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“I’m in this World for a Reason”: Resilience and recovery among American Indian and Alaska Native Two Spirit Women

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Abstract

American Indian and Alaska Native sexual minority (two-spirit) women are vulnerable to substance misuse and mental health challenges due to multiple minority oppressed status and exposure to stress and trauma. Yet, these women find pathways toward healing and wellness. We conducted a qualitative data analysis of interviews derived from a national health study and gained an understanding of 11 two-spirit women’s resilience and recovery patterns. Emergent from the data, a braided resiliency framework was developed which elucidates multi-layered abilities, processes, and resources involved in their resiliency. We recommend that resilience-promoting strategies be incorporated into substance misuse and mental health interventions.

Keywords

American Indian; Alaska Native; two-spirit; Indigenous stress coping; resilience; recovery; identity; lesbian women of color; qualitative research; substance use; mental health; sexual orientation; culture; spirituality; social support; social determinants of health

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Introduction

Research has demonstrated that American Indian and Alaska Native (AIAN) people and sexual minorities (two-spirit, lesbian, gay, and bisexual individuals) suffer from disproportionate rates of substance use disorders (SUD) and mental health challenges (Whitesell, Beals, Mitchell, Manson, and Turner 2009; Yuan, Duran, Walters, Pearson, and Evans-Campbell 2014). These behavioral health issues are frequently tied to multiple exposures to traumatic and discriminatory events (Evans-Campbell, Walters, Pearson, and Campbell 2012; Walters et al. 2011; Yuan et al. 2014). Most AIAN behavioral health research to date has been weighted heavily toward the study of individual pathology and illness-focused studies, as well as reservation-dwelling populations, while paying little attention to the strengths, resiliency, or recovery processes among AIANs (LaFromboise, Hoy, Oliver, and Whitbeck 2006). Even more striking is that currently no research exists on resilience in the context of recovery among AIAN sexual minorities, much less AIAN sexual minority female groups who are disproportionately at risk for trauma exposure and corresponding poor behavioral health outcomes. To address this dearth of strengths-based data, we sought to identify resiliency narratives among urban, female (both assigned at birth and self-identified), sexual minority AIAN women (hereafter referred to as two-spirit women¹) who have faced significant substance use and mental health challenges. The findings are based on qualitative interviews derived from a large-scale national NIH study of two-spirit health (HONOR Project; R01MH65871).

Two-spirit is a contemporary, unifying, intertribal term adopted by some AIANs, First Nations, and Aboriginal peoples to signify their spiritual, sexual, gender, cultural, and community identities (Jacobs, Thomas, and Lang 1997; Walters, Evans-Campbell, Simoni, Ronquillo, and Bhuyan 2006; Wilson 1996). Many make use of the two-spirit term by referencing embodied feminine and masculine duality; a gender identity or expression that does not fit well into western notions of a binary gender division, but that is more aligned with their traditional indigenous understanding of a non-female, non-male gender (Anguksuar 1997); as a cultural reference of being lesbian, gay, bisexual, transgender, or queer (LGBTQ); and/or as having an identity that centers the spiritual aspect of their identity (Walters et al. 2006). The use of the term two-spirit has been known to facilitate an individual's reconnection with tribal understandings of non-binary sexual and gender identities, as well as traditional spiritual or ceremonial roles that two-spirits have held, thus reaffirming their identities (Walters et al. 2006; Walters, Horwath, and Simoni 2001; Wilson 1996) and arguably contributing to their resilience.

Background: Stress, Behavioral Health, and Two-Spirit Women

The destruction of traditional Indigenous ways of living and knowing via U.S. colonization and federal genocidal policies have impacted the health and wellbeing of AIANs, particularly two-spirits. Multi-faceted health inequities and intergenerational suffering have resulted. One example of attempted cultural genocide involved forced or coerced removal of

¹The term "two-spirit women" will be used in this article to describe lesbian, bisexual, and women-loving indigenous women. We acknowledge that the term "two-spirit" can also be used more inclusively.

