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SOME NOTES ON THE NEW PARADIGMATIC ENVIRONMENT OF "NATURAL REMISSION" STUDIES IN ALCOHOL RESEARCH

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ABSTRACT

With the broad shift from the alcoholism paradigm to the new public health paradigm in "alcohol science" in general and alcohol epidemiology in particular, research on natural remission has grown in scientific interest. The phenomenon itself has moved from the status of a rare and anomalous occurrence (in the alcoholism paradigm's lens) toward the status of a conventional and expected outcome for "heavy" drinking. A broadening conception of the problem domain properly comprehended by alcohol studies has further highlighted the apparent ubiquity of change in drinking behavior. However, this widening orbit of problematization is not fully

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accounted for, we argue, by substantive developments in either the survey-research or the Ledermann-model sources of "alcohol science"'s paradigmatic transformation—and a dialectical source of the change is suggested. The new paradigmatic environment also harbors an important shift in the moral orientation of alcohol research—from the alcoholism paradigm's focus on the rescue and protection of the alcoholic to the public health paradigm's focus on the reduction of alcohol-related consequences for the public. The new paradigmatic environment poses new risks for natural remission researchers as well as the renewed challenge to focus research enterprises on the production of meaningful new knowledge. [Translations are provided in the International Abstracts section of this issue.]

Key Words: Alcohol Science; Natural remission; Problematization

INTRODUCTION

The phenomenon of "natural remission" in alcohol-related problems has shifted in conceptual and policy significance with the changing paradigmatic environment of alcohol studies more generally. Though the 1970s saw publication of a number of useful contributions to the alcohol "natural remission" literature following upon Drew's (1) important 1968 paper (2), the world of American alcohol studies was still in the grip of the alcoholism paradigm. To be sure, the old paradigm was under increasing hostile fire. The decade had also seen publication of (a) the controlled-drinking findings of the famous and controversial Rand Report (8) (b) Bruun et al.'s (9) influential "purple book," and (c) the disaggregationist argument of Cahalan and Room's (10) Problem Drinking Among American Men, as well as the emergence of a new literature advocating greater research attention to Ledermann's (11) lognormal curve of alcohol consumption and its then-radical policy implications (12).

Important milestones for a new competitor paradigm, the "new public health approach" (14) to alcohol problems, lay just around the corner—including, for example, publication of (a) the *World Health Organization Expert Committee Report of 1980* (15), (b) Dan Beauchamp's *Beyond Alcoholism: Alcohol and Public Health Policy* (16), and (c) Moore and Gerstein's *Alcohol and Public Policy: Beyond the Shadow of Prohibition* (17).

Because the prevailing sensibility was still largely alcoholism-oriented, the few papers in the then-available literature on ''natural remission'' derived their significance chiefly from that paradigm's expectation of high intractability in the drinking behavior of alcoholics. But new survey-based reports of higher-than-expected ''natural remission'' did not represent a refutation of the alcoholism paradigm, per se—after all, general population samples were small enough that ''real'' alcoholics might slip though their nets and Jellinek (18) had in any case long ago made ample provision for lots of change among non-alcoholic problem drinkers. The distinction between ''problem drinking'' (as described in survey research studies) and ''alcoholism'' (the preoccupation of the treatment literature and praxis) was still a lively conceptual issue. Instead, new natural remission rates indicated by surveys probably merely exerted a check on what was then a widening tendency in alcoholism diagnosis—i.e., applying the diagnosis and label to a broader array of therapeutic candidates than Jellinek's (18) original narrower conception had suggested. This ''check'' thereby also undercut a key tenet of contemporary alcoholism treatment providers by disconfirming that a treatment candidate who answered ''yes'' to two or three checklist symptom items would therefore face an ineluctably worsening fate absent the acceptance of treatment and abstinence. In this sense, ''natural remission'' findings were of a piece with the cautionary advice David Robinson (19) offered in a paper provocatively titled, ''The Alcohologist's Addiction: Some Implications of Having Lost Control over the Disease Concept of Alcoholism'' which cautioned that the cautioned that the disease-alcoholism conceptualization was becoming stretched far beyond its original, small orbit. Diagnostic, more than prognostic, knowledge-claims were discomfited by survey research's new window on change in drinking behavior and problems.

