure in sight. It is important to note that the alignment of inebriety with disease is established right from the society’s inception. Kerr describes inebriety as a “diseased state of the brain,” uses the term “irresistible impulse,” and in case he wasn’t clear, follows that up with the phrase “ungovernable, uncontrollable, overpowering impulse.”

<table>
<thead>
<tr>
<th>Year</th>
<th>Journal Title</th>
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<tbody>
<tr>
<td>1884</td>
<td>Proceedings of the Society for the Study and Cure of Inebriety</td>
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<tr>
<td>1888</td>
<td>The phrase ‘and Cure’ was dropped</td>
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<td>1901</td>
<td>Transactions of the Society</td>
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<tr>
<td>1902</td>
<td>British Journal of Inebriety</td>
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<td>1946</td>
<td>British Journal of Addiction to Alcohol and Other Drugs</td>
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<td>1982</td>
<td>British Journal of Addiction</td>
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<td>1994</td>
<td>Addiction</td>
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Table 1: Addiction’s name changes (as found in Edwards, 2006)

In 1888, the phrase “and Cure” was unceremoniously dropped from the society and journal’s titles, perhaps as a humble nod to the enormity and complexity of the field that they had studied for the previous four years. The other major change is the substitution of the word “addiction” for “inebriety.” In a 1942 editorial, former Society president W. McAdam Eccles (1942) defines “inebriety” by deferring to society’s understanding of it as equal to “chronic drunkenness” or “chronic alcoholism.” Because of the narrowness and stigma of such a term, he suggests a name change to “The Society for the Study of Addictions, including Alcoholism” (p. 3). Five years later, the name of the society is officially changed to the “Society for the Study of Addiction (to Alcohol and other Drugs)” and the journal changed to the *British Journal of Addiction (to Alcohol and other Drugs)*, before becoming simply *Addiction* in 1994.

Curiously, the term “Inebriety” shows up nearly 80 years after Kerr’s remarks and approximately 20 years after “Addiction” was used in its stead, in Mark Keller’s Dictionary...
of words about alcohol. Likely because the term “alcoholism” was tied so closely with disease terminology, using the older terminology seemed a covert way of avoiding this diagnostic approach, while yet implying more than simple drunkenness (Keller & McCormick, 1968). It is worth reflecting on the severe radical semantic change that this word had undergone from the late nineteenth century, in which it was strongly aligned with the concept of a disease, to the mid-twentieth century, in which it was used specifically to avoid such an alignment.

Attempts to define modern terms

![Figures 1 & 2: QJSA and Effects of Alcohol](image)

In the very first volume of the Quarterly Journal of Studies on Alcohol, in 1940, the members of the Research Council on Problems of Alcohol (RCPA) noted the need for a specific definition of three terms—namely, alcoholic, alcoholism, and drunkenness. In their report, the terms alcoholic and alcoholism are inextricably linked to one another. An alcoholic is a “person who cannot or will not control his drinking.” Alcoholism is called a “disease,” in no uncertain terms. Further, each term includes as a criterion a need for treatment. The term drunkenness is tangentially related, but only by name, as it is “sometimes called acute alcoholism.” The authors do not regard the acute effects of drinking as a disease per se, as Benjamin Rush did, but they do allow for the possibility that it can lead to a chronic condition (Activities, 1940, p. 402-403).

One prominent member of the RCPA, E. M. Jellinek, went one step beyond this classification of terms, offering a more thorough and comprehensive study of troublesome and potentially vague terminology. He wrote an entire book on two specific concepts – alcohol addiction and chronic alcoholism – and in that book provides a literature review of each, doing his best to come up with a consensus among all of the various definitions. What Jellinek found was that the concept of chronic alcoholism is defined in the larger body of literature by some determination of mental or physiological changes following prolonged use of alcohol. This definition allows for “one to recognize by examination any given chronic alcoholic” (Jellinek, 1942, p. 9). The concept of alcohol addiction seems trickier, as he finds far less agreement among the literature that was available to him. The only consensus he could find was that alcohol addiction includes a craving, and an inability to resist that craving. There is much disagreement over the idea of habituation or acquired tolerance. Also unlike the definition of a chronic alcoholic, he states that this definition “does not permit of an immediate diagnosis” (Jellinek, 1942, p. 9).