children from their families and tribal communities followed by placement of the young people into residential military-like boarding schools with the purpose of “civilizing” AIAN children (U.S. Department of Health and Human Services [USDHHS] 2001; Cross, Simmons, and Earle 2000; Coleman 2007; Evans-Campbell et al. 2012). Young people housed at these government- or Christian-led facilities often lost their cultural and familial identities which frequently coincided with exposure to severe and repeated physical and sexual abuses (USDHHS 2001; George 1997; National Resource Center on Child Sexual Abuse 1990). Simultaneously, boarding schools systematically instilled strict binary gender norms into the daily living of the children, ultimately removing traditional understandings of gender roles (Adams 1995; Evans-Campbell 2008), and barring normative sexual and gender enculturation and identity development. This example characterizes an era of efforts to assimilate Native people, or “kill the Indian and save the man,” a slogan used by the boarding school superintendent and that helped sanction historically traumatic boarding school ethnocidal practices (Adams 1995; Brave Heart 1999; Eastman 1935). This is but one example of the historically traumatic events that have contributed to a sequela of symptoms and conditions among AIANs today. Despite these atrocities, many communities, families, and individuals not only survived, but also adapted and thrived (Brave Heart 2003; Walters et al. 2011; Evans-Campbell and Walters 2006). In order to understand behavioral health struggles among AIANs in general and two-spirit women in particular, one must consider the sociohistorical context in which these conditions arose. Without this lens, research findings and interpretations of mental health and substance misuse challenges among two-spirit women will be invalid (Browne and Fiske 2001; Fieland, Walters, and Simoni 2007).

Urban two-spirit women’s intersecting identities and memberships in multiple groups require skilled navigation. Their movement back and forth between three worlds of conflicting ideologies (i.e., AIAN, LGBTQ, and dominant culture) can be confounded by internalized struggles of identity development and conflict regarding group allegiances (Walters 1998). For example, crossing between AIAN communities and dominant culture LGBTQ groups means encounters of microaggressions and other reactive bias attitude expressions to one or multiple identities (Balsam, Molina, Beadnell, Simoni, and Walters 2011; Walters et al. 2006; Walters 1998). Two-spirit women must employ various tactics in order to negotiate these racist, sexist, and heterosexist colonized spaces, resulting in a complex struggle and an ongoing chronic stressor load.

In addition to everyday stressors that two-spirit women embody, there are also proximal lifetime traumas that occur at alarming rates. Sexual minority AIAN women have reported an exceptionally high lifetime prevalence of sexual (85%) and physical (78%) assault (Lehavot, Walters, and Simoni 2009) and two-spirits who attended boarding school reported being physically (34%) and sexually (29%) maltreated while institutionalized (Evans-Campbell et al. 2012). The cascade of ecosocial chronic stressors, with proximal and distal historical traumas, has the potential to lead to prolonged suffering, including depression and anxiety symptoms, and substance misuse (Armenta, Whitbeck, and Habecker 2015; Fieland et al. 2007; Juster, McEwen, and Lupien 2010; McEwen 1998; Walls and Whitbeck 2012; Whitbeck, Hoyt, McMorris, Chen, and Stubben 2001; Whitesell et al. 2009).

Misuse of alcohol has been identified as a public health problem among two-spirits (Yuan et al. 2014; Balsam, Huang, Fieland, Simoni, and Walters 2004). Among two-spirit women drinkers, past-year prevalence rates of alcohol abuse and diagnosis of alcohol dependence are 12% and 49% respectively. This same study found that 70% of drinkers experienced physical, sexual, and/or emotional abuse (Yuan et al. 2014). This is consistent with previous findings: one study indicated that AIAN women who experienced low to moderate child maltreatment were nearly twice as likely to have a SUD compared to women who had not experienced abuse (Duran et al. 2004).

Generally, AIAN adults tend to experience past-month serious psychological distress at about twice the rate of white Americans (National Center for Health Statistics [NCHS] 2014, Table 55; NCHS 2012, Table 59) and have experienced a past year major depressive episode more often than all other major racial groups in the U.S. (USDHHS 2014). The seriousness of this problem is reflected in the high suicide rates in many parts of Indian Country (Herne, Bartholomew, and Weahkee 2014). Similarly, studies have shown two-spirit women's risk for suicide as significantly higher compared to their white counterparts (Morris, Waldo, and Rothblum 2001) and higher rates of psychological distress among two-spirits compared to other AIANs (Balsam et al. 2004).

We can gain much insight from those who wish to share their lived experiences of resilience and recovery. This paper discusses resiliency themes that emerged from two-spirit women's narratives and were found to be associated with recovery from mental health and substance use struggles. Throughout this paper, we highlight women's own words and experiences to illustrate themes and findings.