Now, more than 20 years later, much has changed—though (and of course) more than a little has remained the same, too. The big change is that the hegemony of the alcoholism paradigm has been largely broken—at least outside much of the frontline U.S. treatment establishment and research done on its behalf. If not fully displacing it, the new public health paradigm has at a minimum emerged as a major conceptual nexus of research and policy over the intervening years—though it, as well, has acquired more than a few of the bruises and disappointments that come with serious interest, use, and the passage of time. Our goal in this paper is to offer some thoughts on how this change in paradigmatic environments may have repositioned ''natural remission'' research more recently and for the immediate future, infusing ''natural remission'' new meaning and significance. We conclude with some reflections on how such repositioning raises context-related issues for future ''natural remission'' research.

SKOG & DUCKERT (20) AS WINDOW ON NATURAL REMISSION'S NEW PLACE IN THE NEW PUBLIC HEALTH PARADIGM

If the older alcoholism paradigm was preoccupied with the ineluctable progression and intractability of alcoholism, then the new public health paradigm in contrast has emphasized the ubiquitousness of change in drinking behavior, even among clinically identified alcoholics, formerly the old paradigm's models of a lock-step natural history in the disease. A revealing window on this shift is available in Skog and Duckert's (20) paper titled "The Development of Alcoholics' and Heavy Drinker's Consumption: A Longitudinal Study." First author Ole-Jorgen Skog is one of the chief architects of the new public health paradigm as well as its best known and highly esteemed advance-party theoretician. Skog and Duckert's paper's problem formulation, data handling, and concluding inferences provide a clear view of the very different conceptual, policy, and even philosophical world that changeability research occupies in the new public health paradigm. Here, we focus, in particular, on indications of the paper's larger conceptual agenda.

Skog and Duckert's first sentence asserts the paper's key and unifying theme: "*Individuals' drinking behavior, like most other behavior, varies over time*" (p. 178). Skog and Duckert's employment of post-treatment subjects derives not from a desire to assess treatment efficacy but instead to show that even drinkers at the highest reaches of consumption or problems—i.e., those already labeled "alcoholics" or "heavy drinkers"—evidence considerable change in drinking. If change in drinking is commonplace or ubiquitous even in this effectively worst-case subgroup of drinkers, then presumptions of "stability" or "progressiveness" deriving from the alcoholism paradigm are effectively weakened. Change, and not stability or progression, Skog and Duckert argue, are the watchwords of all drinking behavior, no matter how "heavy" or "problematic." So palpable is the authors' commitment to this universality-of-change thesis that they refer to the alcoholism paradigm's contrary expectation as the "stability problem"—in effect, problematizing the alcoholism paradigm's quite different view of change.

What emerges from Skog and Duckert's analysis (20) goes far beyond a descriptive accounting of prevailing degrees of change. They argue that the high degree of changeability evidenced in their data comports well with a picture of drinking behavior that is stochastic and multi-causal in character—a phenomenon which may perhaps best be modeled along the lines of a non-homogeneous Markov process (p. 187). Moreover, Skog and Duckert suggest that the multi-causal character of drinking may best be regarded as a "given" that scientific students of "heavy" or "non heavy"

drinking may not need nor wish to press beyond—because "*the whole process of drinking has a large element of unpredictability*" (p. 187). In a situation of high unpredictability, moreover, science may best be oriented to supplying a precise statistical description of change processes and probabilities. "*This approach*," write Skog and Duckert, "*is the one taken in quantum mechanics—it may be fruitful in alcohol research as well*" (p. 187). "*Life itself—at almost any level—is in constant flux*," conclude Skog and Duckert, "*Why should drinking behavior, and all its aspects and consequences, be any different*?"

Obviously, Skog and Duckert's rhetorical agenda (20) is considerably wider than conventional treatment-outcome research. What is being advanced is that change—bi-directional, multi-causal, and perhaps even inherently unpredictable change—is the underlying reality of even the most problematic drinking behavior and not the ineluctable and progressive imagery of the alcoholism or dependence paradigm. There is a hint of imputed voluntarism in Skog and Duckert's narrative, too—though no specific account is offered of how an imagery of multi-causality may be integrated with one of imputed voluntarism (21).

