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"Our Gifts are the Same": Resilient Journeys of Long-Term HIV-Positive Two-Spirit Men in Ontario, Canada

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ABSTRACT

Despite numerous obstacles, many two-spirit men living long-term with HIV report that they are doing well. This study was designed to examine the ways this population understood the cultural skills, resources, knowledges, and practices they drew on to bolster their health and well-being. Three sharing circles were conducted in Toronto, Hamilton, and Ottawa, Ontario, Canada. Participants were men who self-identified as Indigenous, gay, bisexual, and/or two-spirit and who had been diagnosed with HIV for 10 years or more. Using the Medicine Wheel—an *Anishinaabe* symbol representing a healing journey—symbol-based inquiry was used to stimulate dialogue about strengths, cultural assets, and resiliencies. Qualitative data were analyzed using a participatory analysis approach that focused on seven paths to resiliency. They include: (1) Worldview; (2) Finding One's Strength; (3) Walking Towards Balance; (4) Recognizing True Power; (5) *Mino-bimaadiziwin* (living the way of a good life); (6) Self-care; and (7) Living our Truth. Across themes, participants discussed what it means to "live well" in the context of historical, biomedical, social, spiritual, sexual, and behavioural factors that affect their health and wellness. Through an active community/academic partnership, this project helped to identify issues related to living with HIV, addresses the needs and concerns of those who have been living with HIV longer term, and suggests a variety of ways that HIV services might be adapted to better suit two-spirit men.

ACKNOWLEDGEMENTS

"Our Gifts are the Same": Resilient Journeys of Long-Term HIV-Positive Two-Spirit Men in Ontario, Canada

Indigenous[1] communities in Canada are incredibly diverse reflecting a wealth of cultural traditions, values, and perspectives (Jackson, Brennan, Georgievski, Zoccole, & Nobis, 2021). Indigenous people also share challenging experiences of colonization that disproportionately impair health and wellness (Adelson, 2005; Gracey & King, 2009; King, Smith, & Gracey, 2009). According to Haddad and colleagues (2019, p. 308), in 2018 amongst those who provided information on race/ethnicity (n=1,196), 19.3% of respondents living with HIV in Canada identified as Indigenous, despite comprising only 4.9% of the Canadian population (Statistics Canada, 2017). These disproportionate rates of HIV infection are compounded by Indigenous people being more likely than other HIV-positive Canadians to have a later diagnosis (Stokes, Pennock, & Archibald, 2006); a slower uptake of HIV anti-retroviral treatments (Wood, Kerr, Palepu, Zhang, & Strathdee, 2006); less access to HIV experienced physicians (Lima, et al., 2006); and as a result, more morbidity and mortality rates that are three times higher than the general population (Miller, Spitall, Wood, Chan, & Schechter, 2006).

Understanding HIV/AIDS disparities among Indigenous Peoples is linked to ongoing colonialization (Adelson, 2005; Gracey & King, 2009; King, Smith, & Gracey, 2009). As a result, discussions about HIV/AIDS in Indigenous communities often leads to an over-emphasis on socio-behavioural deficits of Indigenous Peoples without full appreciation of cultural assets (Adelson, 2005; Bond, 2005; Valaskakis, Dion Stout, & Guimond, 2009). Such scholarship negatively constructs Indigenous identity (Bond, 2005; Reading & Nowgesic, 2002), shapes the provision of services to address individual deficits (Peltier, et al., 2013), and contributes to a view that only suffering and dysfunction occur within Indigenous communities (Lavallee & Poole, 2010).

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[1] Indigenous Peoples is an 'umbrella term' inclusive of First Nations, Inuit and Métis peoples who are widely recognized as descendants of the original peoples of the territory that is now called Canada.

From the perspectives of many Indigenous peoples (e.g., Anishinaabe, Cree)—but not all (e.g., Inuit)—health and wellness is experienced within a "framework of balance and harmony" (Isaak & Marchessault, 2008, p. 115) that holistically incorporates an individual's physical, emotional, mental, and spiritual qualities. It is a model of health best represented by the Medicine Wheel, and as Isaak & Marchessault (2008) summarize, "[it is a framework that] represents the relationship of the individual with his or her family, [and also to their] community and the world […]" (p. 115). It was within this context that we set the community-driven goal of our study and the focus of this paper: to explore the culturally grounded qualities, knowledge, resources, and skills of two-spirit[2] men Ontario, Canada as they adapt to life long-term with HIV and AIDS. As authors of this paper—two identified as settler scholars (DB and GG), one as an Anishinaabe scholar (RJ), and two Indigenous community stakeholders (AZ and TN)—we believe our focus on culturally-framed resiliency contributes to a growing body of literature that, according to Fleming and Ledogar (2008a; 2008b), represents a relatively underdeveloped conceptual framework.