Theoretical and Methodological Framework

Academics do not agree on one single definition of resilience. Some refer to resilience as a trait, while others refer to resilience processes or resilience as an outcome (Khanlou and Wray 2014). One definition is an individual's intrinsic ability to rebound from adversity; another, the process of overcoming acute, traumatic stress and long-term stressors (Southwick, Bonanno, Masten, Panter-Brick, and Yehuda 2014). Stajduhar, Funk, Shaw, Bottorff, and Johnson (2009) add that an individual's ability to bounce back is often processed through cognitions and emotions, then manifested in corresponding behavioral change. Although resilience is most often referred to in the literature as psychological resilience, intrinsic, or trait-based (Shiner and Masten 2012; Tugade, Fredrickson, and Barret 2004), other resilience theories demonstrate the myriad factors involved in complex, multi-level resiliency processes (Allen et al. 2014; Southwick et al. 2014). Across AIAN resilience studies, the authors emphasize the importance of culture, identity, community, family, spirituality, and Indigenous worldviews as integral factors that promote resilience (Allen et al. 2014; Garrett et al. 2014; Grandbois and Sanders 2009; Wexler 2014; Wexler et al. 2014; LaFromboise et al. 2006; Graham 2001; Long and Nelson 1999). *Community resilience*, also known as *collective resilience*, recognizes the sociocultural ecological affects on individuals' access to resources (Kirmayer, Dandeneau, Marshall, Phillips, and Williamson 2011; Ungar 2011) and that systems of resources influence individuals' and communities' abilities to overcome adversity (Southwick et al. 2014; Wexler et al. 2014). *Cultural*

resilience, or meaningful connectedness to culture, through ceremonies, spirituality, Elders, traditional activities, and kinship support are protective and buffer the effects of adversity (Grandbois and Sanders 2012; Heavy Runner and Marshall 2003; Mohatt, Rasmus, Thomas, Allen, Hazel, and Marlatt 2008; Walters and Simoni 2002). Recent empirical, Indigenous-specific resilience research demonstrated how AN youth formulate constellations of psychological and communal resources in the context of culture (Wexler et al. 2014). Cultural resilience, as a theory, is supported by the multilevel indigenist stress-coping model (ISCM) which bolsters our methodological framework (Walters and Simoni 2002; Walters, Simoni, and Evans-Campbell 2002). The ISCM posits that cultural factors and Indigenous approaches to healing such as sweat lodge ceremony and tribal social capital moderate the effects of ecosocial stressors (e.g., traumatic life and ancestral events, micro-aggressions, discrimination) on AIAN health outcomes, including SUD, depression, and post-traumatic stress disorder (Walters and Simoni 2002; Walters et al. 2002). Finally, the interpretation of two-spirit narratives requires that we acknowledge the critical role of socio-cultural history, context of family and tribal environments, and individual and collective negotiation of settler colonialism and related historically traumatic events (Ida 2007; Mohatt et al. 2008; Walters et al. 2011). Grandbois and Sanders argue that to understand Native resilience, one must consider “personal, familial, and cultural values that impact the ability to cope while living in a bicultural world where the Western worldview is dominant” (2009: 571). Given the world which two-spirits negotiate, we analyzed women’s narratives through a multilevel, intertwining lens grounded in each of the aforementioned theories and perspectives.

Methods

This study draws from a large-scale National Institute of Health study of two-spirit health (HONOR Project; R0165871), which involved HONOR Project (HP) working with local and regional two-spirit communities and Native agencies. More than 60 tribally diverse two-spirit community leaders were interviewed using a qualitative, in-depth, semi-structured method. This was in addition to over 400 quantitative surveys. Combined, the qualitative and quantitative portions of the research project explored a broad range of concerns and strengths at the individual, family, and community levels. Consistent with narrative and indigenist research methods, the qualitative interviews provided opportunities for AIAN sexual minority leaders to give their *testimonios*, a type of oral history and life story. (Bishop 2005; McMahan and Rogers 2013; Tuhiwai Smith 2005). The study conducted for this article is an extension of the original study which met university and human subjects research requirements. Institutional review board approval was not required for this study because all data was de-identified prior to analysis.