The key point, however, is that Skog's changeability argument and commitment—as evidenced both in the 1993 paper by Skog and Duckert (20) and in much of Skog's other work—lies at the heart of the New public health's conviction that aggregate-level policy controls on drinking affect "heavier drinkers" as much or more than other drinkers. It is a commitment that dates all the way back to early elaborations of a connection between cirrhosis mortality, "heavy" drinking, and the price of alcohol—launched by Seeley's (23) modest but seminal early paper. In Skog's capable and inventive hands, the Ledermann curve's skewed shape may be read as the aggregate-level residue and clue to a fundamentally stochastic process lying behind individual drinking careers. Skog has drawn out and elaborated several important implications of this stochastic vision—including, for example, his bold image of the "collectivity of drinking cultures" (24), an hypothesis that supplies changeability with a plausible underlying socio-cultural mechanism.

What is offered in the larger corpus of Skog's work, in other words, is an invitation to alcohol-use related problems conceptualization at an alternative level of scientific discourse (the societal or aggregate level, sui generis), where "natural remission" research (along with controlled-drinking and brief-intervention treatment studies) find interface with the change-oriented (and voluntaristically-oriented) preoccupations of a wider new public health paradigm. "Natural remission" research, in this new paradigmatic perspective, also moves from a former location at the margins of scientific interest (in the alcoholism paradigm) to center-stage (in the new

public health paradigmatic context). The phenomenon's inherently vague definition, moreover, may make room for new operationalizations that pull it away from "rare-anomaly" empirical status (as in the alcoholism paradigm's perspective) to new status as the "*expected and conventional reality*." The shift is not merely one of expanded frequency as such (though such a change is involved, too), but instead, and more importantly, a shift in what constitutes the new paradigm's central focus of scientific attention. The "chronic" or "alcoholic" intractablity that once represented the master question for alcohol science becomes itself marginalized and to a considerable extent scientifically uninteresting.

SCHACHTER (25) AND A NEW, CATEGORICAL PROBLEMATIZATION OF "ALCOHOL PROBLEMS"

A key element of the conceptual repositioning just described, then, is a change in problem definition. New "natural remission" studies and interest may employ a new, wider, and categorically problematized (26) conception of "alcohol-use related problems" [e.g., Sobell et al. (27)] (28).

A useful perspective on this transition may be gained from a brief reconsideration of an interesting alcohol-related aspect of Stanley Schachter's (25) well known paper on "natural remission" in smoking and weight-loss—written before the big change in alcohol paradigms happened. Schachter began his paper with a simple, categorical assertion—namely, "*It is generally accepted that smoking and over-eating are extraordinarily difficult conditions to correct*" (p. 436). By paper's end, Schachter had exploded this assertion as myth with general population survey findings revealing frequent and sustained "natural remission" in both smoking and weight-loss. Schachter argued that the prevailing image of intractability had derived from viewing the phenomena through a clinical window, and he suggested that the disparity between clinical and general population findings might be accounted for by:

- differential and self-selection in sampling (with the more intractable cases selecting themselves into treatment),
- the limited ("single attempt") time frame of clinical followups, and
- even the possibility of negative therapeutic impact—which he coined "*psychiatrogenics*" (p. 443).

Schachter also buttressed his "natural remission" findings by describing similar results in Lee Robins' (29) study of "natural remission" in heroin use among Vietnam veterans. Interestingly, however, Schachter did not cite then-available comparable research in alcohol—though

Robin Room (30)—had already summarized a growing body of survey findings in his by-now well known reference to "two worlds of alcohol-related problems"—an idea mirroring Schachter's findings and argument. Why, then, no mention of alcohol in Schachter's paper?

We don't know of course whether Schachter was aware of contemporary alcohol research, contemplated citing Room on alcohol along with Robins on heroin, or felt his paper's argument was sufficiently well documented without alcohol. What can be divined from the paper's text itself, however, is that prevailing images of alcohol-use related problems in the early 1980s still ill-fit Schachter's narrative trajectory. Schachter, after all, exploded a myth of categorical intractablity applied to phenomena (smoking, overweight, and heroin use) that were (and remain) regarded as problematic, per se. Alcoholism may have fit imageries of categorical intractability and problematization in 1982, but neither drinking, per se, nor even non-alcoholic problem drinking would. Moreover, Schachter had not concluded that an ill-founded impression of categorical intractability re smoking and overweight should be wholly replaced by a new impression of categorical changeability but rather and merely that general population research showed that smokers and over-eaters could be divided into two separate subcategories—intractable and changeable. Schachter's specification of two subclasses of changeability gave the lie to the global assertion offered in his paper's first sentence.

