

Theoretical Approaches to Disrupting Historical Trauma Among Two-Spirit and Indigenous LGBTQ+ Elders

Chase Bryer¹, MSW; Autumn Asher BlackDeer², PhD, MSW; Braveheart Gillani³, MSW; Jordan P. Lewis⁴, PhD, MSW

¹ Department of Behavioral and Social Sciences, Brown University

² Graduate School of Social Work, University of Denver

³ Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University

⁴ Memory Keepers Medical Discovery Team, University of Minnesota Medical School

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Abstract

Introduction: Indigenous holistic theory (IHT) is a multi-faceted framework grounded in traditional cultural knowledge that emphasizes Indigenous world views, cultures, and traditions with a focus on the spiritual, emotional, mental, and physical elements of health and wellness (Absolon, 2010). **Objective:** To describe the role of historical trauma and health-related behaviours among Two-Spirit and Indigenous lesbian, gay, bisexual, transgender, and queer or questioning (2S/LGBTQ+) Elders and how the emergence of IHT and its guiding constructs could work to inform culturally responsive interventions for the study population. **Method:** IHT constructs were applied to historical trauma intervention tailoring among Indigenous 2S/LGBTQ+ Elders, including a relevant theoretical model. **Results:** Applying the IHT framework to Indigenous 2S/LGBTQ+ Elder interventions could be an effective pathway for understanding the population while helping to inform more culturally responsive health promotion efforts that will lead to wellness in later life. **Discussion/Conclusion:** The paper concludes with a discussion of how IHT helps to advance our knowledge about addressing historical trauma most responsively, along with future research recommendations.

Keywords: Two-Spirit; LGBTQ; Historical trauma; Health disparities; Elders; Aging; Culturally responsive approaches

Indigenous holistic theory (IHT) is a multi-faceted framework grounded in traditional cultural knowledge that emphasizes Indigenous world views, cultures, and traditions with a focus on the spiritual, emotional, mental, and physical elements of health and wellness (Absolon, 2010). Applying an IHT approach to historical trauma interventions among Two-Spirit and Indigenous lesbian, gay, bisexual,

transgender, and queer or questioning (2S/LGBTQ+) Elders offers a pathway to understanding the population while helping to inform more culturally responsive health promotion efforts that will lead to wellness in later life. This paper describes (a) the impact of historical trauma and health-related outcomes among Indigenous 2S/LGBTQ+ Elders; (b) the emergence of IHT and its guiding constructs,

including how it can be paired with a “coming in” praxis; (c) how applying the IHT framework to Indigenous 2S/LGBTQ+ Elder interventions can be used as a tool to inform culturally responsive public health approaches, including a relevant theoretical model; and (d) a discussion on pathways forward for developing culturally responsive interventions for Indigenous 2S/LGBTQ+ Elders.

Background

This paper aims to provide theoretical insight on how to incorporate IHT to create responsive interventions that address the impact of historical trauma among Indigenous 2S/LGBTQ+ Elders. This population faces similar health challenges to non-Native older adult populations, including a lack of responsive health care, economic insecurity, lack of public health funding, and higher rates of Elder abuse (McDavid, 2019; National Indian Council on Aging, 2004). In the U.S., Canada, and across the globe, calculating cost and impact of Indigenous health disparities has been difficult, due to a mismatch of funding from the federal government (Durand-Moreau et al., 2022; LaVeist et al., 2023; Reid et al., 2022). The Indian Health Service operates on 50% of what is needed for adequate health care and spends less on service users than the government spends on any other group (Slaton, 2016). In addition, Indigenous 2S/LGBTQ+ Elders experience higher systemic oppression and hate violence compared to non-Indigenous LGBTQ communities (National Center on Elder Abuse [NCEA], 2021), which leads to chronic conditions and perpetuates cycles of historical trauma.

Historical Trauma and Indigenous 2S/LGBTQ+ Elders

Historical trauma in the context of Indigenous communities describes the longstanding generational impact of cultural disruption that has led to compromised physical, spiritual, and psychological health outcomes among Indigenous people (Walters et al., 2011). Historical trauma is driven by

colonialism, whereby European colonizers ultimately sought to assimilate and systematically erase Indigenous Peoples, including their traditional kinship structures and cultural practices, while imposing rigid Western sexual expressions and gender norms (Matthews-Hartwell, 2007). Additional atrocities included the creation of Christian boarding schools, the criminalization of traditional ceremonial practices, the direct loss of land and life, and the disruption of traditional gender and sexual expressions (Walters et al., 2011).