INDIGENOUS RESILIENCY: A THEORY IN THE MAKING

Our study was founded on the assumption that despite challenging life circumstances, two-spirit men are adaptable and culturally resilient. Although the colonial challenges Indigenous peoples confront are well-described in the literature (Adelson, 2005; Gracey & King, 2009; King, Smith, & Gracey, 2009), Indigenous peoples also experience resiliency that is grounded in cultural assets that are as captivating as they are beautiful. Words like hardiness, tenacity, perseverance and determination must be added to our vocabularies when describing two-spirit men's health and wellness. The failure to recognize the cultural assets of Indigenous peoples only captures a partial story—there is an important cultural story to be shared as well.

As a Western conceptual framework originating in psychology and psychiatry, resiliency is defined as an individual's capacity for "positive adaptation despite adversity" (Fleming & Ledogar, 2008b, pp. 47; see also Fleming & Ledogar, 2008a; Kirmayer et al, 2009; and McGuire, 2010). Indigenous scholarship, however, has criticized resiliency as a Eurocentric concept that places sole responsibility for healing upon the individual (Kirmayer, et al., 2009; Lavallee & Poole, 2010; Newhouse, 2006). In fact, Eurocentric approaches to resiliency are thought to lack "sensitivity to social and cultural context[s]" (Kirmayer, et al., 2009, p. 63).

Indigenous scholarship focused on resilience is emergent, extends the Western idea, and urges us to move beyond the individual to also include a focus on social, cultural, and community assets. As Newhouse states, "Part of the healing journey is to begin to see ourselves differently, to move from seeing ourselves as wounded, to seeing ourselves as resilient" (2006, p. 2). There is now increasing recognition that we must understand Indigenous collective strengths as derived from connecting to broader community, cultural resources such as traditional spirituality and ceremony, and relationships with, and, across time (e.g., intergenerational) and geography (e.g., as connected to land) (Peltier, et al., 2013).

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[2] "Two-spirit" refers to individuals who self-identify as possessing both male and female attributes. Two-spirit is a third gender and although many two-spirit individuals identify as gay, lesbian, bisexual or transgender, two-spirit is not typically understood as being the same as sexual orientation.

The Medicine Wheel provides a conceptual framework for understanding the variety of ways Indigenous peoples experience "spiritual, emotional and physical well-being [as] dependent upon a number of variables including political, social and economic positioning of Indigenous peoples and communities" (Martin Hill, 2009, p. 36). It is a conceptual tool that acknowledges resilience as an individual process and, in keeping with developments in the field of resiliency (Fleming & Ledogar, 2008a), allows for understanding individual-level protective factors and processes as firmly enmeshed within the broader environment (e.g., connection to family, community, nation and the spirit world). In fact, according to McGuire (2010, p. 123), these connections "are embedded in the land" and this requires an understanding of the ways these relationships inform an individual sense of self, their spiritual development, and the overall relationship with a broader cultural context that influences resiliency.

In other words, Indigenous conceptualizations of resiliency shift the focus from the individual to encompass community strengths, assets, and adaptability in the face of threats towards the family, community, nation, and global levels. As defined by Ungar & colleagues (2008), "resilience [is] not just an individual's capacity to cope with adversity but [is] also the capacity of the person's community to provide the health resources necessary to nurture and sustain well-being, providing individuals opportunities to access health resources in culturally relevant ways" (p. 2). Isaak and Marchessault (2008) found that as Indigenous peoples age, being resilient becomes more important and they look to community Elders who understand health as holistic and live in ways that are congruent with the teachings of the Medicine Wheel (e.g., use of ceremony and spiritual practices, a sense of broader connection to community supports).

However, resilience is a complex phenomenon affected by a wide variety of factors that make it methodologically difficult to isolate and study its component parts. The degree of enculturation defined as "the degree of integration with a culture," (Fleming & Ledogar, 2008b, p. 3) experienced by individuals, for example, influences the resiliency of Indigenous peoples. What makes the study of resiliency particularly problematic is when we consider Indigenous individuals who simultaneously identify with both traditional and mainstream cultures. It is difficult for studies to methodologically attend to cultural strengths and to assess which protective factors or processes are responsible for resiliency—is it an aspect of Indigenous culture or is it something more grounded in mainstream ways of being? Nonetheless, Fleming and Ledogar (2008a; 2008b) note that scholars often widely recognize knowledge, emotion, decision, and a sense of self-efficacy as well as relationships to family, peers and community as particularly important for Indigenous resiliency. McIvor, Napolean and Dickie (2009) identified several additional themes found to be protective in ways that positively influenced health: a strong sense of connection to land; use of traditional medicine; practicing traditional spirituality; consuming traditional foods (e.g., three sisters' soup; bannock; berries); participating in traditional activities; and using or working to revitalize one's language.

