Commentary

Two-Spirit Health in Canada

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Abstract

This article gives a background on the definition of Two-Spirit, a brief history of Two-Spirit people in Canada, and an explanation of how settler colonialism imposed the gender binary. Specific concerns regarding Two-Spirit health in Canada are also discussed. Later, from the perspective of a settler medical learner, I reflect on ways healthcare can become more culturally safe towards Two-Spirit identities and potential routes toward this.

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Two-Spirit: what does it mean?

Two-Spirit is a term first used as a neologism at the Third Annual Native American and First Nations, Gay and Lesbian American Gathering in 1990 (1). It is often used as an umbrella term or placeholder for many terms in Indigenous languages that describe people who are gender or sexually diverse (2). Importantly, some who identify as Two-Spirit may also identify as LGTBQIA+, but some do not feel that Western terms of gender and sexuality correspond to their identity (2).

Two-Spirit people in Canada: a brief history

Although Two-Spirit is a relatively new term, Indigenous people whose identities are now described as Two-Spirit existed for centuries prior to colonization. Up to two-thirds of Indigenous cultures included a gender role that was not strictly man or woman (2). This definition varied widely from culture to culture. Some tribes may have three or four gender roles with different features and expectations (2). It is important to acknowledge that while many oral histories reflect an acceptance of gender nonconformity, not all Indigenous cultures had the same understanding (1). Indigenous beliefs around gender were heterogeneous; in some tribes, there were only two gender roles (2).

Colonizers imposed, amongst many things, the ideas of cisnormativity and heteropatriarchy onto Indigenous groups. The forced distancing of Indigenous peoples from their lands and languages through residential schools created additional disconnect from Indigenous concepts of gender. The gender binary was enforced strictly by colonizers who believed people who existed outside of it to be “unnatural” (3). The forcing of Christianity onto Indigenous groups further enforced this gender binary, as well as often imparted homophobia and transphobia in Indigenous communities that are still pervasive today (4).

Despite ongoing oppression and erasure, Two-Spirit people have resisted this enforced binary by challenging heteronormative gender roles and advocating for their right to self-expression (2). For many Two-Spirit individuals, even the term “Two-Spirit” represents “an Aboriginal-specific term of resistance to colonization” (5). Two-Spirit individuals in the later 20th century began to reclaim and reframe Indigenous terms as ways to describe their experiences outside of the Western heteronormative gender binary. This movement was and is often tied to the larger context of civil rights for 2SLGBTQIA+ people (1,2). It is certainly true that gender-diverse people of all different backgrounds continue to play a role in dismantling the gender binary and heteropatriarchy and creating new understandings of gender. However, it is important to remember that Indigenous people are largely reclaiming and re-envisioning their understanding of gender diversity that existed prior to colonization (2). The notion that understandings of gender diversity were not already present and practiced by Indigenous communities minimizes Two-Spirit identities and ignores the harm that colonization did to this group.

Health concerns for Two-Spirit people

It is essential to acknowledge that the disparities in health outcomes for Two-Spirit people do not stem from the inherent quality of being Two-Spirited, but the social determinants of health stemming from the intersection of racism, transphobia, homophobia, intergenerational trauma, and classism (1,6).

Two-Spirit people often face increased mental health concerns, including suicidality due to societal transphobia, homophobia, and racism (1). In the Our Health Counts survey, almost 60% of Two-Spirit adults living in Toronto reported attempting to die by suicide, which was twice as high as Indigenous adults who did not identify as Two-Spirit, and nearly 20 times greater than the general Canadian population (7,8). Substance use is another major concern cited by Two-Spirit people (1). There is a scarcity of large-scale data on substance use in the Two-Spirit community. Still, some surveys suggest elevated rates of illegal substance use and problematic alcohol use compared to the general population (9). This increased risk of substance use is theorized to be consequent of increased social isolation and mental health concerns, as some Two-Spirit people are forced to leave their communities due to negative experiences, only to experience racism and marginalization in non-Indigenous spaces (4).

Two-Spirit people may experience greater social risk factors for HIV transmission, including increased substance use, and exclusion from housing and support services (4,6). However, it is important to not associate Two-Spirit identity itself with HIV risk, as this is inaccurate and stigmatizing. Currently, there are no well-established rates of HIV transmission or prevalence for Two-Spirit people in Canada (10). Enhanced data regarding Two-Spirit people and HIV is needed to formulate culturally relevant interventions to reduce HIV transmission amongst Two-Spirit people (1,6).

There is a general lack of health information collected on Two-Spirit health in Canada. It is suggested that this stems from a systemic invisibility and an omission of gender-nonconforming identities in health data collection (1). Furthermore, Two-Spirit people may not be comfortable identifying themselves as such to health researchers or providers due to fear of stigma (1). Further concerns stem from a lack of gender-affirming care, culturally appropriate services, and lack of mental health support (1,9). For example, In the Trans Pulse Canada Study, 81% of Two-Spirit People reported having a primary healthcare provider, but only 21% reported having access to all necessary gender-affirming care (11).

