Settler Colonialism, Systemic Queerphobia, and Indigiqueer Mental Health Outcomes: An Application of Geronimus's Weathering Hypothesis

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Abstract— **Geronimus's weathering hypothesis, initially derived from studies of African American women and their newborns, posited that their physical health outcomes were worsened by accumulated stress produced by long-term experiences of pervasive intersectional oppression. African American women experienced sociopolitical and economic oppression produced by the synergistic interactions of structural anti-Black racism and patriarchy. The weathering hypothesis can be extrapolated beyond African American women, and beyond physical health, as an analytic framework to understand how other less-studied intersectional groups may experience poorer mental health outcomes due to the intersections of multiple axes of oppression. The present work argues that Indigiqueer people, who exist at the intersection of Indigenous and queer identities, may similarly be weathered by their experiences of combined oppression arising from systemic forces of settler colonialism and queerphobia. After introducing the weathering hypothesis, its neuroendocrine mechanisms, and its original application to African American women, we then separately detail the ways that Indigenous and queer people in Canada experience oppression, linking the forms of oppression experienced by both populations to their respective mental health. In consideration of this discussion of the impacts of and queerphobia, we reapply Geronimus's weathering hypothesis to understand the mental health disparities experienced by Indigiqueer people and defend this recontextualization of the weathering hypothesis. In closing, we celebrate Indigiqueer vitality and issue a call to action for Canadian healthcare systems to apply a holistic intersectional lens towards viewing Indigiqueer people and their lived experiences to make meaningful progress towards Indigiqueer mental health equity.**

Keywords— *Indigiqueer, Two-Spirit, Weathering Hypothesis, Intersectionality, Mental Health Equity*

I. Settler Colonialism, Systemic Queerphobia, and Indigiqueer Mental Health Outcomes: An Application of Geronimus's Weathering Hypothesis

Indigenous and queer communities in Canada have experienced historical and ongoing systemic oppression in Canadian society, with lasting impact on the respective mental health outcomes of both populations: broadly defined for the purposes of this paper as the comparative likelihoods, incidence rates, or prevalence rates at which members of a given population may experience psychological distress, develop mental illnesses (anxiety, depression, substance use disorders), engage in self-harm, and experience suicidal ideation or suicide attempts (McKenzie et al., 2016; Kia et al., 2021). Indigiqueer people, as termed by artist TJ Cuthand (2004), exist at the intersection of Indigenous and lesbian, gay, bisexual, transgender, and other queer identities. Thus, they uniquely experience systemic oppression related to their intersectionality: the status of belonging to multiple marginalized identities, and consequent experience of intersecting forms of systemic oppression (Crenshaw, 1991; Grzanka, 2020; Hunt, 2016; M. Robinson, 2022). For this paper, systemic oppression is defined as the operation of a societal system that divides groups on the bases of socially constructed dimensions, exercises power to maintain these divisions, and allocates power unequally to groups across each dimension (e.g. gender, race, sexuality) in multiple contexts (e.g. social, political, legal, economic) (Glasberg, 2011; Paradies, 2006; Van Wormer & Besthorn, 2011). The impact of these intersecting forms of systemic oppression on Indigiqueer mental health and lived experience still requires further study. To that end, research on Black women's intersectional challenges and their mental health outcomes gives a promising explanation that Indigiqueer people living at the intersection of Indigeneity and queerness experience disparities in mental health outcomes, because of weathering processes that are related to intersecting oppressions in the form of settler colonialism and systemic queerphobia.

Continued documentation of Indigiqueer lived experiences of mental health, as well as associated barriers and supports, have been described as instrumental in supporting collective efforts to provide culturally appropriate, evidence-based care for Indigiqueer individuals, and thereby reduce the health outcome disparities experienced by the Indigiqueer population (Beaudry et al., 2024; Bird & Robinson, 2020; Dykhuizen et al., 2022; Hunt, 2016; Robinson, 2022; Thomas et al., 2021). In their systematic review of Indigenous LGBTQ2S+ health literature, Thomas and colleagues (2021) argued that health researchers largely peripheralized the health outcomes of Indigiqueer people until the 2000s at the earliest. Even now, further study is required to explore the associations between the mental health outcomes of Indigiqueer people and the oppressive forces of *settler colonialism*, the claiming of native land by settlers and related forms of systemic oppression that altogether result in the systemic marginalization of indigenous peoples, and *systemic queerphobia*, the leveraging of power and privilege to systemically marginalize queer people,(Comeau et al., 2023; Hunt, 2016; Matheson et al., 2022; Mitchell, 2019; Robinson, 2022).