Grounded in this emerging Indigenous scholarship focused on resilience, our study was concerned with HIV resilience (post-diagnosis) for those living long-term with HIV. Consistent with the limitation of resiliency as a conceptual framework, strengths are difficult to conceptualize among two-spirit men due to multiple minority statuses (e.g., being HIV-positive, identifying as gay/two-spirit, being Indigenous). Nonetheless virtually every study we consulted as part of a scoping review of two-spirit resiliency (Jackson, Brennan, Georgievski, Zoccole, &

Nobis, 2021) highlighted the importance of culturally appropriate group and individual therapeutic interventions that capitalize on social support received from family, friends, and communities, as well as using cultural resources (i.e., access to elders, sweat lodges, talking circles) to re-shape or foster resilient responses among two-spirit men. Thus, it was widely acknowledged that holistic, culturally competent, and comprehensive interventions offer the best opportunities to foster resilience amongst this population.

METHODS

Using a community-based research approach (Cochran, et al., 2008; Ball & Janyst, 2008), and influenced by decolonizing and Indigenous methodologies (Smith, 1999), our project sought to better understand the skills, resources, knowledges, and practices that contribute to the health and well-being of two-spirit men living long-term with HIV in Ontario, Canada. We viewed this approach as both an ethical and moral imperative (Brant Castellano, 2000) for together, they expressed a methodological principle that urged us to look "through the lens of those who originally experienced" the phenomena in the first place (McLeod, 2007, p. 17). We drew on the teaching of the Medicine Wheel, reflecting the traditional territory upon which this research was conducted, to ground both our data collection and analytic processes. In *Anishinaabae* science, the Medicine Wheel draws on "what was known by our ancestors [… and is used] to understand ideas, to show how all things are living and interconnected, [and how … the *Anishinaabae* are] considered to have four aspects: spiritual, emotional, physical and mental" (Dyck, 1996, p. 93). The Medicine Wheel also extends conceptually beyond the individual to include "all races, all life—including two-legged, four-legged, winged things, plants and medicine. Within this worldview, all things in creation, are considered sacred and of equal importance" (Dapice, 2006, p. 251).

The value of this approach is its focus on the sacredness of lived experience, an aspect not typically captured in Eurocentric models of knowledge or healing (Wenger-Nabigon, 2010). As Graveline (2000) suggests, the Medicine Wheel in qualitative research works to transform Eurocentric consciousness by combining research processes with Indigenous teachings. Our use of the Medicine Wheel is an approach similar to those defined in the literature as circle methodology (Lavallee & Poole, 2010), First Voice methodology (Aveling, 2013), research as ceremony (Wilson, 2008), and research justice (Jolivette, 2015). This research approach has value in Indigenous communities in Canada because it "incorporate[s] culturally appropriate protocols" (Lavallee & Poole, 2010, p. 276), provides a potent visual reminder of the power of oral tradition that is grounded in different ways of knowing (Walker, 2001; Wenger-Nabigon, 2010), and potentially attends to meaning grounded in an "inter-connected, inter-related holistic approach to addressing and analyzing social phenomena" (Martin Hill, 2009, p. 36).

In meaningful collaborating with community agencies (i.e., the Ontario Aboriginal HIV/AIDS Strategy and the 2-Spirited Peoples of the 1st Nation), we conducted three focus groups, one each in Toronto, Hamilton, and Ottawa, involving a total of fourteen participants. Individuals were invited to participate if they self-identified as male, Indigenous, and gay, bisexual and/or two-spirit, and had been diagnosed with HIV for 10 years or more. In focus groups, we asked participants one question: "What's allowing you to live well long-term with HIV?" Guided by a