Hence, to apply the same argument to alcohol-use related problems would have been to explode no myth at all—because by 1982 most Americans were not unfamiliar with the alcoholism paradigm's broad implications that:

- not all drinking was problematic,
- not all alcohol-use related problems were the result of alcoholism (and therefore intractable), and
- authentic alcoholism alone posed the kind of addiction-indicating intractability that Schachter's argument applied to smoking, overweight, and heroin use, per se.

Alcohol, in short, did not fit in Schachter's empirical story because initial presumptions about alcohol-use related problems did not fit the categorically intractable and problematic status of Schachter's topic phenomena. Room's (30) "two worlds" may have offered a hint of things to come in the conceptualization of alcohol-use related problems, but the realities of contemporary conceptualization could not be ignored.

Not so today, however. The intervening years have seen alcohol, per se, symbolically problematized, the significance of a dichotomy between "drinking problems" and "alcoholism" substantially effaced, and (perhaps most relevant to our discussion of "natural remission") the concept

of "alcohol problems" both problematized and moved to center-stage in "alcohol science"'s attentions. Hence, had he written his paper today, Schachter would have found it much easier to add alcohol into his mix. "Natural remission" alcohol research can now call upon a broadly problematized, more tangible concept of "alcohol problems."

THE SECRET MYSTERY OF THE PROBLEMATIZATION OF "ALCOHOL PROBLEMS"

How did the "alcohol problems" concept become problematized in a Schachter-like idiom over the past two decades? Social change surely provides part of the answer (31). In the U.S., at least, significant and science-influencing problem-redefining changes have occurred in popular culture re. alcohol—including the rise of what David Wagner (32) calls "The New Temperance" and, with it, shifts of popular focuses of concern to a variety of new alcohol-occasioned (in contradistinction to necessarily alcoholism-occasioned) problems, including: "fetal alcohol syndrome," drunk driving, women's drinking, youthful drinking, minority drinking, alcohol outlets, advertising, and, most recently, "binge" drinking in colleges and alcohol's relation to violence. In places where the alcoholism paradigm put down only shallower roots in the 1950s and 1960s—for example, the U.K., Canada, and the Nordic nations—recent change has doubtless reflected a return to temperance-oriented sensibilities that were never greatly displaced [see, for example, Sweden (33)]. At least, in part, the emergence of the new public health paradigm has reflected a trend toward the internationalization of alcohol science, thus diluting an originally U.S.-driven alcoholism movement nurtured by the fertile cultural soil of U.S.-specific social historical circumstances.

If, however, we set aside changes in popular-cultural perceptions and look instead at the in-house, scientific sources of this change, the origins and rationale for the problematization of "alcohol problems" are not altogether easy to trace–and arguably cannot be strictly derived from either the survey-based disaggregationist perspective or the Ledermann-model-based focus on per capita alcohol consumption.

Survey Research as Possible Problematizer of "Alcohol Problems"

Survey research may appear to be the natural home of the problematization of the "alcohol problems" concept. General population survey

studies collected data on the frequency of a variety of drinking-problems measures which had been crafted originally out of the sorts of symptomatic signs Jellinek (18) assembled. The research disposition toward these measures was operationalist and nominalist, however (34)—and thus parted philosophical company with the essentialist or "entitativity" (35) orientation of the alcoholism paradigm even before the first respondent answered his/her door. When survey results returned from the field, however, the picture of "drinking problems" they revealed looked strikingly different from those suggested by the alcoholism paradigm. Young (rather than middle-aged) men reported the highest frequencies of problems, problem measures were only weakly correlated with one another, the distribution of total-problems scales showed a unimodal rather than a bi-modal form, and (via retrospective or longitudinal analyses) problems evidenced relatively high turnover or change rates (10).