For understanding and addressing existing Indigiqueer mental health disparities, existing intersectional frameworks from health research beyond mainstream psychology may offer useful holistic, biopsychosocial lenses to examine the

systemic forces that shape Indigiqueer mental health and lived experience. Thus, this paper seeks to recontextualize *Geronimus's weathering hypothesis* to the context of the Indigiqueer lived experience. The weathering hypothesis, originated by public health scholar Arline Geronimus, is a landmark analytic framework positing that chronic exposure to cumulative, intersecting forms of systemic oppression causes individuals of intersectional experience to undergo physiological stress-related processes that promote consequent disparities in health outcomes (Geronimus et al., 2006). Commonalities can be drawn between the African American women upon whom the weathering hypothesis is based and the Indigiqueer people in Canada, who have been similarly disadvantaged by intersecting forms of systemic oppression and peripheralized by mainstream psychology. Thus, we may apply the weathering hypothesis and theorize that, similarly, the cumulative experiences of settler colonialism and queerphobia jointly prompt and prolong disparities in mental health outcomes experienced by Indigiqueer people. Applying a strengths-based approach, Indigiqueer resurgence, strengths, contributions, and perspectives are celebrated and contextualized in directions for future research, clinical work, and healthcare programming centering Indigiqueer people.

II. GERONIMUS'S WEATHERING HYPOTHESIS: ORIGINAL CONTEXT, APPLICATION AND MECHANISMS

The weathering hypothesis states that oppression experienced by an intersectional group accumulates as an allostatic load, the cumulative physiological strain from psychological stressors related to intersectional oppressions (Geronimus et al., 2006; McEwen, 1993). Chronically high allostatic loads resulting from intersecting oppressions can disrupt the hypothalamic-adrenal-pituitary (HPA) axis, a fundamental component of the body's stress response system (Stephens et al., 2014; McEwen, 2022). These disruptions can induce epigenetic and cellular changes that make individuals more physiologically reactive to their own hormonal stress responses, and thus at higher risk to mental illness and suicide (Meaney et al., 1989). In context, long-term exposure to intersecting oppressions induces measurable neuroendocrine changes that have put African American women at risk of poorer mental health outcomes (Allen et al., 2019). For detailing the lived experience and mental health outcomes of African American women, research from the United States will be exclusively used to ensure geographic specificity. However, for the purposes of discussing queer and Indigenous people in Canada, Canadian research will be used for geographic specificity, with the exception of topics that have not been explored or replicated outside of American research, such instances will be specified.

III. LINKING INTERSECTIONS: AFRICAN AMERICAN WOMEN AND INDIGIQUEER PEOPLE IN CANADA

Despite their cultural and geographical differences, African American women and Indigiqueer people in Canada share a key similarity in that they both represent intersectional groups (Bird & Robinson, 2020). From this key similarity spring many others, chief among these for the purposes of this paper are that both groups (a) occupy the intersection of two identities marginalized by their respective societies and thereby experience the cumulative impact of two intersecting forms of systemic oppression, b) contend with poorer mental health outcomes compared to the general American and Canadian populations respectively, and (c) have remained underrepresented and underprioritized in mainstream psychology (Bird & Robinson, 2020; Brotman et al., 2002; Dykhuizen et al., 2022; Geronimus et al., 2006 Hunt, 2016; Lewis, 2023; Spates, 2012). To the last point, Geronimus and colleagues (2006) in fact formulated the weathering hypothesis in the historical context that African American women's lived experience of stress arising from the intersection of racism and misogyny had, until that point, rarely been centered outside of literature produced by female African American scholars themselves. Indigiqueer people in Canada similarly find their perspectives and lived experiences insufficiently documented, despite their status as valued members of their communities and contributors to culturally centered research and practice (Beaudry et al., 2024; Bird & Robinson, 2020; Dykhuizen et al., 2022; Hunt, 2016; Robinson, 2022; Thomas et al., 2021). Although the literature examining Indigiqueer health outcomes has increased since 2009, Indigiqueer health outcomes remain underexamined, possibly requiring additional theory to guide future research (Thomas et al., 2021). After expanding on the similarities between the circumstances of African American women and Indigiqueer people (or Indigenous and queer communities separately), we leverage Geronimus' weathering hypothesis as a theoretical framework that identifies oppressive factors influencing Indigiqueer mental health outcomes and contextualizes these in the experience of Indigiqueer people as an intersectional group.