sharing circle approach, rather than a strict focus group method, participants took turns speaking with a drawing of a Medicine Wheel placed on the floor in the centre of the sharing circle to elicit dialogue about strengths, assets, and resiliencies. Adopting a sharing circle to structure our data collection reflected the central importance of oral tradition and storytelling for Indigenous peoples (Poff, 2006; Lavellée, 2009; Rothe, Ozegovic, & Carroll, 2009). Our approach also provided a cultural signal to participants that our research process was premised on egalitarian, supportive, non-confrontational values. Sharing circles were moderated by a fully-disclosed HIV-positive two-spirit man (who served as a study RA) in order to gain trust and reduce any potential power imbalances. In adopting this approach, the central goal was to create a "mutually respectful, win-win relationship with the research population—a relationship in which people are pleased to participate in the research and the community at large regards the research as constructive" (Poff, 2006, p. 28). All sharing circle participants were offered a small honorarium and, reflecting the ceremonial aspect of Indigenous gatherings and supporting healing (Kuhnlein, Erasmus, Creed-Kanashiro, & Englberger, 2006), Indigenous foods (e.g., three sisters' soup, bannock, berries) were made available to recognize participants' contribution.

All sharing circles were audio-recorded and transcribed verbatim, and based on recommendations offered by Onwuegbuzie, et al. (2009), our analysis of sharing circle data involved several stages that we grounded in the teachings of the Medicine Wheel in a participatory analysis process by using an Indigenized symbol-based inquiry. Using an approach described by Rothe and colleagues (2009), analysis and interpretation of sharing circle data involved our community research team members. Our community representatives, both on our research team and our community advisory board, were provided cross-cultural training on the teachings of the Medicine Wheel. Once this training was complete, open coding was employed in the first stage, which refers to "the part of analysis that pertains specifically to the naming or categorizing of phenomena through close examination of data" (Strauss & Glazer, 1990, p. 62). In this first step, using NVivo 10.0™, we collaboratively developed a coding framework and all smaller units of sharing circle data that expressed similar properties were grouped under each of the assigned codes (e.g., disclosure, two-spiritedness, love and intimacy, and sexuality).

From coded data, we selected key quotes that were assigned a unique number and mapped to the Medicine Wheel that expressed equivalent properties consistent with *Anishinaabe* knowledge. In the second stage of coding—axial coding—we grouped the codes "back together in new ways *by making connections between a category and its subcategories*" (Strauss & Glazer, 1990, p. 97; italics in original). Here, using principles of participatory analysis suggested by Jackson (2008) and Flicker and Nixon (2014), codes and corresponding key quotes were grouped and again mapped by our research team to the Medicine Wheel in areas expressing similar meaning (e.g., disclosure was understood through the Medicine Wheel as a mental process, sexuality as physical, love and intimacy as emotional, and two-spirited as spiritual). In the third stage - selective coding - a theme was developed to highlight the content of each group. Selective coding is the process of "selecting the core category, relating it to other categories, validating those relationships, and filling in categories that need further refinement and development" (Strauss & Glazer, 1990, p. 116).

Once all data were mapped to the Medicine Wheel, codes were again grouped using the Medicine Wheel in ways that expressed a relationship to one another. For example, the codes

disclosure, sexuality, love and intimacy, and two-spiritedness were grouped and understood as "living our truth." These codes and grouped themes were connected through participant quotes across all layers of the Medicine Wheel to make connections between self and family, support, community, nation, worldview, and universe. Validity for this analytic work was established by independently verifying our coding work with one another through the participatory group process described above. We also member-checked tentative findings with our community advisory board, which was comprised of Indigenous knowledge keepers, service providers, and those with lived experience of HIV, and presented preliminary findings at a national HIV forum attended by Indigenous people living with HIV. Ethical review was provided by the University of Toronto and McMaster University. Additional research design, ethical considerations and interpretations were also offered by members of our community advisory board.

RESULTS

Participants

All participants self-identified as having lived with HIV for ten or more years. Of the fourteen participants who took part in three separate sharing circles, twelve self-identified as First Nations and two as Métis. Although our recruitment strategy was designed to target all main Indigenous groups (First Nations, Metis, and Inuit), for reasons that aren't clear (e.g., few Inuit access services at recruitment locations; didn't feel safe to participate; recruitment information wasn't accessed), our sample did not include participants who self-identified as Inuit. The average age of participants was 46 years old with an age range of between 32 and 61 years. Two participants did not provide their age. From our analysis of sharing circle transcripts, seven paths of resiliency emerged: (1) Worldview; (2) Finding One's Strength; (3) Walking Towards Balance; (4) Recognizing True Power; (5) *Mino-Bimaadiziwin* (living the way of a good life); (6) Self-care; and (7) Living our Truth.