Formulating a vocabulary

In the late 1950s, a short monograph authored by Mark Keller and John R. Seeley dealt with formulating a vocabulary of the alcohol language. Far from a collaborative work between the two authors, the content of this publication seems to take on the tone of a debate, with two separate articles offering differing perspectives. Keller first makes the argument that attempts to impose language on a populace generally fail, and that any working vocabulary would have to be defined first in accordance with everyday usage, next by an indication of that usage which is generally preferred, and only after these two definitions were established could a recommended usage be provided.
Seeley, while not necessarily in disagreement with Keller’s general premise, felt that the alcohol science field was small and interconnected enough at the time of their publication that a vocabulary could be imposed. In his piece, he provides a pithy statement regarding the shortfalls of Keller’s suggestion of a merely descriptive vocabulary: “That mere authority should be resisted is the beginning of responsibility,” Seeley declares, following with, “that all authority should be rejected is the essence of anarchy” (Keller & Seeley, 1958, p. 30). He agrees with Keller’s idea as a stop-gap measure, and considers it certainly more useful than any attempts to that point, but advocates for a revolutionary undertaking as opposed to mere reform.

After Keller and Seeley’s monograph was published, Seeley acquired a grant from the National Institute on Mental Health (NIMH) for a study of alcoholism nomenclature and classification, which he handed over to Keller in 1960 following his resignation. Keller developed the language with the help of this continuous NIMH grant through 1966, with the aforementioned book Dictionary of words about alcohol as its final result. In deference to Seeley’s previous suggestions, Keller writes in the introduction, “we have been influenced by the counsel of John R. Seeley: to be authoritative though not authoritarian,” and later declares his stance on the so-called “crucial words and terms” thusly: “we have inserted explanations, asserted preferences [...] we hope everyone will consider them and that we may influence the disciplined users of language” (Keller & McCormick, 1968, xvii-xix). Despite their differing aims and expectations for such a project, Seeley and Keller were respectful peers who were ultimately able to channel their energies into a shared vision, resulting in a viable product.

The Disease Concept

This all leads to the paradigm-shifting publication, Jellinek’s The disease concept of alcoholism, a book that William White once called “the most widely cited (and least read) literary artifact of the modern alcoholism movement” (White, 2000, p. 65). This now fifteen-year-old statement has been further supported by the publication’s continual citability, currently with more than 2600 citations according to Google Scholar.
Building on his careful terminological treatment in *Alcohol addiction* and *chronic alcoholism*, Jellinek continues to treat words and definitions specifically and with an exhaustive rendering, to the point where even the publication’s title became an issue. According to Jellinek, “Alcoholism is a concept; so is disease. But that alcoholism is a disease is a viewpoint and thus a conception. Nevertheless I have bowed to the prevalent usage” (Jellinek, 1960, p.ix). Some more backstory of this struggle can be found in the paperwork of the CAS archives. In February 1959, Keller wrote in a correspondence to R. Brinkley Smithers that Jellinek “finally agreed to call it ‘Concept’ in the title.” According to Keller, *concept* holds more “punch” than *conception*, which shows that despite his predilection for accuracy, Keller was willing to sacrifice a bit in order to better spread the message (Keller to Smithers, 1959).

Nevertheless, Jellinek’s definition of alcoholism in this text is at first shockingly general – far more general than any of the previously mentioned attempts to describe the phenomenon. He defines it as “any use of alcoholic beverages that causes any damage to the individual or society or both” (Jellinek, 1960, p. 35). Reading further, it becomes clear that Jellinek's definition is a deliberate attempt to establish a broad inclusion, which is then broken down further into five distinct *species* of alcoholism. His hope was to create a usable taxonomy of alcoholic types, which unfortunately never took root in the broader culture. In a nutshell, Jellinek defines *Alpha* alcoholics as entirely psychologically addicted; *Betas* as those who have been physically ravaged by alcohol; *Gammas* as those with a physical dependence; *Deltas* as those with an inability to abstain; and *Epsilons* as those who fall into so-called “periodic alcoholism” (Jellinek, 1960).