Sample

For this secondary data analysis, researchers scanned all qualitative transcripts (N=60) while executing purposive sampling to identify female-assigned at birth and self-identified female subjects. This yielded a sample frame of 22 two-spirit women. These 22 transcriptions were then read through to identify women who had exhibited a substance or mental health challenge while simultaneously recording thoughts and working reflexively; a type of analysis in which the coder does not code the text interview but rather “listens” to the transcript to identify initial emergent themes (Gilligan, Spencer, Weinberg, and Bertsch

2003). This process helped emphasize the relational nature of data interpretation. After examining all 22 interviews, 11 participants met the inclusion criteria for the study, as they explicitly talked about experiences with substance use and/or mental health struggles. A decision was made to include all 11 women into the final analytic sample in order to capture a breadth of experiences. Ages of interviewees ranged from the 20s through the late 50s. To protect confidentiality, we used pseudonyms and limited tribal and socio-demographic information.

Data Analysis

The authors brought together Thematic Content Analysis (TCA; Anderson 2007), Heuristic and Intuitive Inquiry (Anderson 2007; Moustakas 1990), and the Listening Guide Method (LGM; Gilligan, Spencer, Weinberg, and Bertsch 2003) to identify key themes related to resiliency and recovery from substance and mental health challenges. TCA is a descriptive presentation of qualitative data where a list of common themes are identified through inductive and deductive procedures to “give expression to the communality of voices across participants (...) with every attempt to employ names for themes from the actual words of participants and to group themes in a manner that directly reflects the texts as a whole” (Anderson 2007: 1). Both Heuristic Research (Moustakas 1990) and Intuitive Inquiry (Anderson 1998, 2004) provided our constructivist epistemological foundation for the initial thematic content generation and also acknowledged incorporation of our theoretical and intuitive understanding of the findings. Finally, a modified form of the voice-centered relational method of narrative analysis, the LGM (Gilligan et al. 2003), was included to help tune into the women’s inner worlds. This involved listening for the distinctive features of their psychological landscape as well as stories and metaphors relevant to resiliency.

The lead authors analyzed the 11 final narratives using *Dedoose* qualitative analysis software to conduct a thematic analysis (Dedoose Version 5.1.29). Transcripts were originally coded to identify major themes related to motivations in overcoming substance misuse and mental health challenges, and factors related to improved wellness and recovery. This process involved the inductive and deductive identification of themes through “careful reading and re-reading of the data” (Rice and Ezzy 1999: 258) and coding chunks of narratives in order to classify themes that reoccurred (Green and Thorogood 2009), as well as latent themes. Authors did not develop codes a priori, but rather allowed the themes to surface from the stories themselves. The research team met regularly to compare notes, codes, and themes stemming from the data analyses.

For credibility and reliability of thematic content, the HP principal investigator (third author) conducted theoretical sampling of 5 “cases” from within the sampling frame (11) and chose the LGM (Gilligan et al. 2003), for this portion of the analysis. Each narrative was “listened to” and re-read multiple times identifying different factors related to resiliency at each read though, while simultaneously considering the individual and collective voices. Sections of discourse were color coded to identify emerging coherent collective “voices.” These findings were then compared to the thematic findings of the first two authors resulting in a layered mapping of resiliency themes. This process verified analyses conducted by the first two authors, plus extended the construction of the initial themes. Quotes presented below have

been modified slightly for readability and themes are illustrated through the words of participants.

Results

“We wear our hair long because it has its grounding in ceremony... the purpose of life and braiding the hair is very important... because we wrap that ceremony with the context of our hair... to preserve and protect our cultural way of life... for our grandchildren and our children...”

Thomas Phillips, MSW, Kiowa/Muscogee, *Native Voice*
TV, 2010

Women frequently told intimate stories about quitting drinking or healing from mental health problems and trauma. Within these recollections, we found common indications of resiliency and recognized women’s abilities to persevere and sustain healthy change. Findings describe wellness-promoting, protective, and maintenance factors and their reflective manifestations of multi-level dynamic resiliency processes involved in two-spirit women’s successful long-term recovery.

One finding is foundational to the others, weaving its way throughout the women’s narratives. We found that women braided varied forms of resilience to galvanize tailored healing and recovery processes. Stories demonstrate the weaving together of what we are calling mind, body, and spiritual forms of resilience which are inclusive of: (1) individual level resilience, or *the mind*; (2) collective resilience, or *the body*; and (3) cultural resilience, or *the spirit*.