As survivors of such overt violent efforts, Indigenous 2S/LGBTQ+ Elders experience unique cohort effects that increase the impact of historical trauma. Historical trauma is embodied in Indigenous 2S/LGBTQ+ Elders through the current higher rates of psychological and physiological distress, which is associated with various factors such as higher instances of chronic stress, HIV prevalence, and suicide (Barnes et al., 2010; Matthews-Hartwell, 2007; NCEA, 2021). The longstanding impacts of colonialism and Christian imperialism created and continue to perpetuate homophobic and transphobic sentiments toward many Indigenous 2S/LGBTQ+ Elders in rural tribal communities, with approximately 29% of Indigenous 2S/LGBTQ+ people experiencing hate violence, a higher rate than any other sexual minority (NCEA, 2021). In turn, many Indigenous 2S/LGBTQ+ Elders have had to flee their tribal communities and seek refuge in urban environments, facing a lack of community support or cultural resources. Approximately 23% of Indigenous 2S/LGBTQ+ Elders reported living in extreme poverty, and 32% live alone (NCEA, 2021). In urban settings, Indigenous 2S/LGBTQ+ Elders reported that experiences of discrimination negatively affected their health and increased physical pain and impairment (Chae & Walters, 2009). Such factors only exacerbate the chronic stress, anxiety, and depression symptoms experienced among the Indigenous 2S/LGBTQ+ Elder population.

Sotero (2006) developed a conceptual framework to illustrate how historical trauma operates in Indigenous and other historically

oppressed communities. It shows how historical trauma is created with the subjugation of a population by a dominant group and involves at least four elements: overwhelming physical and psychological violence, segregation and/or displacement, economic deprivation, and cultural dispossession, which lead to an array of complex psychological and emotional trauma responses that are then passed down across secondary and subsequent generations.

Indigenous Holistic Theory as a Pathway for Coming In

Indigenous holistic theory (IHT) emphasizes holistic health factors, including Indigenous people's mental, physical, spiritual, and emotional health across generations. Unlike Western science, which often relies on formal studies using "objective," measurable data, Indigenous ways of knowing are based on lived experiences and observations passed down and across generations through stories and oral histories (Champine et al., 2019; Han et al., 2021; Muskett, 2014; National Congress of American Indians Policy Research Center & Montana State University Center for Native Health Partnerships, 2012).

Absolon (2010) introduced a conceptual model from Anishinaabe tradition to illustrate components of an IHT framework. The ecological model is divided into four directional components reflecting the core principles of IHT: spiritual, emotional, mental, and physical factors, which are impacted by the historical, social, political, and economic factors (shown on the outside of the circle). Four directions are represented in the framework:

1. The *Eastern doorway* on the right-most quadrant of the circle represents *spirituality* with an emphasis on beginning, vision, and history. *Beginning* symbolizes the acknowledgement that Indigenous people are in a state of recovery and revitalization whereby "[Indigenous people] are recovering, reemerging, and reclaiming ... knowledge" (Absolon, 2010, p. 78). *Visioning* here implies the ability to view history and the present and envision the

future.

2. The *Southern doorway* on the bottom quadrant of the model represents *emotional* and *relational* needs with an emphasis on kinship systems and community.
3. The *Western doorway* on the left-most quadrant of the circle represents *mental* health with an emphasis on respect and reason, encouraging "a structural analysis and understanding of power and social constructions of health and illness" (p. 80).
4. Lastly, the *Northern doorway* acknowledges the *physical* elements with a focus on physical action and movement.

The individual self is represented in the middle of the circle and is described as the balance of all four elements (spiritual, emotional, mental, and physical), providing a pathway whereby Indigenous people can live in harmony and wellness. As illustrated with arrows in the model, the four directions are not mutually exclusive. Rather, they interrelate, intersect, and are symbiotic with one another. Thus, any change or movement in one area will impact the entire model. Listed in the interior of the circle are cultural considerations for practitioners to address when applying the model within an Indigenous context. Reflective of the pedagogical introspective nature of the model, these cultural considerations are intentionally ambiguous to allow for cultural specificity.

