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Walter L. WILLIAMS, *The Spirit and the Flesh. Sexual Diversity in American Indian Culture*, Boston: Beacon Press, 1986. 344 pages, U.S. \$14.50 (paper)

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Walter L. WILLIAMS, *The Spirit and the Flesh. Sexual Diversity in American Indian Culture*, Boston: Beacon Press, 1986. 344 pages, U.S. \$14.50 (paper).

By Helga Jacobson
University of British Columbia.

This book covers a wide range of questions in the area of gender identity and ideology. It is a survey of the institution of berdache, an analysis of gender identity and ideology in American Indian culture, and an attempt to provide a theory that will account for variations in gender identity that will hold cross-culturally and apply to variations for both males and females, an ambitious project that Williams handles well. The major emphasis is on the gender roles for males in American Indian culture, traditional and contemporary. It is a brave and illuminating piece of work.

Based on interviews as well as the literature, Williams uses his understanding based on his own life-style to provide insight into what he argues is a frequently misunderstood and misrepresented institution, that of the berdache. He makes three central claims for traditional societies that what has been variously described as the berdache constituted a fully accepted "alternative gender" or "third gender" in Jacobs usage from Tewa ethnography (p.82), that it was associated with spirituality and healing, and that it was sexualized. Throughout his presentation he is careful to use the appropriate terms for this role and to provide descriptions of behaviour, presentation of self, sex role socialization, and commentaries by members of the societies. Examples of the terminology are "nadle" in Navaho, meaning "one who is transformed" (p.81), Tewa "quetho" (p.82), Zuni "lhamana" (p.83), Cree "ayekkwew" meaning "neither man nor woman" or "man and woman" (p.83). He argues that the berdache is properly seen as a person who occupies a particular place in the structuring of gender, as someone who shares both male and female social characteristics but is fully defined by neither. Physiologically always male, the berdache is not simply a transvestite, a man who "crosses over," or an effeminate male. The gender role is allowed and respected, associated with spirituality, and accepted into the society. Spirituality here means both gift and practice. Williams argues that the simple Western opposition of male-female does not allow for the range or types of behaviour that American Indian traditional societies permitted, and indeed some-

times sought. The neither male nor female character of the role was what gave the person occupying it the claim to mediate between the human and the spirit world. Sexual activity was simply a part of the ascription of the role proper to it as it was proper to other roles in the society.

Williams is careful to describe the historical changes that have occurred through contact with western culture and with Christianity, changing attitudes and beliefs in relation to the berdache, to the detriment of the acceptance of the role and its representatives. In conducting his interviews Williams is careful and respectful, and his work serves to reveal what still is there as part of the traditional structure. He is also careful to distinguish this traditional role from the contemporary Gay movement as well as suggesting the connections to it.

In stressing the complexity of what is involved in the presentation of what he sees as an "alternative gender" Williams' exploration and theory range widely: he considers the all male communities of cowboys and seafarers from the perspectives of both the meaning of close friendships and the possibilities of the sexualization of these relationships. While allowing that this is speculative material, it is an interesting part of the argument.

Where women are concerned, Williams provides some material to show that "alternative gender" presentations were also possible. He calls this the Amazon role, to suggest again that these are not simple cases of crossing over but are variant gender roles involving females. For example "hwame" among the Mohaves, and among the Yuma berdache are called "elxa" and amazons "kwe'rhamé". The data are limited but again noteworthy.

Williams also draws on a wide range of material from descriptions of other cultural contexts: Siberia, India, Polynesia, and Europe are mentioned in the conclusion. Again here the material is inconclusive and limited, but Williams uses it interestingly and well. The author is always aware of the limits of his data and locates his theories and speculations in relation to them.

The weakness of this book lies in the absence of any in depth case or life history material for at least one culture as illustrative of the general patterns discussed. It is clear that the intent is to present range rather than depth in relation to the interview data and the result is satisfactory leaving open the possibility of further work on the ethnographic particulars.

