

goal in the other three sections that discuss specific conditions and issues. I suspect that a practicing neurologist would be more interested in the practical discussions than in the theoretical material. With the extensive footnotes and references, the book serves an appropriate and valuable place for the busy neurologist with an interest in ethics to start exploring these issues.

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KUNITZ, STEPHEN J., AND LEVY, JERROLD E., WITH TRACY ANDREWS, CHENA DUPUY, K. RUBEN GABRIEL, AND SCOTT RUSSELL. *Drinking Careers: A Twenty-Five-Year Study of Three Navajo Populations*. New Haven, CT: Yale University Press, 1994. vi + 280 pp. \$28.50.

Kunitz and Levy's *Drinking Careers: A Twenty-Five-Year Study of Three Navajo Populations* is a truly significant book. A follow-up on the sample originally described in their 1974 book, *Indian Drinking: Navajo Practices and Anglo-American Theories*, this volume is unquestionably the most comprehensive longitudinal study of American Indian drinking yet attempted. It provides a wealth of data on the patterns of mortality among the Navajo, and it offers several intriguing hypotheses about their drinking careers. Like the original research, this book is sure to remain an important contribution to our understanding of American Indian drinking for some time to come.

One of the major strengths of this book is its attention to the diversity of Indian people generally and Navajo people specifically. Particularly commendable is a detailed consideration of the history of Navajo drinking in the different regions under study. Kunitz and Levy have assembled a wealth of data on the development of drinking in urban and rural parts of the Navajo reservation, and they make a number of important observations about the complex relations between Navajo cultural form and the social, economic, and political circumstances in which the Navajo live. To their credit, the authors have distanced themselves somewhat from their earlier position, which emphasized cultural factors almost exclusively, and they provide important information about the impact of cultural change on Navajo drinking patterns. Tracy Andrews's contribution to the book, a chapter entitled A Family History of Alcohol Abuse, is a wonderfully detailed case study of four generations of one family that documents, in detail, the changing circumstances in which Navajo people have learned to drink.

Throughout *Drinking Careers*, it is clear that Kunitz and Levy are not content with facile generalizations, and they insist on a detailed and careful understanding of Navajo drinking at every step of their analysis. Most interesting, in this regard, is their consideration of Navajo mortality in its regional context. Although it has become common for researchers to assert that American Indians die from alcohol-related causes at rates far in excess of national averages, Navajo mortality data are remarkably consistent with those found in non-Indian populations throughout the rural Southwest. Age-controlled cirrhosis data indicate no difference be-

tween the Navajo and their non-Indian neighbors, and, although the Navajo were significantly more likely to die in auto accidents than non-Indians in similar regions in the Southwest, the proportion of auto accidents that were alcohol-related for each group was equivalent. Data such as these are an important corrective to much of the received wisdom about the effects of alcohol, and Kunitz and Levy are to be congratulated for their rigorous attention to these questions. Although none of this evidence means that the Navajo do not have problems with alcohol, it does advance the debate about American Indian drinking by suggesting more appropriate comparisons and more complicated models of the relation between drinking and mortality.

Drinking Careers does suffer from some problems, however—most of them having to do with some poorly defined notions regarding alcohol abuse and dependence. As the title of their book implies, Kunitz and Levy are interested in conceptualizing alcohol use less as a disease with a set course and more as a social condition with variable outcomes. This has become a widespread observation by critics in the field of addiction, of course, but it is by no means clear that the data fully support their position, as much as we might wish to agree. At the conclusion of their earlier study, Kunitz and Levy note that they were "left with the conviction that the instruments used to identify alcoholics and incipient alcoholics in the general population could not be used with the same confidence in Indian populations" (p. 100)—a claim they find supported by the high rate of abstinence at follow-up. "It seemed remarkable to us that many of the men who would be labeled alcoholic by this index were able to give up drinking entirely at some point in their lives" (p. 100). It does not appear this way to us, however. Although some of the rates of abstinence they found are certainly high (83% in one rural sample), they are not uniformly so (33% in an urban portion of their clinical sample), and the fact that people with alcohol dependence can and do quit drinking is not news. Conceding this point at the end of their analysis, Kunitz and Levy have to abandon much of the critical focus that sustains the earlier part of the book, and they are left with the suggestion that the differences between Navajo and Anglo drinkers have more to do with their drinking style and less to do with the extent or course of their involvement with alcohol (p. 127).

More troubling is the failure to define controlled drinking. Those familiar with alcohol studies know how controversial this notion has been, but here it is discussed without reference to the literature, and with little attempt at definition. This is especially important because so much of the analysis depends on this category. As part of a general critique of Western diagnostic categories, Kunitz and Levy observe that a diagnosis of alcohol dependence does not in itself, predict outcome in their community samples. Instead, they argue for a more refined distinction based on the native categories of social and solitary drinkers. Although both kinds of drinker may develop a dependence on alcohol, alcohol-dependent social drinkers seem to have better outcomes. At follow-up, they were more likely to have quit drinking and less likely to have died as a result of their drinking (pp. 109–110).