Indigenous communities play a central role in the conceptualization, development, and execution of the IHT framework, while practitioners adhere to cultural protocols and thereby ensure all four elements are kept in balance with one another. This iterative process helps to ensure cultural safety and ultimately the promotion of holistic wellness among Indigenous populations. Applying an IHT perspective to interventions for Indigenous 2S/LGBTQ+ Elders shifts the gaze away from traditional Western public health approaches that are characterized by individualism

(Goldberg, 2012) and isolated diagnoses without a structural analysis of ecological factors that impact health, toward a perspective that centres Indigenous ways of knowing and places historical context and cultural needs at the forefront of health interventions.

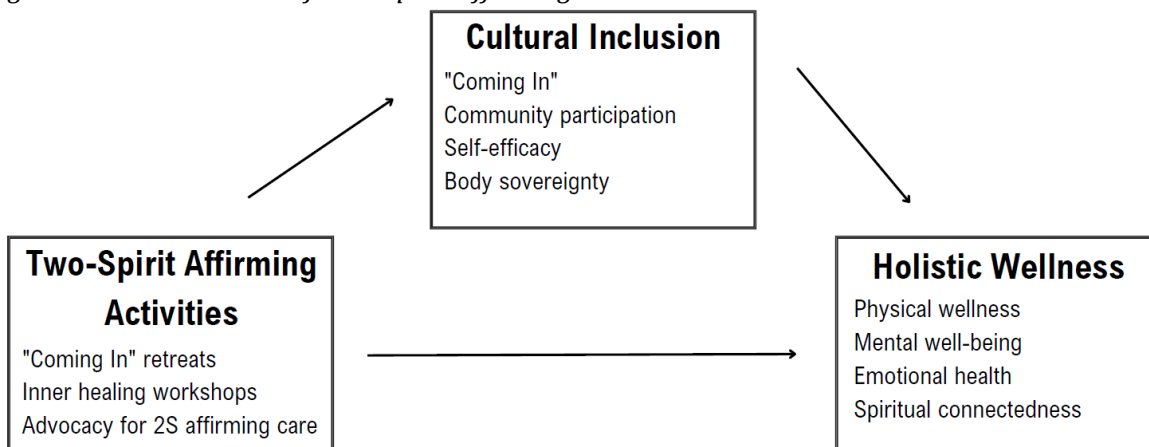
Providing a valuable addition to this discussion, “coming in” is a Two-Spirit cultural theory wherein individuals “[return] fully present into [themselves], to resume [their place] as a valued part of [their] families, cultures, communities, and lands, in connection with all of [their] relations” (Wilson, 2015, p. 3). Coming in stories, in contrast to Western-based “coming out” stories, centre and celebrate the role of Indigenous 2S/LGBTQ+ Elders in their tribal communities. Incorporating coming in principles into trauma-informed care interventions for Indigenous 2S/LGBTQ+ Elders can help ensure that approaches are culturally responsive and supportive of Two-Spirit individuals’ unique experiences and needs. It can also help to promote healing and resilience within Indigenous communities through the creation of safe and welcoming environments that centre the traditional healing roles of Indigenous 2S/LGBTQ+ Elders.

The coming in concept could be introduced to the IHT conceptual model, placed in the centre with the “self.” Through this adaptation, it would be easier to identify which

ecological factors (e.g., historical, sociological, political, economic) and intrapersonal factors (e.g., self-perception, cultural belonging, spiritual connectedness) are preventing Indigenous 2S/LGBTQ+ Elders from entering into their traditional tribal roles and communities. For Two-Spirit individuals, this may involve the development of interventions that incorporate traditional healing practices, allowing the community to tailor interventions that align with their distinct cultural beliefs and values. This culturally grounded approach can be useful when advocating for increased funding and promoting tribal sovereignty over health services that best meet the needs of Indigenous 2S/LGBTQ+ Elders. In addition, the model challenges Western individualistic behavioural theories that continue to perpetuate harm toward Indigenous 2S/LGBTQ+ Elders.