Worldview

For participants, fundamental beliefs and values about the world influence their experiences of health. For many participants, good health was aligned with striving to achieve a holistic balance in ways consistent with their cultures. All participants shared comparable stories that recognize the value of working towards balancing holistic aspects in ways that supported their development as mentally strong, emotionally present, physically healthy, and spiritually grounded persons. For example, one participant shared what makes them a stronger person:

> I don't see health as one thing (i.e., a single quadrant of the Medicine Wheel). I see it as the **balance of those things,** so you can make a difference, make it stronger and make it more balanced by strengthening each of those things …

Striving to live in holistic balance and attending to all elements of the self was also widely considered by participants as a journey that is facilitated by connecting to available cultural resources. Many participants discussed the importance of involvement in ceremony, connection to a community that includes other two-spirit men, seeking out the guidance of an Elder, and

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making efforts to connect with the spiritual world. Use of cultural resources and assets was often described in relationship with intimate others, family, community, nation, world, and/or the universe. These relationships were also expressed through a deep sense of connection with the land. For many, it was this broader connection that often precipitated and became essential to their healing journeys. As one participant shared:

> I love my traditions. […] When I go back home, they always make a feast and dance for me. I love it, and all of my people show up, every damn one. […] When I start dancing, they all join me, and I just love that. I love the attention. That's why with all my people, HIV is not that bad for me because I have everybody supporting me. I love it …

The above quotes collectively expressed an aspect of an Indigenous "worldview" that for many participants allowed them to come to terms with the challenges they encountered and helped them to think about their wellness journeys as connected to cultural strengths. In other words, Indigenous worldviews provided a conceptual map or a cognitive tool—a way of thinking, knowing and embodying their cultural strengths—that allowed participants to navigate a journey, to learn about, and strive to achieve good health.

Finding One's Strength

Connected to worldview, "Finding One's strength" emerged as a theme in relation to the many ways participants described how they first needed to come to terms with and be honest about their identities and life circumstances (e.g., being gay/queer/two spirit, living with HIV). Some of the challenges that participants described dealt with the impacts of racism and homophobia. Although participants discussed internalized oppressions, such as homophobia and racism, these comments were focused on ways (e.g., being honest, vulnerable with others, self-acceptance) participants used them to create a better understanding of who they are as people, intimately connected with their land and communities. Two participants had this to share about this part of their journey:

> It's like my whole life has been trying to learn how to love myself, and I'm there now. I finally figured out how to do it. It took other people to do it. It took me being real and vulnerable in front of other people (said in a teary voice) and seeing my reflection back at me to learn to trust me.

> I was a queer and I was raised to believe that queers were bad. I was a queer and I hated queers. [So] it's just been a long struggle. [But now,] I love my two-spiritedness. I love my gayness. I wouldn't trade it for anything in the world. It's part of why I'm the unique individual that I am [and] now [its] probably my most cherished, prized possession, […] my unique sexuality.

Self-acceptance allowed participants to find their strength and explore the purpose in their identities as they connected with others. Finding one's strength was often described by participants as also finding acceptance in their relationships with other Indigenous peoples and community organizations. By finding strength within themselves—facilitated through their

relationships with community, nation, and Indigenous worldview and spirituality—participants were able navigate life challenges more efficiently, to continue to learn, and to grow as people. As one participant shared:

> The lead drum did one round, did their song, and then everyone looked over at the two-spirit drum. [We] were like, "No one lets us drum, so we don't know how to drum." […] That was the first time any of them had been allowed anywhere near the drum, nevertheless learning a song on the drum with two-spirit people dancing around together … that was part of that help that you were talking about. Things like that when we can be afforded the opportunities, not just two-spirited but any group of people.

In finding one's strength, the resiliency this path suggests is that participants drew on the teachings of the Medicine Wheel as a guide or map. This was best exemplified in the participant quote below—that acceptance of life's challenges was simply a part of life and that one can find one's strength at any point in one's life. As one participant summarized:

> Yeah, the struggles will always be there. It's about navigating a course through them as quickly as possible, taking on the least amount of it that you can and trying to let go of it as quickly as possible because anything that we hold onto that's negative or with darkness in it will add to our misery […]. We all have our unique gifts, and each of our gifts is different, but the sum and total I believe of our gifts [are] the same.