Individual resilience (Mind) represents internal key “turning points” (Garmezy 1991; Mohatt et al. 2008; Stajduhar et al. 2009) or cognitive awakenings leading to transformative behavior change or re-evaluation (Tebes, Irish, Puglisi Vasquez, and Perkins 2004) of self in present, past, and environmental contexts. Markers such as reformed cognitions, development of coping skills, and change in trajectory with movement toward becoming one’s true and whole, healthy self were often seen in the data. We found that individual level resilience was culturally bound and often involved an enculturation process. Similarly, a spiritual component frequently contributed to positive identity development. This aligns with Indigenous worldviews which emphasize connection to the universe and all that is, while recognizing the interrelatedness of all (Lowe 2002), including self.

Collective resilience (Body) involves family and community resilience that has sustained through historically traumatic events and colonial trauma responses (Evans-Campbell and Walters 2006) and is inclusive of communal access of physical and non-physical resources. Data showed that collective resilience exists through practical, emotional, spiritual, and social support resources in context of reciprocal relationships. This is consistent with Native values of contribution to one’s community and caring for one another through generative acts (Lewis and Allen, in review). Collective resilience was frequently found to act as a social determinant of individual resilience and as integral in healthy embodied transformations. The concept of embodiment is consistent with AIAN spatial and relational

worldviews, which recognize the interdependency between humans and the world around them, including the ancestors and future generations (Cajete 1994; Walters et al. 2011).

Cultural resilience (Spirit) is thought of as Indigenous cultural norms, practices, and values that form a matrix for strength and serve as a resource. Involved are Indigenous worldview perspectives on spiritual connectedness, ancestral knowledge, and infusion of culture for wellness development and maintenance (Allen et al. 2014; Cross 1998). Women drew from cultural resilience as they moved through stages of change and developed individual resilience. Communities and families were maintained through cultural resilience as they came together to participate in communal traditional and cultural activities, which resulted in transactions that support all and promoted health and wellness.

In the following examples, we illuminate the intricate braiding of mind, body, and spirit resilience deployed by two-spirit women in our study. We refer to this weaving as the *braided resiliency framework*. Our analysis involved scrutinizing the braids while striving to “un-braid” the strands within the women’s narratives in order to demonstrate each type of resilience. The quotations presented here highlight the intersectionality and braiding of the mind, body, and spiritual forms of resilience.

I found that spirit that I thought had gone away

In the first quote, Jamie discussed a key turning point of accepting past problems and her process of spiritual (re)connectedness. As she developed a personalized means of coping through spirituality, she gained a sense of mastery and became more resilient, thus decreasing the likelihood of relapse:

And I came to realize all those problems that were placed there were for me to learn from. And any time I have problems I might burn some sage or some sweet grass, being from the earth gives me comfort. I love the water and I use that in my prayer. I’ve learned to pray. And it’s not a religious prayer it’s the way that we always were taught as little ones you just say thank you. Being grateful and sharing what you have with other people—this was some of the spiritualness that I gained through sobriety. I found that spirit that I thought had gone away. So now, when I get upset, I face the east and take care of it the best I know how.

Jamie’s quote is bookended with references to resilience of spirit, the burning of sage and sweet grass, relating to being of the earth, and finally facing the east. Indigenous practices and ways of knowing provided Jamie with comfort and care when she was upset or having problems. Internal to the quote, Jamie spoke of gratitude for the teachings she received (from elders) as a child and exhibited embodied resilience by exercising gratitude and sharing what she had with others. Within and through body and spirit resilience, Jamie came into her own internal (mind) resilience.

Meditation, prayer, and going to ceremony helps immensely

Another participant recognized that knowing and being herself came about through mindfulness, prayer, and ceremony. Alex was able to cognitively pinpoint when she felt out

of balance; then make adjustments so that she became more fully embodied and present. Her commitment to wellness helped her find ongoing motivation for healing:

I go about staying in my body through meditation and prayer. I work at it because I have to be very focused and mindful of when I'm not in my body and if I'm not in my body, I really slow down and I actually stop what I'm doing to make sure that I'm inside. I know that if I'm not in my body, if I don't do the things that I do to help me to be in my body on a daily basis, I know that I will really be in big trouble. Meditation, prayer, and going to ceremony helps immensely to continue to be in my body. I've made a personal commitment to be in my body and to do the work that I came here to do, and so that keeps me going.