An Indigenous model for Two-Spirit inclusion and holistic wellness. As illustrated in Figure 1, our theoretical mediated model for Two-Spirit affirming activities involves several interconnected components that lead to holistic wellness through the mediator of cultural inclusion. This model is adaptable, and aims to promote the physical, mental, emotional, and spiritual well-being of Indigenous 2S/LGBTQ+ Elders and individuals through the provision of culturally affirming activities and services.

Figure 1
Indigenist Mediated Model of Two-Spirit Affirming Activities and Holistic Wellness



Note. As opposed to Western “coming out” stories, “coming in” stories illustrate how Indigenous 2S/LGBTQ+ people come to understand their relationship to and place and value within their own community, culture, history, and present day (Wilson, 2015).

The first component of the model is *Two-Spirit affirming activities*, which may include coming in retreats, inner healing workshops, and advocacy for Two-Spirit affirming care. These activities are designed to provide a safe and supportive environment where Two-Spirit individuals can connect with their cultural heritage, learn traditional practices, and receive support from other members of the community. By participating in these activities, Two-Spirit individuals can gain a sense of belonging and validation, which can lead to improved physical, mental, emotional, and spiritual health outcomes.

The second component of the model is *cultural inclusion*, which serves as a mediator between Two-Spirit affirming activities and holistic wellness. Cultural inclusion refers to the degree to which Two-Spirit individuals feel valued and respected within their cultural community. When Two-Spirit individuals feel included in their culture, they are more likely to engage in culturally affirming activities, which can lead to improved mental, physical, and spiritual well-being (Chen & Zhang, 2022; Salzer, 2021; Walters et al., 2020).

The third component of the model is holistic wellness, which encompasses the physical, emotional, and spiritual dimensions of health in line with IHT principles. Holistic wellness is the ultimate goal of the model and can be achieved through the interplay of Two-Spirit affirming activities and cultural inclusion. By engaging in culturally affirming activities and feeling included in their culture, Two-Spirit individuals can experience improved mental health outcomes, reduced stress, and increased social support. These positive outcomes can, in turn, lead to improved physical health outcomes, such as lower rates of chronic disease and improved immune function.

Discussion and Implications for Practice.

Homophobia, transphobia, cisnormativity, and ageism are etched into the very fabric of Western public health approaches, which in turn creates multiple barriers for Indigenous 2S/LGBTQ+ Elders as they seek to access health services (D'cruz & Banerjee, 2020; Hunt, 2016;

Stewart et al., 2022). Western health care systems have often imposed a one-size-fits-all approach that does not account for the unique needs and experiences of Indigenous 2S/LGBTQ+ Elders. Moreover, these systems have often perpetuated colonialism, racism, and heterosexism that have contributed to the marginalization of Indigenous 2S/LGBTQ+ people (Reading et al., 2016). This includes the forced removal of Indigenous children from their families, communities, and cultures through residential schools and adoption systems (Adams, 1995). These systems have also perpetuated the erasure of Two-Spirit identities and cultures, leading to a lack of recognition and support for the specific health and social needs of Indigenous 2S/LGBTQ+ Elders, who are often survivors of residential schools that violently imposed foreign gender binaries on them.

Because of the state-sanctioned efforts to erase Indigenous 2S/LGBTQ+ Elders across the life course, they may be reluctant to seek care in Western medical settings. This is often due to the embodied trauma and distrust resulting from historical and ongoing colonialism, racism, and heterosexism. The harms of the Western medical system on Indigenous Peoples are widespread, including forced sterilization, nonconsensual experimentation, and medical racism, to name a few (Bailey et al., 2017; Leason, 2021). Additionally, Western medical systems may not align with Indigenous cultural practices and values, leading Indigenous patients to mistrust non-Indigenous providers. Other barriers in access to care for Indigenous 2S/LGBTQ+ Elders include stigma, discrimination based on sexual orientation and gender identity, and a lack of cultural competency among health care providers (Angelino et al., 2020; Orel, 2014). Additionally, there may be a lack of culturally safe and respectful care that meets the unique needs of Indigenous 2S/LGBTQ+ Elders, particularly in long-term care settings (Flatt et al., 2022).