Walking Towards Balance

"Walking Towards Balance," like the teaching offered in the phase "*adiniwemaaganidook*" (all my relations) suggests, individual agency is an integral component of resiliency. Here, Indigenous traditions speak of this movement as circular and spiraling—and not a linear progression—and that movement and connection to others (e.g., social support) are the most important components of this balance. The "walk toward balance"—consistent with Indigenous worldviews—included the use of cultural assets and resources that supported participants to navigate this path of resilience. Though the path towards balance may be an individual one, participants described the journey as involving a deep sense of connection with friends, family, and community, which was also coupled with use of health support services. As two participants shared:

> That's what I love about the HIV communities—it's one big family. We have that one thing that connects us all—HIV. Yeah, without family it's very, very lonely and tough.

> It's just having it there, being able to access the support and having access to it. […] I think if I didn't have my advocates at [this one organization,] I would be a mess. […] They really stuck by me and encouraged me to keep living. I think, yeah, it's really important to have that support. Crisis lines don't just cut it.

The idea of walking in balance had its challenges and participants described how it is a journey that is not always an easy or clear path to navigate. Feeling connected or disconnected from friends, family, and communities while struggling with addictions, mental health, and the historical effects of colonialism impeded the ways in which participants managed their lives. Here, participants described the ways life's challenges masqueraded as lessons—as events that propelled one to begin striving to live in better ways. As two participants shared:

> I think everybody has their little bumps, falls, and whatever, but you've just got to get back up. You learn from every experience. It's taking what you've learned and sharing it with others. It's education.

> Achieving balance is not an endpoint. Where one is today … [that's] what matters most. [It's about] working toward balance. […] Constantly moving and learning are critical to continue to develop balance.

In walking towards balance—when participants described attending to notions of what striving means from a place of holistic balance within the individual—participants described being more able to connect from a more sacred place, *"of [going] full circle"* where they were better able to comprehend that *"it's never the end"*—rather, the walk towards balance was a journey and was where participants described finding a place of resilience.

Recognizing True Power

For many participants, resilience and well-being were also connected to the idea of developing the skill and ability to *"recognize one's true power."* This path was often expressed by participants as one where they were better able to hear many of the positive things about themselves as seen through the eyes of others—it was about admitting to struggles with identity and accepting life's challenges; *"keeping one's eyes open;"* becoming honest, open, and vulnerable with others; and working towards a sense of self-acceptance in ways that are bolstered by relationships and supported with connections in the broader community. As shared by two participants:

> It's like my whole life has been trying to learn how to love myself, and I'm there now. I finally figured out how to do it. It took other people to do it. It took me being real and vulnerable in front of other people and seeing my reflection back at me to learn to trust me.

> I've learned from being able to look at [my troubles] and [to] keep my eyes open (said in a teary voice); [it's] that [so] I can enjoy each day fuller [than] I've even known how to before.

This sense of *"recognizing one's true power"* occurs in developing a trust with the land and the natural environment. The *"best therapy,"* as described by participants, was learned through cultivating and being in touch with relationships found in the wider, living world— this cultural teaching helped participants translate this experience to family and community. As shared by one participant:

> I find that the best therapy for me is communing with nature…the birds will sing to me. Then somebody will walk along, and the birds will stop. Then as soon as they get a certain distance away, they'll start again.

In these ways, participants described cultivating and *"recognizing one's true power"* as a resilient path living long-term with HIV. For many participants, the sacred was expressed through a relationship with the land. This teaching (i.e., learning to connect to the land) was then able to be transferred to other relationships, allowing the person to be open, honest, and vulnerable through learning to '*commune with nature'*.

Mino-Bimaadiziwin

Mino-Bimaadiziwin—an *Anishinaabe* word meaning "*living the good life"*—describes a journey focused on actively cultivating personal space in one's life for healing. It was a path in a resilient journey where participants described the notion of community connection as one of direct action. When participants described striving to develop holistic balance and harmony, they were also expressing the idea that relationships they cultivated with themselves and with others were critical. *Mino-bimaadiziwin* was about all the other paths to resilience: *the importance of worldview*, *finding one's strength*, *recognizing one's true power*, *walking towards balance*, *living one's truth*, and *self-care*. Ultimately, *mino-bimaadiziwin* was a sense of the sacred, the ultimate, and the larger picture that individuals describe journeying to attain. Many of our participants described how striving for *mino-bimaadiziwin* contributed to their sense of well-being and resiliency. Several participants shared the ways they were taking responsibility for their own personal healing and growth to attain *mino-bimaadiziwin*. They talked about using humour and laughter as effective coping mechanisms, they described how they became active and involved in the two-spirit health movement, and they touched on the importance of intimate others, family, and community as necessary to living a good life. As two participants shared:

> Yeah, I think it's different for different people—what makes them healthy or resilient— because there's the nurture and the nature. There's what you're born with, then there's what you learn, and then there are the decisions that you make.