IV. COMMON EXPERIENCE OF INTERSECTING FORMS OF OPPRESSION

Many foundational studies of intersectionality investigating the specific experience of African American women explored the impact of what Bailey (2010) later termed as misogynoir, the intersection of oppressions relating to systemic anti-Black racism and patriarchy, oppressive systems upheld by society and government to marginalize women, as described by feminist scholars (Geronimus et al., 2006; Ortner, 2022). (Geronimus et al., 2006; Lewis, 2023). As Black people, African American women were, and continue to be, marginalized by American government and society through slavery, segregation, and present forms of systemic racism (Banaji et al., 2021). In addition to the stress related to experiences of anti-Black racism, African American women also experience other long-term stressors posed by patriarchy. Similarly, Indigiqueer people experience the intersecting oppressions of settler colonialism and systemic queerphobia (Hunt, 2016; Robinson, 2022). As Geronimus argues that African American women are weathered by the long-term stressors posed by systemic racism and patriarchy, so too may be Indigiqueer people as they exist at a doubly marginalized intersection.

A. Common Experiences of Oppression in Policing and the Legal System

One particularly persistent and prominent form of misogynoir experienced by African American women is the pervasive implicit stereotype that they are more aggressive and more likely to engage in criminal acts compared to White American women (Ghavami & Peplau, 2013; Thiem et al.,

2019). This stereotype contributes to discriminatory overpolicing and overincarceration of African American women, which in turn increases the likelihood of experiencing externalizing mental health symptoms and generalized anxiety (Alang et al., 2021; Harris & Cortés, 2022; Judson et al., 2024; Thiem et al., 2019). Canadian legal systems have likewise engaged in systemic discrimination against the Indigenous population (Clark, 2019; Rudin, 2008). Indigenous communities are policed more aggressively, but also receive less responsive assistance when Indigenous individuals themselves are the victims of crime; within queer communities, Indigiqueer people are more likely to be surveilled, and thus more likely to be charged and convicted of crimes, but also less likely to have their safety prioritized and defended by police (Clark, 2019; DeGagne, 2020). Hébert and colleagues (2022) similarly note that Indigiqueer people in Canada report experiencing more frequent police surveillance and violent police encounters than White queer Canadians. Indigenous offenders are not only at higher risk of receiving more punitive sentences than White offenders, but also at a 25% higher likelihood than White offenders to receive longer sentences, even though Indigenous offenders typically committed less violent crimes (Alberton et al., 2021; EagleWoman, 2019). It follows that, despite representing 4.5% of the Canadian population, Indigenous adults still comprise 29% of people currently incarcerated in federal penitentiaries (Malakieh, 2020; Robinson et al., 2023). The attempts of Canadian judiciaries to mitigate Indigenous overrepresentation among the incarcerated population, namely the Gladue report, have been criticized for failing to reduce overrepresentation, which has been interpreted as the ongoing colonial legacy of excessive policing and sentencing of Indigenous individuals (Government of Canada, 2023; Rudin, 2008; Welsh & Ogloff, 2008).

While Canadian police and courts perpetuate discriminatory policing and incarceration, Canadian carceral systems neglect to meet the needs of incarcerated Indigenous people. An audit of British Columbian correctional centres found that 9 of 10 Indigenous individuals had diagnosed mental health or substance use disorders, but roughly 1 in 3 did not receive immediate mental health services, with no rationale for the denial of care; nearly 1 in 5 currently incarcerated did not receive mental health services at all during their incarceration (Pickup, 2023). Little research has been conducted in Canada to examine how a lack of mental health supports affects mental health outcomes for incarcerated Indigenous people; however, in consideration of the fact that 9 of 10 Indigenous prisoners surveyed had diagnosed psychological disorders, it stands to reason that their health would not improve without ongoing care, exacerbating the mental health inequities experienced by Indigenous people (Pickup, 2023). To that end, existing research has demonstrated that a lack of support for mental health and substance use disorders is especially hazardous for recently released Indigenous individuals, including Indigiqueer individuals, who experience higher risks of suicide and overdose (Hébert et al., 2022; Watson et al., 2022). The application of Geronimus's weathering hypothesis suggests that collective experience and awareness of ongoing anti-Indigenous and queerphobic discrimination in police interactions, courts, and penitentiaries can pose an ever-present oppression-related stressor that weathers Indigiqueer people through chronic stress, possibly contributing to poorer mental health outcomes. In this context, the hypothesis reveals future directions for psychological research to examine the lived experiences of Indigiqueer people with police, court, and incarceration, and an alternate lens that mental health workers working across the legal system can use to support the experiences of Indigiqueer people across judicial and carceral processes.