Ways forward

As stated, I am a white settler medical learner. I acknowledge that all initiatives to improve Two-Spirit health must collaborate with Two-Spirit community members, patients, and healthcare providers. These recommendations consider the relatively scarce existing literature on Two-Spirit health and search for ways to create more engagement with Two-Spirit people.

1. Education and awareness of physicians and medical learners

As settler physicians, we have a responsibility to confront the ways in which settler colonialism pervades our healthcare system and creates disparities for our patients. One way is understanding the link between settler colonialism and the gender binary, which I believe is an underappreciated aspect of history. By showing resistance to this enforced binary, Indigenous gender diverse and Two-Spirit people have resisted colonialism and continue to do so. As a physician, seeking to dismantle colonialism in our practice, therefore, necessitates an understanding and respect for gender diversity. Furthermore, we must accept that not every Indigenous identity can be captured by our own Westernized and often medicalized understandings of gender.

Education is a simple and often overused answer to complex problems, but it is a logical first step when there is such a lack of awareness and information. Introducing more formalized education about 2SLGBTQIA+ identities has been called for by physicians in more recent years (12). Recognition of Two-Spirit individuals as having diverse identities that may or may not coincide with Westernized LGBTQIA+ identities and understanding the intersectional forces of anti-Indigenous racism in this community is essential in providing culturally safe care. For example, medical schools could incorporate mandatory lectures and readings on Two-Spirit history, identity, and health into the curriculum. Where possible, seeking accounts from Two-Spirit individuals who are willing and able to share their experiences with the healthcare system could also benefit medical learners in grasping the unique barriers faced by this community. Lastly, seeking Two-Spirit representation in standardized patients and simulated cases could allow learners to gain awareness of various terms and identities within this community.

2. Investment in culturally safe supports and centres

In many studies, a lack of culturally relevant mental health support has been cited for Two-Spirit individuals (6,13). Resources that connect Two-Spirit people to spiritual care and support are limited. The need for a more holistic approach to Two-Spirit health has been identified, incorporating spiritual, mental, emotional, and physical facets of health (6). This movement towards holistic care must, of course, go hand in hand with the dismantling of cisnormativity, heteronormativity, and racism among healthcare providers to ensure that the care being accessed is safe for Two-Spirit people. Additionally, care should consider the experiences of potential trauma that can create barriers to accessing and feeling secure with healthcare providers (6). I would suggest, however, that in addition to better support and cultural safety in the greater context of healthcare, specialized services and support for Two-Spirit people should be available where appropriate. There is a lack of support that caters to the unique experiences and concerns faced by Two-Spirit people (1). These resources, for example, specific health centers or programs for Two-Spirit Health needs, would necessitate funding and should be created and directed with input from Two-Spirit community members.

3. Increase Two-Spirit health research

One glaring issue that must be addressed is a scarcity of information on Two-Spirit health in Canada. A clear next step forward is engaging Two-Spirit scholars and researchers to move towards more equitable and inclusive health research in Canada. One such example of this is the Two-Spirit Dry lab. Funded in collaboration with the BC Centre for Disease Control, the Simon Fraser University Faculty of Health Sciences, and the Community-Based Research Centre, this group aims to understand how Indigenous and Western practices can be combined to improve Two-Spirit well-being (14). Introducing similar research groups that are led by and focused on engaging Two-Spirit people in critical health research would be an excellent step for Ontario. Outside of focused groups and initiatives, we must hold space for Two-Spirit researchers and scholars in broader academic spaces. Collaboration and incorporating Indigenous knowledge and practices in research investigating Two-Spirit health outcomes is another important consideration as we strive for greater equity and diversity in health sciences and medicine. This, I believe, goes hand-in-hand with combatting the marginalization of Indigenous knowledge and scholars within Western scientific circles that Indigenous scholars have long been advocating for (15).

Conclusion

The ongoing revitalization of Two-Spirit identities in Canada has created a diverse and resilient community that continues to fight imposed settler colonialist ideas of gender and sexuality. Two-Spirit individuals may or may not identify as LGBTQIA+, and often face unique health concerns and barriers to care due to the intersection of anti-Indigenous racism, transphobia, and homophobia. There has been a lack of resources, research, and initiatives regarding Two-Spirit health outcomes, which is slowly changing. Potential directions to improve Two-Spirit healthcare and health outcomes in Canada include: improved education and awareness of Two-Spirit history and identity among HCPs, increased investment in culturally relevant resources, and increased engagement with and focus on Two-Spirit individuals in health research.

Acknowledgements

Thank you to Madeline Komar for her editing contributions to this paper. Thank you to Dr. Patricia Farrugia for her supervision of the Indigenous Health Elective for which this commentary was originally written.

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