The value of this book lies in its careful presentation of complex gender issues, in the sensitive interviewing that went into the exploration of the issues involved, in the willingness of the author to

explore an extremely wide range of different situations to come to his conclusions. Its value also lies in the way he challenges often held and argued positions about gender identity and ideology. Surveys of any complex subject matter always have their weaknesses, but adequate theories of sexual variance and gender identity demand this kind of range. Williams book is a very useful contribution to an area that needs more thought and work of this kind.

T. Kue YOUNG, *Health Care and Cultural Change: The Indian Experience in the Central Subarctic* Toronto: University of Toronto Press, 1988. 177 pages, Canada \$14.95 (paper).

By Ann Herring
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This book is an important synthesis of ethnohistoric, epidemiological, and anthropological writings about Euro-Canadian health care delivery in central subarctic aboriginal communities. Written in a clear, straightforward style, it summarizes some 15 years of the author's research and experience as former Director of the Sioux Lookout Zone Hospital, Ontario, and current Chairman of the Northern Health Research Unit, University of Manitoba. The main thrust of the book is to assert that the Euro-Canadian health care system has failed to substantially improve the health status of aboriginal communities and that their health problems will only be significantly ameliorated when the people themselves are politically, economically, and socially empowered. While this position is familiar to and unlikely to be contested by anthropologists, it merits particular scrutiny here, because it is put forward by a prominent physician/researcher working within the Euro-Canadian health care system and because of the way in which the author integrates epidemiological and anthropological approaches to advance the proposition.

Four chapters (*The People and the Land, Changing Patterns of Health and Disease, Measuring the People's Health, Evolution of Health Services*) provide background information to the argument. Young marshals an impressive array of primary and secondary sources to summarize the development of Euro-Canadian health care from European contact to the 1980s. The emphasis here is on historical epidemiological concerns, with detailed discussions of early infectious disease outbreaks, secular changes in morbidity and mortality, environmental sanitation, ecological constraints on Euro-Canadian

health care delivery, and the limits of biomedical understanding of contemporary health problems. However, apart from survey results of self-perceived morbidity and disability in the Sioux Lookout Zone (1973-1974), there is virtually no consideration of indigenous concepts of health and disease. In fairness, this is largely due to a dearth of ethnomedical studies, but in these and later chapters one is nonetheless left with the impression that indigenous medical beliefs, therapies, and practitioners essentially disappeared or became irrelevant with the turn of the 20th century.

In the chapter entitled, *The Sioux Lookout Zone: A Case Study*, greater substance is given to the general principles outlined in preceding chapters. Here Young's detailed knowledge of and firsthand experience with biomedical care in northern Ontario comes to the fore. The chapter begins with a summary of historical Cree and Ojibwa concepts of disease and medical practices, with prominence accorded to the work of Landes, Hallowell, and Skinner. He then moves on to consider the role of missionaries and traders in health care and to describe the bitter fights waged with government officials by physicians such as Peter Bryce, which culminated in the establishment of a colonial model of health care in the mid-20th century. The chapter ends with a discussion of the recent emergence on reserves of fledgling health committees to plan, evaluate, and operate local health programs. Young's treatment of the role of nurses and family health aides is particularly engrossing and he effectively conveys the frustrations and conflicts faced by these primary health care workers. His advocacy of a more prominent role for them and increased community control over the health care system is cogently presented; nevertheless, he is less clear about specific ways in which this can be accomplished. Young rejects the analogy between the third world and remote Indian communities because the latter display different morbidity and mortality patterns and have 50-100 times higher per capita health care expenditures than developing countries. It is difficult to agree with this assertion, given other clear parallels, such as the unbelievably poor living conditions, predominance of an imposed and externally administered biomedical model of health care delivery, and lack of a self-determined and self-reliant health care system. Indeed, Young's own observation that subarctic Indian health is worse than that of Canadians nationally for almost every indicator supports the continued heuristic value of the analogy.

The last and perhaps strongest chapter of the book (*Towards an Indian Health Strategy*) evalu-