Alex's first statement about staying in her body seamlessly illustrates the braiding metaphor. She reiterated the strength of the braiding by noting her internal commitment, or individual-level resilience, to "be in [her] body" using meditation, prayer, and ceremony, all of which are cultural and spiritual manifestations of resilience. Reconnection to purpose, or true self with a larger collective meaning, instilled motivation to keep going.

One of the healthiest things for me is the ability to say no

In the next quote, Alicia gained insight after struggling with agency. A friend helped spark a self-reflective turning point and Alicia became able to honor her own practical and emotional needs without feelings of guilt and overwhelm:

Like Marilyn told me one time ...she said to me, she said ...you have a choice. I said I do? ...She said yes, you have a choice to either stay in this flood and try to stop it, or step aside and let the flood go through and then step in and pick up the pieces ...I realized oh, I guess I do have a choice! [Laughs] So my choice has been instead of trying to stand in front of the flood and stop it, and warn everybody, I step aside and then I have the choice, the decision of which pieces I will pick up. So that was from Marilyn, great words of wisdom. And so I think for myself ...I choose them very carefully and sometimes it's hard when people want me to do certain things. I have a desire to do them but then I have to say no and one of the healthiest things for me is the ability to say no. And not to have to explain the reason why ...I choose not to do this for myself ...because it would not be healthy for me, plain and simple.

A brief analogy described by a respected community leader opens up Alicia to consideration of balancing community demands with self-care. A turning point was reached through community-level culturally appropriate intervention involving "words of wisdom" from a natural helper. Alicia recognized the need for her attitude and behavior to change. This was followed up with a new skill of saying no and a new concept of wellness.

You're Indian and I expect the best

Next, we witnessed a granddaughter, Marina, struggle on her path toward wellness. Then, in common Elder communication style, the grandmother reinforced to her granddaughter that high expectations were a necessary part of her life path:

...so we're sitting in the kitchen and doing dishes and we're chitchatting away and I said, grandmother, I'm having really a hard time. It's so hard for me to fulfill the things that I want—there's so many high expectations and then I have so many expectations of myself, I said, it's almost impossible to do it at all. And she was very, very quiet and she looked at me and said—finally she said to me ... the reason why I have high expectations for you is because you're Indian and I expect the best.

In this case, a history of family resilience, healthy high expectations, and familial support influenced Marina's radical acceptance of her challenged path. Marina is encouraged by her grandmother's long history of psychological and emotional strength, and her faith in her capabilities to be successful. Finally, grandmother reminds Marina that Indian identity coalesces with strength and responsibility, which grandmother refers to in this case as expectations.

She was really the first person that demanded that I behave with dignity

The following quote comes from Suzanne who was entrenched in addiction and in a precontemplative stage of change. She lacked a sense of self-worth when she encounters another two-spirit community member who demanded she gain dignity:

She was really the first person that demanded that I behave with dignity... I didn't have any idea what self-esteem was and no idea whatsoever. She one time said to me—she was raised by her grandparents so in a lot of ways she was very traditional. One day she said to me, she hissed it actually, she said, some people shouldn't drink and then she just kept right on walking. You know that's the kind of way she was. She was right, you know. I needed to stop drinking. It took me awhile but I eventually did.

In this instance, Suzanne received just what she needed: a firm demand that she behave appropriately. Native people generally view an individual's conduct as a reflection of the quality of the person and proper protocol of community members is a held value in AIAN cultures. The insistent and abrupt ultimatum stuck in the mind of Suzanne as she moved into a contemplation phase of change, taking steps toward wellness.

Being in a space where you could be normal

The next quote represents common experiences of participants in the study. Two-spirit community activities provided space for reprieve from heteronormative and racialized environments, allowing for a deeper level of engagement with individuals who reflected their own lived experiences:

That [international two-spirit] gathering had an impact on me, we went to the campground ... that was the first time we were in one place and everybody there was two-spirit or with their partners and there was a lake. It was just nice. We laughed and ... it was more people getting to know each other and just being in a space where you could be normal, a week out of the year, and so just that in itself was what kept me going ...even today where things are so much better, it's like you just can't go someplace and not feel like you have to protect somebody or alter your identity.