Despite (or perhaps because of) the nuances of Jellinek’s tome being lost on the general public, Keller revisited the concept some 16 years after its publication (and 13 years after Jellinek’s death) in an article written for the *Journal of Studies on Alcohol* entitled “The disease concept of alcoholism revisited” (Keller, 1976). He makes a specific point to mention his bafflement as to how the disease’s complexity has led to a doubting of its existence, pondering “why the inconsistency or variety of manifestations or symptoms should cast doubt on alcoholism being a disease is difficult to understand” before equating it with pellagra, a universally accepted disease, and listing its diverse and various characteristics (Keller, 1976, p. 1707).

Jellinek's ultimate goal of creating an all-encompassing encyclopedia of alcohol was the project he was working on at the time of his sudden death in 1963. We can only guess now at the potential impact such a project would have had on the field at the time.

**Journal policies and guidelines**

Keller was such an influential journal editor and scholar that his impact on the language lives on in how these words are used in the scientific literature, even to this day. An interesting impact in modern-day usage can be found in language policies and guidelines that are offered in addiction-focused journals. Starting with the journal of which Keller worked as editor for much of his career, the *Journal of Studies on Alcohol and Drugs*, two specific terms have been singled out for authors to be cognizant of. Regarding the term “abuse,” the journal notes a range of phenomena being attributed to the term, and provides the following guidelines to unambiguously regulate its usage:

> If authors are using the term "abuse" other than in connection with the diagnoses specified in the *DSM* or other published systems, we ask that they change their terminology. For alcohol, alternative terms might include "alcohol misuse" or "heavy" or "problem use" of alcohol. For illegal substances, authors might refer to "illicit substance use" or "use of illicit drugs." On a final note, the journal strongly encourages authors to carefully distinguish between the terms "abuse" and "dependence" (as defined in the *DSM* or other major published...
The other term that the journal has noticed being used in a variety of ways is “binge” or “binge drinking,” which they concretely establish should only be used to describe, “an extended period of time (usually two or more days) during which a person repeatedly administers alcohol or another substance to the point of intoxication, and gives up his/her usual activities and obligations in order to use the substance” (“Guidance for authors...,” 2016). Alternative phrases such as “heavy episodic drinking” are suggested for similar phenomena that nevertheless do not fit this definition.

Journal terminology policies and guidelines extend beyond scholarly clarification, and have also been introduced in order to avoid using words that may be taken pejoratively. One example includes the journal Substance Abuse, in a 2014 editorial, providing guidelines to authors to use “people-first” language, focus on the medical nature of substance use disorders, and promote the recovery process (Broyles et al, 2014). Another comes from the official publication of NAADAC, The Association for Addiction Professionals, called Advances in Addiction & Recovery, which requests that its authors avoid terms like “addict,” “abuser,” or “alcoholic,” and instead suggests terminology referring to patients’ or clients’ disorders (“Publication guidelines,” 2013).

Databases and future directions

Finally, worth mentioning are the tools so integral to the daily work of addiction librarians – namely, professionally indexed databases. These databases are strongly reliant on strict controlled vocabularies which are then used to classify and organize all of the works held within them. A comprehensive study of the addiction terminology used in these distinct vocabularies is outside of the scope of this paper (though a potentially fruitful future project!), but there must be an understanding that definitions of some of the aforementioned terms can vary based on the databases used, and this may be the area in which the impact of language is most directly felt. For example, those searching databases that use the National Library of Medicine’s Medical Subject Headings (MeSH), such as MEDLINE, would find the heading “Alcohol-Related Disorders” listed hierarchically below “Substance-Related Disorders,” which is itself listed below “Mental Disorders.” On the other hand, the Library of Congress terminology, used in databases such as Academic Search Premier, uses the term “Alcoholism,” which falls under the broader term “Substance Abuse.” This narrow example simply adds to the complexity and confusion of language and terminology in the field of alcohol and addiction science, and speaks to the need for a dedicated field-specific database. Such a database would need to be equipped with a clearly defined set of terms, such as that advocated by Babor and Hall (2007). A potential starting point for such a venture might be the Code Dictionary of the Classified Abstract Archive of the Alcohol Literature, first devised by E. M. Jellinek for the initial 1939 review of existing knowledge on the effects of alcohol on the individual (Keller, Efron, & Jellinek, 1965), which essentially gave birth to the field as we know it. Given the continuous expansion and multidisciplinary nature of the addiction field since the time of its inception, such a venture would be a welcome unifying force and could make great strides toward a much-needed centralization.
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