B. Common Experiences of Oppression in the Labour Market and Workforce

African American women also experience oppression in the labour market and workforce, namely in the forms of inequities in income, opportunities for career growth, and employment; such inequities have been linked to higher incidence rates of depressive disorders and other mental illnesses (Economic Policy Institute, 2022; Maume, 1999; Patel et al., 2018; U.S. Bureau of Labor Statistics, 2021). In the same vein, 72% of Indigiqueer people surveyed across Canada reported experiences of hiring and workplace discrimination, which respondents described as limiting opportunities for employment and career growth, perpetuating income inequities (Rodomar et al., 2023). Indigiqueer people have reported experiencing microaggressions or overt harassment based on their queerness or Indigeneity, which contributes to increased likelihood of psychological distress and pressure to conceal their queerness and/or Indigeneity in the workplace (McConnell et al., 2018; Rodomar et al., 2023; Salerno et al., 2023). Among the larger population of queer people in the Canadian workforce, the prevalence of precarious employment—temporary or irregular employment where job control and continued work opportunities are typically low, and job loss is more likely—is three times higher than among straight workers (Kinitz et al., 2023). The greater Indigenous population is similarly more likely to be underemployed or precariously employed than non-Indigenous Canadians (Bleakney et al., 2024). Thus, Indigiqueer people may be more likely to experience underemployment and unemployment due to the systemic labour inequities faced by the two communities to which they belong (Rodomar et al., 2023). Disproportionate risk of unemployment could place Indigiqueer people at greater likelihood of anxiety, depression, maladaptive alcohol use, and suicide, thereby exacerbating mental health disparities (Arena et al., 2023; Canadian Public Health Association, 1996; Skinner, 2023; van Eersel et al., 2021). Moreover, following Geronimus's weathering hypothesis, constant experiences of microaggressions, overt harassment and heightened threats of underemployment or unemployment related to systemic queerphobia and settler colonialism may weather Indigiqueer people through the process of chronic stress. Hence, the application of the weathering hypothesis importantly highlights the systemic and intersectional nature of the inequalities experienced by Indigiqueer workers, demanding that psychologists conduct further research to devise interventions that can mitigate inequalities encountered both in the labour market and workforce.

C. Common Experiences of Oppression in Healthcare

African-American women have long testified to their experiences of historical and ongoing medical racism when seeking healthcare, which manifest prominently in disproportionate maternal morbidity, maternal health conditions that arise from, or worsen due to, pregnancy and childbirth, and mortality. Chinn and colleagues (2021) attribute the disparities in healthcare to chronic instances of medical discrimination-related stress and inadequate communication from American healthcare providers. Indigenous communities face a similarly contentious legacy of medical racism at the hands of Canadian healthcare providers. Of over 5,000 surveyed Canadian healthcare workers, including mental health workers, thirty-five percent reported witnessing anti-Indigenous discrimination in healthcare settings firsthand (Turpel-Lafond et al., 2020). Given this historical and ongoing medical mistreatment, it is understandable that over 1 in 5 Indigenous people feel unsafe accessing mental health and substance use services in Canada; 21.8% of surveyed First Nations individuals living on-reserve correspondingly report that the healthcare they are provided is inadequate (Loppie & Wien, 2022; Turpel-Lafond et al., 2020). Thus, Indigenous people encounter barriers accessing help for the mental health challenges they face, because interacting with Canadian mental health services may in fact add to their current mental health stressors.

In addition to the barriers posed by medical racism, Indigiqueer people have also historically been discouraged from seeking healthcare due to systemic queerphobia among healthcare workers in Indigenous communities, which has compelled some Indigiqueer individuals to migrate to urban centers to seek healthcare (Brotman et al., 2002; Hunt, 2016). Hunt (2016) finds that migration effectively forces Indigiqueer individuals to leave communities that do not offer safe healthcare access for queer people, only to encounter systemic queerphobic and settler colonial oppression in urban centres, exacerbating their existing health needs, particularly those related to being Indigiqueer. Still, other Indigiqueer individuals choose to conceal their queerness as a precaution when seeking healthcare resources; the pressure on Indigiqueer individuals to hide their needs presents an additional barrier to well-being and also ultimately obscures the specific healthcare needs of the population (Brotman et al., 2002; Hunt, 2016). Thus, collective experiences and awareness of inadequate or inhospitable healthcare may not only add to existing health needs of Indigiqueer people related or unrelated to their Indigiqueer identities but pose their own long-term stressors that arises from the intersection of settler colonialism and systemic queerphobia, further worsening Indigiqueer mental health outcomes through the process of stress-induced weathering as per Geronimus's hypothesis. In the realm of healthcare, the hypothesis also highlights that psychological research must attend to Indigiqueer lived experiences of healthcare across Indigenous communities and urban centers and provides a uniquely intersectional and trauma-informed model that diverse care providers can leverage to welcome and properly respond to Indigiqueer individuals and their health needs.