An expansive U.S. alcoholism movement and the federal agency it launched in 1970 might well welcome such scientific news as new evidence of the much broader scope of "alcohol problems" in society. But down in the trenches where alcohol survey researchers toiled with these new data, serious questions were raised as to what, in fact, the concepts "drinking problems" and "problem drinking" should imply. What authority, for example, undergirded the implication that these "problems" were actually problematic to the survey respondents who reported them? Survey measures might tap a number of problem indicators at a range of face-value problem levels (e.g., spouse complained, spouse complained vigorously/often, and spouse left), but who was to say whether respondents viewed these occurrences as troublesome (36)? Survey measures had (and have continued to) eschew asking direct questions about the troublesomeness of problem-indicator interrogatives.

On a deeper level, survey alcohol-problem measures included key attributions of problems to drinking in their formulation—usually in the form of invitations to the respondent to respond whether "[problem x] *occurred because of your drinking*." Just this attribution, however, raised serious concerns about emic meaning and causal verity in the survey research measures. A job loss, for example, attributed to drinking may have been due to poor performance that either the respondent or his/her boss preferred to rationalize as drinking-occasioned. Absent the underlying unity and implicativeness of the alcoholism paradigm, the tacitly assumed relationship between drinking and these drinking-problem measures became highly problematic (37,38). Such problematics were resolved in practice by relying on seemingly defensible face-value judgments and by a willing inclination on the part of the researchers themselves to caution consumers of this research that such terms as "drinking problems" and "problem drinking," when used

in the context of survey research findings, did not carry their prevailing connotations in everyday language. Such cautions, alas, more than not may have fallen on deaf ears. Even Norman Kreitman's (39) elaboration of the "preventive paradox"—a lynchpin in the emergent new public health argument—effectively assumed beforehand, rather than empirically established, the problematization of low-level alcohol problems.

Ledermann Model as Possible Problematizer of "Alcohol Problems"

Ledermann-model advocates invited alcohol science to pay greater heed to alcohol-problem phenomena as manifested at the aggregate or population level of analysis—with mean popular consumption of alcohol serving as the independent variable and alcohol-related problem indicators (beginning with cirrhosis) serving as the dependent variable. Almost from the outset, this new level of analysis and perspective implied to its advocates the existence of greater changeability in alcoholism or heavy drinking than had the alcoholism paradigm (40).

The Ledermann model was fitted into a nascent North American focus on the relationship between per capita alcohol consumption and cirrhosis mortality (23,42). Because cirrhosis mortality had long been employed as an indicator of the prevalence of alcoholism—via the famous Jellinek Formula (43)—the assertion of a more or less direct link between per capita consumption and cirrhosis implied that alcoholism's prevalence would be affected by per capita consumption changes. If, therefore, (a) cirrhosis mortality changed because per capita consumption changed and (b) consumption could be changed by the imposition of higher taxes and other alcohol control policies—then it inevitably followed that (c) the drinking of alcoholics was considerably more tractable than the alcoholism paradigm had long suggested [see Roizen et al., (44)] for review of the Ledermann model's overlaps with the alcoholism paradigm]. By the early 1970s (though the paper was not published until 1978), Popham et al. (45) had already boldly drawn this key inference—writing, "*we are not aware of any compelling evidence that there is a unique predisposing factor or an irreversible change due to chronic intake, which renders the individual permanently incapable of controlling his alcohol consumption*." (p. 264).

If the implication of new changeability occurred in the Ledermann-based pedigree from this early stage in its conceptual development, the model's contribution to the problematization of "alcohol problems" is considerably more difficult to discern. In time, a larger orbit of alcohol-related problems joined cirrhosis as consequences of per capita consumption.

Over most of the historical course of the model's development, however, research attention lay riveted on the problem-causing significance of drinkers lodged under the "heavy" consuming (or tail) region of the log-normal curve. Ledermann's model serviced the new perspective's development by ostensibly providing a link between per capita consumption and the absolute size of the "heavy-drinking" subpopulation by suggesting that the curve's shape remained relatively rigid as per capita consumption went up or down. The striking inference lying in this rigid-curve-shape contention was that shifts in mean per capita consumption would have disproportionately greater impact on the size of the "heavy" drinking subpopulation—thus, in effect, further highlighting the place and requirement of high changeability in a region of drinking formerly accorded high intractability *and* placing high salience and potential impact on alcohol control policies aimed at changing mean consumption.