Two-spirit gathering participation involved community acceptance and sense of belonging, forms of collective resilience. Moreover, this participant's (individual) identity as a two-spirit woman was positively reinforced through the common space. She spoke of the safe gathering space lasting only one week but bringing her strength and encouragement for an entire year.

To fully be accepted by them helped me to continue

Most women in the study identified that they felt rewarding connectedness to those in the present and past, prior to substance use and mental health struggles and afterward. In the next example, Amber talks about reconnecting to her grandmother through a childhood memory:

Because she fully accepted me for who I was and I was her granddaughter, and that's all that mattered. And it didn't matter what my lifestyle was, as long as I was happy. As long as I was healthy. And so I would say that my grandmother was my major turning point in my life, to fully be accepted by them helped me to continue and to look at life and to look at what is healthy and how do I define my life as healthy.

Amber discussed the recollection of her grandmother's teachings as being influential in her cognitive change toward health. She also reflected on experiences of feeling unconditionally accepted by family and ancestors, allowing her to bring about internalized resiliency and ability to move keep moving toward wellness. Amber's individual-level resilience advanced even further as she fostered of reclamation and resistance by self-determining health for her own life.

It's the quality of my work that matters

Next, we witnessed Judy describing progression in community engagement resulting from being honored for her hard work, independent of sexual identity. Her confidence climbed and she felt more comfortable identifying publicly as a lesbian:

An elder approached me about giving me a name, which was such an honor; a really wonderful gift for me. I started to spend more and more time in the community... there was something about the climate of that time that felt really accepting, even though it wasn't that easy all the time, there was something about feeling confident ...everybody knows who I am and ...it's the quality of my work that matters... there's something honorable in letting the communities see ... a committed lesbian couple, we're not trying to be anything but who we are and be good about helping kids and doing the right thing for the community.

Judy gained a meaningful sense of belonging while being recognized for all of who she is. Just as Thomas Phillips (2010, see the quote opening this section) notes the wrapping of "ceremony with the context of our hair" so too did Judy wrap herself with the context of community "to preserve and protect" her health and wellness. Judy was able to give back to her community by acting as a role model and showing others what it means to be in a healthy relationship and fulfill one's role in the community. The reciprocal nature of receiving recognition and giving back is hallmark of community resilience.

I've become more and more my own person

Below Carmin talked about the process of settling into self and reevaluation of self over time. She began to identify as someone with agency and choice; enlightened through desire to connect to land. Carmin found comfort in knowing that the two-spirit community was there for her should she need them:

I've become more and more my own person, my interests have evolved and changed and so if it's a choice between going to a potluck on a Saturday afternoon or working on my garden, I stay home and work on my garden. [Laughs] ...and it's not that I don't care about those people it's just that I wanna make those choices ... whereas when I was younger, I wanted to be with the Native lesbians, I had to be around them. Now I know they're there and that's enough for me.

Carmin's simple description of choosing to work in her garden rather than attend potlucks depicts a delicate weave of mind, body, and spirit resilience. Carmin's interests, indeed Carmin herself, was found within her garden, the earth (body) of which she is part. She expanded her understanding of the earth as the collective body when she said that she used to have to be around "the Native lesbians" whereas now she knows they are here through her spiritual connectedness. All of this allowed her internal (mind) resilience to develop and unfold.

You know what the Great Peacemaker would have done

The next quote demonstrates the generative translation of cultural values from one generation to the next. An auntie explained peaceful negotiation and other teachings, which were originally gifted by the Great Peacemaker, a spiritual lawmaker that helped form the Five Nations (Iroquois Confederacy).² Sam carried the intergenerational teachings and social support with her into a scary confrontational situation involving gossipers in her community:

These women were saying that anybody who was two-spirit or gay or lesbian-identified, they were going to beat them up ...so I went back home to midwinter ceremonies. I talked to my auntie and I said to her, this is going on and what should I do? I don't know—should I be afraid for my life? She said, well, do you know these women? I said yeah, I work with them. They're part of the community ...And so she said, well, you know what the Great Peacemaker would have done? I said, well ...I know what he was about, but I'm not sure what he would have really done in this situation. And she said it was very simple—he would go to the source. I said, go to the source? So you're saying go to these women and talk to them? She says yes because if you go to the source, that ends it. ...So I came back from ceremony, because I felt a lot stronger to do this [laughs] and so I called them up ... and I just put it out on the table and I said, I understand there's a rumor going around, and that rumor includes both of you. That really saddens my heart that it's