D. Common Experiences of Peripheralization by Mainstream Psychology

Mainstream psychology has often perpetuated and exacerbated systemic inequities faced by intersectional groups--an experience shared by African American women and Indigiqueer people in Canada alike. The key participation of African American women in struggles for racial and gender equity is belied by their relative invisibility in psychological research compared to African American men and White women (Billups et al., 2022; Sesko & Biernat, 2016; Spates, 2012). This status of invisibility in psychological research perpetuates the mental health inequities experienced by African American women because fewer studies have been conducted, and healthcare initiatives have been developed, to understand and address the specific needs of this demographic (Lewis, 2023; Spates, 2012). Indigiqueer people have also been peripheralized by mainstream psychology; when they have been centered by settler psychological research and healthcare systems, they have usually been viewed through a paternalistic deficit lens divorced from context, which ultimately perpetuates mental health inequity by promoting widespread notions and feelings of hopelessness and inferiority (Dykhuizen et al., 2022; Hyett, 2019; M. Thomas et al., 2021).

V. DEFENDING THE REAPPLICATION OF THE WEATHERING HYPOTHESIS TO INDIGIQUEER HEALTH

A. Current Evidence on Indigiqueer Mental Health Outcomes

The existing research on Indigiqueer people, though emergent, nevertheless reflects mental health disparities among this population, corroborating what the application of Geronimus' weathering hypothesis would suggest. A survey conducted in Toronto recorded that 32% of Indigenous cisgender-heterosexual respondents reported excellent or very good mental health, compared to 29% of Indigiqueer respondents (Seventh Generation Midwives Toronto, 2018). The same survey observed that 43.5% and 14.5% of Indigiqueer respondents had been diagnosed with anxiety disorders and bipolar disorders, respectively, compared to 18.0% and 7.6% Indigenous cisgender-heterosexual respondents. Existing literature documents that Indigiqueer people are more likely to have a history of suicidal ideation and suicide attempts; suicidality is especially common among transgender Indigiqueer individualswith 76% transgender Indigiqueer respondents in Ontario reporting a history of suicidal ideation, compared to the overall Ontarian transgender average of 36% (Bauer et al., 2013; Scheim et al., 2013). Robinson's (2022) review of Indigiqueer mental health needs found multiple studies reporting that Indigiqueer people engage in illegal drug use and problematic drinking as coping strategies to manage mood more frequently than Indigenous cisgender-heterosexual people. These findings suggest that Indigiqueer populations experience mental health disparities related to lived experiences of settler colonialism and systemic queerphobia, which expose Indigiqueer populations to chronic psychological stress arising from constant exposure to these intersecting forms of oppression (Robinson, 2022; Scheim et al., 2013; Seventh Generation Midwives Toronto, 2018). This process is akin to that posited by Gerominus and colleagues (2006) in the weathering

hypothesis, wherein intersecting oppressions induce long-term physiological and psychological stress that adversely impacts African-American women's health across a diverse range of outcomes. Thus, given the findings and associations reported by existing studies on Indigiqueer populations, as well as aforementioned studies drawing similar links between oppression-related chronic stress and poorer mental health outcomes among larger Indigenous populations, there is evidence to indicate that Indigiqueer people may undergo comparable processes of weathering that contribute to poorer mental health outcomes.

B. Criticism of the Weathering Hypothesis and Implications of its Recontextualization

However, Geronimus's weathering hypothesis—the mechanism through which oppression is argued to impact mental health outcomes—has received criticism. Thomas (2006) argues that, since Black female life expectancies have at times exceeded White male life expectancies, Geronimus's weathering hypothesis did not robustly demonstrate that the discrimination faced by intersectional groups necessarily caused pathological weathering. The implication of Thomas' (2006) argument is ultimately that Geronimus's weathering hypothesis would not be applicable to the Indigiqueer population, if the life expectancies of Indigiqueer people were comparable in some respect to non-Indigenous and non-queer life expectancies. Indeed, the life expectancies of some Indigenous peoples, like First Nations women, Métis men, and Métis women, are increasing on par with non-Indigenous Canadians (Tjepkema et al., 2019). Regardless, however, life expectancy fails to represent the uniquely deficient mental health outcomes that Indigenous peoples nevertheless face. Although some life expectancy metrics, like length or rate of increase, of certain Indigenous groups may presently exceed non-Indigenous groups, Indigenous peoples still experience mental health disparities due to the unique oppression they endure (Anderson, 2021; Kumar & Tjepkema, 2019; Loppie & Wien, 2022). This is doubly true for Indigiqueer people, who not only bear the pervasive consequences of Canadian settler colonialism and anti-Indigenous prejudice, but also the queerphobia that likewise permeates Canadian society. Thus, Thomas' (2006) use of life expectancy metrics to appraise the weathering hypothesis does not properly address the poorer mental health outcomes of Indigiqueer people.