> [It] speaks to accepting self and others where they are at—"harm reduction" not a new concept for Indigenous people—living [a] good life: different ideas of what is success, different things work differently for different people … success comes from working within that and demonstrates how Indigenous people get along compared to non-Indigenous people.

In other words, in focusing on *mino-bimaadiziwin*, participants were describing their own sense of individual agency as an expression of belonging to a place, a community. Further, it was within this sacredness that participants related this sense of striving as connected with the ideal of what it means to live a good life in ways that are, ultimately, particular to Indigenous people.

Self-care

The term *"self-care"* was conceptualized by our participants as caring for the self beyond personal space (i.e., *mino-bimaadiziwin*). Self-care was carefully articulated by participants as a caring that extends beyond the self in ways closely connected with supporting others and contributing to community health and wellness—from family, support networks, community, and even one's nation. In other words, *mino-bimaadiziwin* – connected with self-care – was thought to have ripple effects where participants acknowledged and fundamentally considered how their actions potentially benefit generations to come. From an Indigenous perspective, merging past with present and future time orientations, participants drew on and practiced a sense of traditional knowledge. For participants, it is an active sense of the sacred—of understanding how one is ultimately connected to, draws on and supports all of creation—and how this supports the individual in return. *"Self-care"* ultimately works to instill a sense of connection and humility, for it makes one aware of one's universal responsibility. Like other paths fostering resiliency, *"self-care"* is linked to an Indigenous *worldview*, *assuming responsibility*, *recognizing one's true power*, *walking towards balance*, and *mino-bimaadiziwin*. When talking about self-care, participants talked about being alone with nature. For them, the practice of communing with nature was a way they could cleanse themselves and distance themselves from negative influences. As two participants shared:

> When I go up north, the first thing I do is I wash myself in our lake. We also have clay beds around our island, and I'll cover myself from head to foot in clay— then [I'll] just enjoy the sun as I bake. Then I'll walk covered in clay into the water so [I can] scrub myself clean. Some people think I'm crazy, and other people think I'm unique.

> […] The thing I like to do is cover myself in mud and then just wash it off. I feel that everything that is in me is now onto the mud so I can just enter the water, and I can just watch it all melt away—which I think—it's nice getting a little clay behind me … just to accept who you are and then move forward, but some people get it and some people don't.

Learning to take care of oneself—and given experiences of colonization that severed natural ties with community—meant some participants needed to first relearn traditional mores. It involved knowledge and skills that participants acquired as facilitated by connections with family and/or community organizations. As one participant described:

> I never knew any of that before [name of organization]. I was adopted into a white family, [… but] I think that [it's] important [where] I fit in after many years of being adopted into this great family—but where do I fit in? It wasn't until I got involved with Two-Spirits that they started teaching me the traditional roles. I did my first Sweat (lodge Ceremony) in Vancouver, and it was the most magical experience I've ever had.

Living Our Truth

"Living our Truth" was the culmination of the seven paths of resilience that reflected participants' journeys to health and wellness. In coming to live their personal truth, participants described journeying the full circle—to embody and live comfortably with their sexuality and diagnosis and connecting these with one's sense of community. As one participant described:

> … I needed to learn how to love myself, and I knew if I didn't learn how to love myself that my dislike of myself would kill me. I started to learn how to love me…I love my two-spiritedness. I love my gayness.

Participants, however, did not progress through each path of resiliency in the order presented here; rather participants found a balance within themselves as expressed through any combination of the paths of resiliency described above. This balance was what enabled participants to be able to disclose, to be able to have good sex, to be intimate, and to love—the comfort that arises from "*living our truth*" was what helped participants live resilient lives. As expressed by the participant quoted below, it's what allowed them to grow.

> It took me a long time to even accept the fact that I had HIV, but once I accepted it, it seemed that life was a little bit easier. It just made things less…I started to attend [name of organization] and [to get] involved that way and doing little workshops.

"Living our Truth" is uniquely positioned amongst the seven paths of resiliency. Although resilience is not found in a linear progression through the paths, "*Living our Truth*" is about whether participants were consciously aware or not, how one's worldview shaped the way they perceived, interacted, and learned from the world around them. Regardless of the traditional teachings that permeated participants' life courses, or the culture within which participants were raised, participants described finding within these paths of resiliency an innate traditional knowledge that saturated their very existence. This traditional knowledge arose in the most human of our behaviours: laughter, at once an expression of joy, and a mechanism for connecting with our health, our community, and our spirit. This feeling, this connection, was a testament to their innate Indigenous worldview and its significance to the lives of Indigenous peoples. An Indigenous worldview is a gift that Indigenous peoples possess that potentiality can lead them to discover their inner strength as expressed in connection and relationship with the world beyond.