This is an important finding, but there are a number of problems with the data that support it. First, the table in

which these results are reported (6.4) is supposed to indicate data from all male drinkers, according to the text, but it seems to contain data from only 35 of the 40 men who were retrospectively diagnosed with alcohol dependence. Judging from the description of these men on page 98, five decedents have been omitted from the table, and this is certainly a significant oversight given the small sample size. More serious, from our perspective, is that much of the improved outcome of alcohol-dependent social drinkers can probably be attributed to the fact that four of them have been judged to now be drinking "in a controlled fashion," an ambiguous and undefined label. The authors probably have a good sense that these men no longer qualify for a diagnosis of alcohol dependence (although no data are reported to support this). However, it is far less clear that they might be drinking with no problems, especially because equal proportions of social and solitary drinkers report problems due to their drinking (p. 108), and earlier data indicated that, on the reservation at least, "one drank either heavily or not at all" (p. 100)—an observation that leaves little room for controlled drinking. A convincing critique of Western diagnostic categories would require more evidence and a sustained engagement with the broader literature, which supports these conceptions of alcohol use.

Despite these shortcomings, *Drinking Careers* remains the most significant book yet published on Indian drinking, and the arguments about the bureaucratization of alcohol treatment are sure to provoke intense discussion among everyone involved with American Indian treatment programs. As one of the few studies to address the pathways to abstinence among American Indians, this work offers valuable insight into how Navajo people come to the decision to quit drinking, and the book should be a welcome and important addition to the library of anyone concerned with alcohol problems among American Indians and Alaska Natives and across cultures in general.

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VAILLANT, GEORGE E. *The Natural History of Alcoholism Revisited*. Cambridge, MA: Harvard University Press, 1995. xiii + 446 pp. Paperback \$16.95.

In 1940, 204 Harvard College sophomores were selected to participate in a longitudinal study of their physical and psychological health. At some point in the distant past, George Vaillant, a junior member of the Harvard faculty, became director of what became a 50-year follow-up. He has written about various aspects of the group as his team followed them over time, but mainly he has focused on their drinking. This resulted in his 1983 book, *The Natural His-*

tory of Alcoholism (Vaillant, 1983), and, 12 years later, a paperback revision.

Vaillant, of course, could not reveal the names of the subjects, but one has identified himself. The subject is Ben Bradlee, the legendary retired editor of *The Washington Post*. In his recent biography, *A Good Life* (Bradlee, 1995), he talks about being a subject and even talks some about his drinking.

Vaillant classified heavy drinkers into three types: those who slow down or stop, those who speed up, and those who stay the same. It would be interesting to know if Bradlee fit any of these categories. He got drunk at 16 on Old Overholt and ended up in jail for tackling a state trooper. His brother was an alcoholic, as possibly was his father, a Boston Brahmin. At Harvard, he drank often at the Ritz Bar, once grabbing a fire hose and hosing down his friends "just for the hell of it" (Bradlee, 1995, p. 45). Drunk, he smashed his car into another car head on (Bradlee, 1995, p. 45). Drinking was part of his life as a newspaperman, but no other problems are mentioned. Apparently, he belongs in the slow-down category if any category. He saw psychiatrists off and on, apparently not for drinking problems, but because of marital distress. (Most of the Harvard cohort saw psychiatrists.) In another book, *Adaptation to Life* (Vaillant, 1977), Vaillant describes a character he named Frederick Lion, who possibly is Bradlee in camouflage. He describes Lion as "someone who combined dignity and arrogance with infectious warmth," someone who learned to "cope by sublimation . . . in instructive and acceptable forms" (Vaillant, 1977, p. 294). He clearly was not alcoholic.

Vaillant inherited another group: 456 16-year-old boys who were originally studied in the late 1930s by Sheldon and Eleanor Glueck. Later he added 100 treated alcoholics to his follow-up roster.

What did Vaillant find?

By age 47, 13% of the college group met the DSM-III definition of alcohol abuse and 5% the definition of alcohol dependence (Vaillant estimates that between 3% and 5% of American adults become alcoholic). In the inner-city group, 28% met the definition of alcohol abuse and 18% the definition of alcohol dependence.

In revising his 1983 book, Vaillant committed what many would consider a methodological sin. He changed definitions. He went from fairly stringent definitions to the definitions of DSM-III. DSM-III's definitions of alcohol abuse and dependence are loose indeed. To be classified an alcohol abuser, one need only be an episodic drinker for at least one month, have one's drinking complained about by spouse or family, and experience two or more blackouts. Between 30% and 40% of American males between the ages of 20 and 30 have experienced two or more blackouts and most *never* become alcoholic. No doubt Bradlee's parents scolded him for tackling a state trooper and going to jail, not to mention drunk driving. Thus Bradlee would have fit the alcohol abuse category easily. The change in criteria was made to "achieve greater statistical power" (p. 12) by enlarging the number of alcohol abusers. True, the numbers are small, particularly in the college group. By diluting the criteria, Vaillant obtains statistical power at the cost of including many very mild al-