Forde et al. (2019) also criticize that many studies confirming Geronimus's weathering hypothesis have treated their focus populations—namely Hispanic and Black people in America— as homogeneous groups. They correctly point out that these studies overlook that health disparities within minorities often exist along ethnic or cultural lines: for example, between white European-Hispanic and brown *mestizo* Hispanic peoples. However, substantial data supports the presence of mental health weathering across First Nations, Inuit, and Métis groups. In other words, the respective mental health outcomes of these racially heterogeneous groups are all similarly worsened by settler colonialism, which implies that the weathering hypothesis is applicable to racially diverse Indigenous peoples. More specifically to Indigiqueer mental health, interview studies have identified similar experiences of racist and queerphobic oppression from culturally diverse samples of Indigiqueer peoples (Ansloos et al., 2021). Similarly, systematic reviews

have also highlighted common mental health disparities facing Indigiqueer communities across North America and Australia (Thomas et al., 2021; Jolivette, 2018). This suggests that the weathering hypothesis is highly applicable to Indigiqueer mental health across diverse Indigenous communities in Canada.

VI. UPLIFTING THE VITALITY OF INDIGIQUEER PEOPLE IN CANADA, AND AFRICAN AMERICAN WOMEN

Despite the legacies of systemic anti-Black racism and patriarchy, African American women nevertheless continue to persist and thrive as foundational members of their communities, and important contributors to psychological research and mental health equity (Lewis, 2023; Ruggs, 2023; Spates, 2012). Hine (2007) emphasizes the crucial centuries-long involvement of African American women in advancing social justice, citizenship rights, as well as equity in healthcare, housing, employment, and education, for African American people and for American women. In the context of psychology more specifically, Ruggs (2023), and Spates (2012) both underline that female African American scholars and research participants have been fundamental in developing psychology's conceptualization, application, and current knowledge of racialization, intersectionality, and cross-cultural differences. African American female researchers and clinicians continue to be at the forefront of leveraging intersectional approaches through research and clinical practices to mitigate the systemic impacts of patriarchy and anti-Black racism and improve mental health outcomes for African American women (Lewis, 2023; Ruggs, 2023). The work of African American psychologists and mental health workers cultivates culturally appropriate, radical and liberatory forms of healing, that meaningfully address the impacts of systemic anti-Black racism and patriarchy (Lewis, 2023). Therefore, the pursuit of mental health equity for African American women demands that they themselves be increasingly centered in all aspects of psychological research (Lewis, 2023; Spates, 2012). Further studies must also be supported so that their valuable lived experiences, perspectives, and ideas can be brought into the focus of mainstream psychology.

In the same spirit as African American women, Indigiqueer people have historically occupied culturally fundamental roles in their communities and continue to reclaim Indigenous worldviews of identity while making invaluable contributions to community resilience and wellbeing. Prior to the establishment of the Canadian settler-colonial state, many Indigenous communities maintained diverse, but generally non-binary, non-cisheteronormative and fluid views of gender and sexuality (Hunt, 2016; Robinson, 2019; Sheppard & Mayo, 2013). Many such communities openly embraced their members who claimed non-cisgender or non-heterosexual identities, often assigning them culturally valuable roles in their society as knowledge keepers, spiritual leaders, healers, and communicators (Hunt, 2016). However, as a result of British, French, and now Canadian settler colonialism, Indigenous peoples endured widespread intergenerational trauma and continue to face systemic anti-Indigenous prejudice in Canadian society and structures, alongside widespread intergenerational trauma (Allan & Smylie, 2015; Matheson et al., 2022; Mitchell et al.,

2019). Indigenous children were forcibly separated from their communities and enrolled in church-managed vocational schooling where they endured sociocultural assimilation, religious indoctrination, as well as rampant child abuse and neglect (Allan & Smylie, 2015; Matheson et al., 2022; Mitchell et al., 2019). Partly as a result, Indigenous individuals, including Indigiqueer individuals, are correspondingly more likely to abuse alcohol, report symptoms of depression, and experience suicidal ideation and attempts, especially in response to thoughts and feelings related to historical trauma and loss (Bombay et al., 2012; Bombay et al., 2014; Elias et al., 2012; McQuaid et al., 2017).