DISCUSSION

The goal of our study was to refocus attention on the pathways used by two-spirit men as they cultivated resilient responses living long-term with HIV and AIDS. Although the risk factors and disparities in health for Indigenous peoples receives more than adequate attention in the scholarly literature (Adelson, 2005; Gracey & King, 2009; King, Smith, & Gracey, 2009), two-spirit men's resilient capacities in the context of HIV and AIDS has not received the same level of attention. Perhaps part of the difficulty is that to know Indigenous resilience, one must engage

in culturally informed and grounded ways. Focused on her role as an Indigenous scholar exploring resilience, McGuire (2010) states, "The ability to say who you are is critical in generating meaningful and needed Indigenous-based histories that can transform how we, as Indigenous peoples, think about ourselves and our location within this place called Canada" (p. 119). This is a widely accepted principle in Indigenous research—particularly in research focused on Indigenous resiliency (McGuire, 2010) because it potentially avoids Eurocentric conceptualizations of resilience as a "survival of the fittest" (Newhouse, 2006, p. 2). Our study, although influenced by Eurocentric social scientific research conventions, drew heavily on and embedded an *Anishinaabe* worldview and epistemology as a way of reflecting the traditional territory on which this study took place. This cultural orientation guided how we gathered and created meaning of stories of resiliency that were shared with us by our participants.

Our main finding, consistent with the Indigenous resilience literature, was the idea that two-spirit men's resilience rested on a strong desire to live successfully (i.e., *mino-bimaadiziwin)*—in ways that continue to be tethered to the colonial challenges that continue to negatively impact two-spirit men's lives—influencing their health and wellness (McGuire, 2010). Participants spoke to the ways in which their Indigenous worldviews shaped their understanding of thriving and surviving HIV over the long-term and of how this knowledge shaped acceptance of the self, contributing and giving back to their communities, and of efforts made to sustain resilience. Our findings are also reflected in the Indigenous-focused resilience literature and included several key concepts that are important in the context of two-spirit men's resilience and they include, "family resilience, social capital, cultural identity and spirituality" (Tousignant & Sioui, 2009, p. 43). Participants described health and wellness living long-term with HIV in ways consistent with the sacred teachings of the Medicine Wheel. Participants described a variety of ways they valued and interpreted health and wellness through the teachings of the Medicine Wheel. Health and wellness—and being resilient—were best understood as complex phenomena, that are affected by the quality of interaction across various layers and components of the environment in which they live (Burack, Blidner, Flores, & Fitch, 2007).

With this acknowledged, and suggested above, we believe there is an urgent need to retool the ways in which health services are provided to the two-spirit male population living long-term with HIV/AIDS. Our findings suggest several key implications for the development of health services. Particularly, health services can be more effective when they embed Indigenous worldviews and offer programs that draw on Indigenous community cultural resources (e.g., access to Elders, ceremony, land-based opportunities). In doing so, they may promote cultural congruency in ways that facilitate a sense of connection and relationship with the wider environment—a critical aspect of two-spirit men's resiliency. Our findings also suggest the need to refocus health service provision through a strengths-based, rather than deficit-based model of care.

LIMITATIONS

We deliberately sought participants willing and able to talk about their health and wellness. We also deliberately chose to understand participants' stories of resiliency within an *Anishinaabe* scientific worldview—privileging where we were able—an *Anishinaabe* ontology and

epistemology. However, this privileging of *Anishinaabe* knowledge is potentially problematic given the cultural heterogeneity of Indigenous peoples across Canada. Our *Anishinaabe* understanding of the Medicine Wheel may be limiting or not inclusive of other Indigenous groups and their own culturally embedded understanding of resilience. However, we also note, as did others, that "there is no 'right' or 'wrong' way of representing or using Medicine Wheels: all forms hold particular meaning to the various Indigenous nations while all transmit a common understanding of the interconnectedness and interrelatedness of all things." (Education Canada, 2014).

CONCLUSION

Our study has taken up the challenge of exploring one Indigenous community's ideas of resilience; the approach we chose is one that did not involve exploring supposed deficits of two-spirit men. Rather, we sought to observe and better understand the beauty, strengths, and resilience found in the colonial chaos of two-spirit men's lives as they live long-term with HIV and AIDS.

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