But how can we get from this orientation in the Ledermann model to the problematized conception of "alcohol problems" tacitly required in the emergence of a Schachter-like vision of the "alcohol problems" concept? Neither the independent-variable nor the dependent-variable side of the Ledermann-based approach harbored such problematization, per se. Shifting the independent variable from "alcoholism" to "heavy drinking, per se" moved the paradigm closer to a consumption-specific orientation, of course, thus problematizing "heavy consumption" in its own terms—if not alcohol, per se, nor the "alcohol problems" concept at the center of this discussion. Per capita consumption, per se, became problematized in the Ledermann-based perspective, of course, but only because this variable was tied directly to the supply of heavier drinkers in the population. The dependent variable became broadened over time to include a wide array of alcohol-related problems beyond cirrhosis. But, and so long as, the paradigm directed its attentions to the aggregate level of analysis, conventional social indicator measures of these new dependent-variable focuses were obliged to rely upon the problem definitions residing in the collection of the social statistics employed. Where the link between alcohol consumption and such problems was less well established than the original alcohol—cirrhosis connection—as in, for example, other illnesses, suicide, and assault—time-series analysis in effect was turned to the empirical assessment of the contribution of alcohol to such problems through the window afforded by aggregate-level trends. Nothing in this picture, as such, may be said to account for the problematization of "alcohol problems" required for the "Schachterization" of the concept.

By the time Edwards et al.'s (46) landmark restatement of the new public health perspective appeared, however, an individual-level, survey-based approach to the estimation of alcohol-related risks associated

with consumption had joined the perspective's rhetorical armamentarium. This volume's text was not altogether revealing on how the risk-curve idiom may have come to assume a much larger place in the new public health argument, but the orientation itself provided Edwards et al. with a propitious analytical vantage point from which all but very low levels of consumption might be problematized—thus, in effect, problematizing "alcohol, per se" if not the "alcohol problem" concept at the center of our own discussion's interest. But Edwards et al.'s search for the threshold levels whence consumption-related consequences commenced and the shapes of associated risk-curves was based on survey-research findings—now employing drinking measures as independent variables and (putative) problem consequences as dependent variables—and hence came full-circle back to the same problematics encountered in our discussion (above) of survey-based problematization of "alcohol problems."

Edwards et al. (46) duly noted these problematics, particularly in respect to alcohol related "*casualty events*" and "*social problems*" (p. 43). A fuller airing of problematics appeared soon afterward in the literature in the several comments offered on Midanik et al.'s paper (47) on consumption risk-curves. Lemmens' (48), Harford's (49), Makela's (50), and Room's (51) comments each called attention to the various—epistemological, measurement-related, and inferential—problematics associated with the implicit ascription of untoward consequences to drinking in survey measures. The New public health argument's reliance on risk-curve analyses for the problematization of even quite low consumption volumes or drinking patterns (46) could not escape the old conundrums.

If neither survey research nor the Ledermann model perspectives can account for the problematization of "alcohol problems," then what might? The new public health paradigmatic sensibility represents a loose ideological conflation of a disaggregationist theme stemming from survey research and a preoccupation with total per capita alcohol consumption stemming from the Ledermann model. Future historians of fin-de-siecle "alcohol science" (should any such characters exist!) may one day look back on the widening problematization of "alcohol problems" and suggest another, higher level of analysis entirely. Both the widening problematization of the "alcohol problems" concept and the problematization of alcohol, per se—they may suggest—fell upon our times because both the disaggregationist and the Ledermann-based contributions to the new public health perspective shared a preoccupation and bond in their criticism and rejection of the preceding alcoholism paradigm, its lingering hegemony, and its chief conceptual and policy commitments. That shared antipathy, in turn, fostered an anti-alcoholism-paradigm ethos, counter-movement, and dialecticism.

Over its half-century-long scientific existence, the alcoholism paradigm had accumulated significant frustrations and counter-evidence within alcohol science—including the gnawing embarrassment of a paucity of scientific advances in etiological understanding and therapeutic efficacy (52).