Despite the imposition of Euro-Christian principles of cis-heterosexism by settlers, and the ongoing impacts of settler colonialism and systemic queerphobia, Indigiqueer people have managed to defend and reclaim their notions of queerness within their cultural contexts (Hunt, 2016; Polonijo et al., 2022; Spurway et al., 2020). There has been a resurgence of Indigenous communities embarking on cultural shifts away from settler norms that reject Indigiqueer people, towards pre-colonial worldviews (Brotman et al., 2002; Hunt, 2016; Spurway et al., 2020). Empowered by community acceptance and integration of their identities, many Indigiqueer people continue to resume their precolonial roles as community leaders by engaging with—and revitalizing—traditional ceremonies, gathering and healing practices that promote community belonging, positive self-identity, and spiritual health (Hunt, 2016; Spurway et al., 2022). It bears emphasizing that Indigiqueer people as a collective have continued to thrive and apply self-determination, asserting their identities and strategizing to navigate the Canadian sociopolitical systems that marginalize them through both settler colonialism and systemic queerphobia (Hunt, 2016; Spurway et al., 2020). Indigiqueer cultural contributions facilitate the continued health and resiliency of their communities, preserve traditional worldviews, and thereby resist the eroding effects of settler colonialism on Indigenous ways of knowing (Royal Commission on Aboriginal Peoples, 1996, as cited in Hunt, 2016). Through their contributions to the preservation and revitalization of Indigenous worldviews on gender and sexuality, Indigiqueer people continue to advocate for culturally appropriate, strengths-based, and identity-affirming forms of psychological research and practice (Hunt, 2016). The continued advocacy and involvement of Indigiqueer people can foster the improvement of psychology's understanding of and provision of care for Indigiqueer people and Indigenous communities at large.

VII. MOVING FORWARD: DIRECTIONS FOR CONTINUED RESEARCH AND PROVISION OF CARE

One key insight that emerges from the application of the weathering hypothesis is that simply centering Indigenous populations or queer populations in psychological research is not enough; researchers must also bring specific attention to intersectional subdemographics like Indigiqueer people, who may experience highly divergent mental health outcomes by way of their intersectional lived experiences. Likewise, applying the weathering hypothesis suggests that launching mental healthcare initiatives oriented for Indigenous populations is insufficient if the care provided is not also intentionally designed with consideration for Indigiqueer people. The weathering hypothesis altogether suggests that Canadian psychological researchers, clinicians, and mental healthcare systems must view Indigiqueer people through an intersectional lens; applying this contextualized and holistic approach will enable meaningful progress towards restoring mental health equity to this vital community.

Presently, psychological research and healthcare resources relating to Indigiqueer mental health both continue to require bolstering, despite a contemporary resurgence in the reclamation of Indigiqueer identity (Hunt, 2016). More in-depth studies of Indigiqueer lived experiences are required to equip researchers, policymakers, and care providers who work with Indigenous and/or queer populations, and who thusly bear the obligation of learning how to respond to Indigiqueer concerns in a culturally appropriate manner (Hunt, 2016; Spurway et al., 2020). The continuation of research on Indigiqueer mental health, and provision of care that uniquely focuses on providing culturally appropriate mental health services to Indigiqueer people, also necessitates that public institutions fund these initiatives. It cannot be overstated that Indigiqueer people represent a highly vital intersectional group whose voices must be valued in research and healthcare programming (Bird & Robinson, 2020; Brotman et al., 2002; Dykhuizen et al., 2022; Hunt, 2016; Robinson, 2022; Thomas et al., 2021). Indigiqueer strengths, worldviews, and priorities must be continuously incorporated, valued, and amplified in the development of research that seeks to understand their lived experiences of contributors and barriers to mental wellness, and in the development of healthcare initiatives that aim to support their mental health outcomes and reduce inequities (Brotman et al., 2002). Researchers and clinicians alike must continuously apply an intersectional, strengths-based, and identity-affirming approach in their own work, and advocate for systemic improvements that facilitate Indigiqueer-centered research and healthcare programming (Brotman et al., 2002; Dykhuizen et al., 2022). In the same breath, the governmental and academic bodies that employ these professionals must reconfigure systems of clinical work or scholarship to accommodate and incentivize collaborations with Indigiqueer individuals and groups (Dykhuizen et al., 2022). From their review of Indigiqueer health literature, Dykhuizen and colleagues (2022) found evidence to argue that a continuous process of community-based participatory research will help to close persistent mental health inequities for Indigiqueer communities, while allowing settler institutions to make efforts toward decolonization.