²The Peacemaker was sent by Creator and was the originator of the Great Law of Peace, resulting in the League of Five Nations and requiring that all weapons be buried in order to maintain peace; and that differences be worked out in order to maintain the confederated nations' well-being (Barreiro 1992). It was the Great Law of Peace and The Iroquois Confederacy that significantly informed the U.S. Constitution and democratic structure.

coming from you ...And so we had a long talk and so that ended it ...so from that lesson I now work hard to go to the source, even though it might be really scary ...I don't really think I've ever really had much of a bad experience after that...didn't have the fear for my life after that.

The auntie drew upon traditional ancestral knowledge, or cultural resilience, in order to guide Sam. Sam's value of the traditional spiritual teachings from the Great Peacemaker motivated her to inquire further into the *Great Law of Peace*. Additional learning of the delivered values of striving toward health of mind and body, peaceful speech and thought, and equity in rights and obligations (Reaman 1967) followed. Ultimately, Sam connected to her ethnic and cultural identities and was encouraged to integrate traditional values into her everyday life.

Like a braid, mind, body, and spiritual resilience processes come together and form great strength. We found that two-spirit women engage with cognitive, emotional, familial, communal, spiritual, and cultural resources to interrupt substance use and mental health struggles. At the individual or cognitive level, two-spirit women promoted recovery via mastery, mindfulness, commitment, insight, living life in balance, and renewal of self. Women often focused on positive emotions and reflections as they discussed collective resilience processes such as community participation and cultural engagement. This in turn gave them purpose or motivation to remain on a path toward health. Sense of responsibility for family, community, and ancestors was culturally bound and drove health-seeking behaviors. Sense-making of life events from Indigenous worldviews perspectives was salient and often involved spiritual, ancestral, or family teachings. Most identified that they felt rewarding connectedness to those in the present and past, recalling acceptance and love prior to substance use and mental health challenges and afterward. Community and family acceptance, social support, and culturally based expectations helped women gain motivation, a sense of belonging, and change behaviors and cognitions. Resilience for two-spirit women is revealed through cognitive, spiritual, familial, ancestral, and communal resources, norms, values, and expectations that have helped change behaviors, attitudes, cognitions, and emotional states. All of the forms of resilience were enmeshed in dynamic interpersonal and social processes and women combined resources and skills to become well.

Discussion and Conclusions

Although two-spirit women experience high rates of behavioral health concerns, they also exhibit unique and substantial resilience. We found that two-spirit women drew from a milieu of resources to develop their capabilities and motivations to move toward, maintain, and promote mental, physical, social, and spiritual wellness. This study gives voice to the complex construction of resilience that AIAN two-spirit women embody and we give witness to how states of survival morph into active thriving.

This study contributes to the theoretical foundation of resiliency among Indigenous peoples and exemplifies two-spirit women's resilience in the context of recovery from substance use and mental health struggles. Two-spirit women's resilience is demonstrated through their narratives and we construct the emerging braided resiliency framework to represent the

multi-layered abilities, processes, and resources involved in their resiliency. This theory-building model of intersectional resilience considers prior theoretical work on resilience and represents an underlying meta-process of merging, or braiding, together different forms of resilience.

The braided resiliency approach may act as a preliminary tool to guide future research, as it represents the intersectionality of resilience that may exist for Indigenous peoples around the globe. This is salient because resiliency research is often framed using siloed theories about stable trait, individual ability, cognitions, cultural, and community resilience; whereas we follow the women's lead and weave these theories together to best reflect their lived experiences. In this sense, the braided resiliency approach may help address the current paucity of AIAN resiliency research.

This study contextualizes recovery for two-spirit women and suggests that tailored healing processes may be needed in order for two-spirit women to galvanize wellness. Opportunities for two-spirit women to grow and strengthen their internal capabilities and develop their external resources should be foundational in mental health and SUD treatments for two-spirit women. Our work hints at structuring SUD prevention and mental health promotion efforts to reinforce AIAN psychological and emotional wellbeing via cultural and spiritual involvement; opportunities for community and familial connections, and social support (Garrett et al. 2014). Lastly, as we hold in our thoughts and hearts the seventh generation we must also remember that when we promote healthful ways for Native women today, we also benefit the wellbeing of our future generations.

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