Seeley (56) pointed out that the disease contention was in any case better regarded as a benevolently inspired innovation in social policy rather than an authentically scientific innovation. By the 1970s, moreover, social scientists became cognizant that the alcoholism paradigm's ascendancy and success might be better explained by its social rather than scientific utility. Analysts also increasingly became aware that the paradigm granted in effect a "free ride" to popular and individual-level alcohol consumption, per se, in "problemogenesis." So long as the alcoholic alone abstained, the paradigm was happy—and everybody else was free to drink as much or however they liked. Social scientists ruminated that this "free-ride" orientation fitted particularly well the symbolic needs of the "wet" cultural ethos of the first two or three decades of the post-Repeal, American era (57). Scientific insiders also in due course became aware of long-submerged or only partly visible links between the genesis and development of modern alcoholism movement and beverage industry financial support (57–59).

More could be added to the list of cumulating discontents—including animosity generated by the hegemony of a lay-inspired therapeutic tradition in the alcohol treatment establishment. The result, however, was a dialectical rejection of the alcoholism paradigm's chief conceptual and policy commitments—including an end to the "free ride" for alcohol, per se, as a problemogenic factor and the introduction of a significantly widened "alcohol problems" concept and focus, now comprehending phenomena that the classic alcoholism paradigm had not problematized, per se (61).

The emergent New public health paradigm, in turn drew upon elements of both the disaggregationist and Ledermann-based models in furthering this rejectionist, dialectical agenda. A substantial segment of "alcohol science", in turn, fled across the paradigmatic divide from the alcoholism to the new public health paradigm—a false dichotomy, in our view—carrying the banner: "*If it's not* alcoholism *we should be addressing, then surely it must be* alcohol!"

From Protecting "the Alcoholic's" to Protecting "the Public's" Interests

There is a final contextual transformation that we should like to bring into the mix regarding "natural remission"'s new paradigmatic environment. This concerns a pervasive shift in moral perspective that "alcohol science"

and social policy have undergone since the emergence of the New public health challenge to the alcoholism paradigm. Subtly, and without much fanfare, the moral orientation of this field has increasingly become aligned with the ''interests of society'' and, pari passu, become increasingly distanced from the alcoholism paradigm's traditional and passionate alignment with ''interests of the alcoholic.'' This moral reorientation is visible in numerous ways—including, for instance, in the titles of New public health policy documents—from Bruun et al. (9) to Edwards et al. (46) emphases on ''*a public health perspective*'' or, more pointedly, ''*the public good*.'' McLellan et al. (63) recently reframed the argument for the provision of ''substance abuse'' treatment partly in terms of minimizing social harm—offering a new and potentially perilous moral positioning for therapeutic endeavor. Even shifts in alcohol-studies language—for instance the increasingly frequent reference to what was once called ''treatment'' as ''individual level interventions'' [see, e.g., Edwards et al. (46)], Holder (64), Babor (65)–also quietly bespeak the change in moral orientation. More than a few plausible explanatory factors might be brought into play in accounting for this shift:

- from the rise of state involvement in alcohol research and policy (thus emphasizing the state's natural interest in protecting the public interest) (60)
- to (even) the rise of social-cost estimates for promoting the need for alcohol related research and treatment (a strategy tending to highlight the social-costs dimension as the ultimate target and rationale for problem-minimizing efforts).

Whatever its manifold sources, however, this ongoing moral transformation harbors significant potential effects for both ''alcohol science'' and ''natural remission'' studies and their fruits. One potential consequence lies in the transformation of ''alcohol science'' from an idiom of would-be benevolent medicalization to a new idiom of activist ''public interest science.'' The institutional differentiation of ''public interest science,'' as Moore (67) recently illuminated, arose as a cultural solution to the institutional risks to mainstream science posed by the pursuit of activist political aims. In a value-laden public-problem territory like alcohol the ascendancy of a ''public interest science''self-definition in the ''alcohol science'' community poses significant threats to the maintenance of objectivity claims (already a beleagured value). ''Public interest science'' also tends toward the repoliticization and repolarization of the alcohol problems social arena (31), thus reversing a previous generation of alcohol scientists' claims that scientific participation served society as a disinterested and consensus-seeking agency.