Contemporary clinical interventions that affirm and center Indigiqueer individuals, identities, and perspectives have shown promise in improving the mental health outcomes of Indigiqueer people (Beaudry et al., 2024). Sylliboy (2021), a Two-Spirit researcher himself, organized a healthcare

initiative for Indigiqueer individuals: a sharing circle that doubled as a qualitative study, based on Two-Eyed Seeing, a Mi'kmaw co-learning methodology. For data analysis, Sylliboy's (2021) study used the medicine wheel model to make sense of Indigiqueer wellbeing as inextricably physical, mental, emotional, and spiritual. The integration of Two-Eyed Seeing methods and the medicine wheel model throughout the study was believed to affirm Indigiqueer lived experience as holistic, indivisible narratives; the sharing circle was ultimately observed to have fostered collective hope, resilience, and reconnection to culture among its participants. These findings agree with Walters and colleagues' (2001) account that Indigiqueer gatherings bolster Indigiqueer mental health; Bird and Robinson (2020) argue that such collective healing methods are impactful opportunities for affirming individuals in their reclamation of their full intersectional selves.

Two other evidence-based wellness strategies that demonstrate the value of Indigiqueer worldviews in research and clinical interventions are the FIRST (Family, Information, Relationship, Safe-Space, and Two-Eyed Treatment) and Five Factor Wellness Inventory (5F-WEL) tools (Beaudry et al., 2024; Latimer et al., 2020; McKinney et al., 2020; Sylliboy & Hovey, 2020). Though these tools differ procedurally, both are person-centered methods for nonjudgmental care provision that incorporate elements of Two-Eyed Seeing to assess the wellness of Indigenous individuals through a holistic and relational lens. In their review of Indigenous healing strategies, Beaudry and colleagues (2024) have supported both FIRST and 5F-WEL as sufficiently contextualized and strengths-based wellness assessment tools that mental healthcare providers should use to build respectful, equal-partnership therapeutic alliances with Indigiqueer clients (Sylliboy & Hovey, 2020; Latimer et al., 2020). According to Beaudry and colleagues (2024), mental healthcare providers may be able to build mutual trust and sustainable help-seeking relationships periodically by assessing their regular clients using FIRST and 5F-WEL, which enables clinicians to track their clients' progress while affirming their strengths. Beaudry and colleagues (2024) also advocate for affirmative therapy as a particular therapeutic modality that is highly applicable for supporting Indigiqueer individuals, due to its strengths-based approach of identifying protective factors in the client's context, empowering the caller with self-care practices and cultural affirmation, and reinforcing the caller's self-identity and self-advocacy skills.

Although researchers and institutions should continue to support the research and development of culturally effective clinical tools, practices, and interventions for Indigiqueer mental health, research has found abundant healing potential for Indigiqueer people in engaging with traditional Indigenous healing strategies beyond the clinical context (Bird & Robinson, 2020). Connecting with specific cultural practices like smudging, sharing circles, or sweat lodges has been reported to reduce suicidality among Indigiqueer people; it has been posited that engaging in these practices once quashed by the settler-colonial state helps Indigiqueer people develop protective traits like resilience, self-affirmation, and positive self-identity (Ferlatte et al., 2018; Fieland et al., 2007; Sylliboy, 2021). Evidence from contemporary clinical work, as well as literature about traditional healing strategies, altogether suggests that improving Indigiqueer mental health outcomes depends heavily on applying a holistic, intersectional lens to provide strengths-based, identity-affirming care.

VIII. CONCLUSION

In summary, the forms of systemic oppression experienced by Indigiqueer people can be understood separately, but viewing Indigiqueer lived experience holistically through the intersectional lens demanded by the weathering hypothesis enables a more complete picture of Indigiqueer lived experience and mental health to emerge: one where the Indigiqueer individual simultaneously experiences multiple axes of oppression across sociopolitical, legal, and economic contexts, and—most importantly—thrives in spite of them. Abundant hope and valuable knowledge can be found in the unflagging strengths and unique perspectives of Indigiqueer people, the ever-expanding knowledge and application of culturally appropriate healing practices, as well as the efforts of widespread Indigenous communities to welcome these individuals and restore them to their historically central roles as community leaders. Applying the weathering hypothesis as an exploratory tool gives credence to the possibility that adopting centrally intersectional approaches in both research and clinical work will be fundamental in contextualizing our understanding of Indigiqueer mental health, and supporting the Indigiqueer population through culturally appropriate healthcare programming so that wide-ranging disparities in mental health outcomes can be effectively remedied.

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