However, the wellness of Indigenous 2S/LGBTQ+ Elders must be understood within

the context of not only colonial oppression and historical trauma, but also resilience and strength. Drawing from existing principles, IHT offers a set of principles for crafting health responses that are culturally responsive, resilience-based, and disruptive to the very systems that have created barriers for Indigenous 2S/LGBTQ+ Elders. Incorporating IHT into systems designed to exterminate, assimilate, or eradicate Indigenous 2S/LGBTQ+ Elders requires a commitment to decolonization and Indigenous self-determination, including the repatriation of Indigenous land and life (Tuck & Yang, 2012). This includes drawing from Indigenous Knowledge Systems, cultures, and traditions—while honouring the essential roles that Indigenous 2S/LGBTQ+ Elders play in their tribal communities as healers, Knowledge Keepers, and peacemakers.

Public health approaches must prioritize the development and implementation of culturally safe and respectful care that meets the unique needs of Indigenous 2S/LGBTQ+ Elders. This involves building relationships with Indigenous communities and Indigenous 2S/LGBTQ+ Elders, listening to their needs and concerns, and actively engaging in ongoing learning and reflection. Public health researchers can use the principles posited in the IHT conceptual framework while leaving room to adapt nuanced cultural considerations that are driven by Indigenous 2S/LGBTQ+ Elders' perspectives. Applying IHT to inform interventions will ensure approaches are culturally specific and meaningful and centre Indigenous ontologies, epistemologies, and other ways of being. Pairing IHT principles and the distinctly Two-Spirit theory of “coming in” provide a way of creating comprehensive, culturally responsive interventions that work to mitigate the impact of historical trauma. The IHT conceptual framework posits that spiritual, emotional, mental, and physical health needs must be met for effectiveness in all four directions. For interventions developed for

Indigenous 2S/LGBTQ+ Elders, coming in can be used as a powerful mediating variable to describe the pathway whereby Indigenous 2S/LGBTQ+ Elders are able to experience increased spiritual, emotional, mental, and physical health.

Our theoretical mediated model for Two-Spirit affirming activities and holistic wellness (Figure 1) involves a reciprocal relationship between culturally affirming activities and cultural inclusion, which ultimately leads to holistic wellness. By providing a supportive and inclusive environment where Two-Spirit individuals can connect with their cultural heritage, this model has the potential to improve the health and well-being of Two-Spirit individuals and communities while guiding culturally grounded interventions. In the case of Indigenous 2S/LGBTQ+ Elders, an adaptation of this model may look like incorporating intervention nuances to address the unique historical trauma outcomes experienced by the Indigenous 2S/LGBTQ+ Elder population, in turn promoting holistic wellness.

Embodying the principles of the IHT framework is one approach to decolonization. While these principles can certainly be applied to individual or micro-level interventions, it is critical to note that these concepts and frameworks can also be applied at a structural level to address environmental, social, and economic factors that influence individual risk and protective behaviours. Some examples of this could be policy advocacy, supporting Indigenous 2S/LGBTQ+ affirming care in medical systems, or continuing to advocate for tribal sovereignty. Supporting tribal sovereignty and returning power to tribal communities allows for the reclamation of cultural traditions, community empowerment, improved health care access and health equity, legal protections, and increased representation. These factors collectively contribute to the wellness and health of Indigenous 2S/LGBTQ+ Elders by fostering a supportive

and inclusive environment that validates their identities, addresses their unique needs, and ensures their rights and protections are upheld.

Conclusion

Further research that is grounded in IHT principles is needed to inform effective interventions that draw on the strengths and knowledge of Indigenous 2S/LGBTQ+ Elders. Applying the IHT framework to intervention design could be an effective strategy for developing interventions that work to mitigate the impact of historical trauma experienced by Indigenous 2S/LGBTQ+ Elders. Individual-level interventions paired with structural efforts grounded in IHT principles offer a way through which Indigenous 2S/LGBTQ+ Elders can return empowered to their communities, embracing Indigenous traditional gender roles and expressions within colonial societies that have a longstanding history of marginalizing Indigenous 2S/LGBTQ+ Elders. Furthermore, being immersed back into their communities provides Indigenous 2S/LGBTQ+ Elders a pathway to develop resilience through community support, cultural connection, and a grounded sense of identity.

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