''Natural remission'' researchers may yet cling to a quasi-clinical idiom in framing the significance and contribution of their work—for example, by

emphasizing that learning more about how ''natural remission'' occurs may teach us how better to treat clinical cases. (The term ''natural remission'' itself, of course, continues to echo its clinical orientation and provenance.) Yet, and especially in the wider ''alcohol science'' shift in moral orientation, ''natural remission'' studies may further highlight and valorize imputed voluntarism in alcohol-problems behavior—thus providing empirical ammunition to interests of a long-term de-medicalization of the alcohol problems social arena. Makela (68) pointed out that the perceived ''locus of harm'' in public problems held important implications for how society handles alcohol-related problems. Perceived harm to the public, he noted, is treated punitively whereas harm to the self is treated benevolently. (Attempted suicides go to the psychiatric clinic, but attempted murderers go straight to jail.) ''Natural remission'' studies may well, therefore, contribute materially to the displacement of the alcoholism paradigm's benevolent orientation, servicing instead—wittingly or unwittingly—a policy orientation shifting to a superordinate concern with the protection of society. We take no position on this direction of change, but wish only to draw attention to the latent strain or potential contradiction between the ''natural remission'' topic's clinically oriented origins and its potential salience to a counter-clinical trend, as suggested in the ''alcohol science'' community's emergent moral orientation to the public interest (69).

CONCLUDING CONCERNS AND THE ILLUSION OF PROGRESS

What might we take away from this brief consideration of ''natural remission''s redefinition in the still-new paradigmatic context of the New public health paradigm? Skog and Duckert's (20) paper was of course not the only window on the new public health's conceptual context we might have used. Yet this paper is particularly useful, we thought, because it throws into the sharpest possible relief the very different conceptual locations and meanings of ''natural remission'' in the alcoholism and New public health paradigms. ''Natural remission'' research gains greater salience in the New public health conceptual context, but—and as Skog and Duckert's paper dramatically illustrated—its findings service a virtually incommensurable conceptual agenda involving different problem definition, level of analysis, and sought-after scientific products. ''Natural remission'' research does not ''belong'' either to the alcoholism or the new public health paradigm, of course, and ''natural remission'' researchers remain free to define their conceptual preoccupations as they like. Yet the conceptual gulf between the two paradigms nevertheless implies that ''the same''

findings will harbor different meanings for scientific readers viewing them through the lenses of one paradigm or the other.

Our consideration of Schachter's (25) paper was aimed at illuminating how a key background change (i.e., new problematization) in the "alcohol problems" concept has altered the implied significance and meanings of "natural remission" research. Our discussion of the "secret mystery" of the problematization of the "alcohol problems" concept was intended to highlight how even by-now familiar and taken-for-granted changes in problem definition may nevertheless be difficult to account for in the conceptual or the empirical history of recent "alcohol science." Suggesting, as we did, how a future historian of "alcohol science" may one day explain the same change offered an account grounded in wider shifts in alcohol science sensibility. Finally, our examination of the changing moral orientation of alcohol science suggests another level of non-scientific strain between the two paradigmatic vantage points on "natural remission."

Much of our discussion has taken us into considerations of extra-scientific aspects of science. Even, for instance, the question of imputed voluntarism or involuntarism in alcohol problems—despite its obvious and high salience to public policy understandings—is ultimately a metaphysical, political, and moral issue rather than a properly scientific one (70,71).

The significance of changing paradigmatic context in relation to "natural remission" research also suggests the high (if often tacit and unnoticed) importance of extra-scientific factors in "scientific" change. The real business of research is of course the production of illuminating new knowledge and understanding. Changing conceptual and moral orientations in a realm of scientific endeavor can, however, create a kind of illusion of change and progress—when change in background scenery makes the action on the stage appear new, or even progressive. To the extent that a new generation of "natural remission" research—newly infused with interest by new paradigmatic and cultural contexts—poses that illusion-of-progress risk, "natural remission" researchers shall of course need to take care that their labors embody the creative and theoretically informed effort that always distinguishes genuine contributions to new knowledge.

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bi-directional changeability and relied instead on Ledermann's unidirectional "snowballing" image of alcohol use—which held, summarized de Lint and Schmidt, that "*an individual gravitates toward increasing consumption as a result of social pressures and the pleasureable aspects of alcohol use*." (We thank Robin Room for pointing this out to us.)

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Bill W. and Mrs. Marty Mann)—as early as 1955 publicly lamented the overselling of the disease concept's scientific credentials. "*I cannot help but feel*," he wrote, "*that the whole field of alcoholism is way out on a limb which any minute will crack and drop us all in a frightful mess. I sometimes tremble to think of how little we have to back up our* [disease concept] *claims*" [(quoted by White (55)].

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