

Article

# “We Were Queens.” Listening to Kānaka Maoli Perspectives on Historical and On-Going Losses in Hawai‘i

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**Abstract:** This study examines a historical trauma theory-informed framework to remember *Kānaka Maoli* (Native Hawaiian) and lesbian, gay, bisexual, transgender, queer, and/or *māhū* (LGBTQM) experiences of colonization in Hawai‘i. *Kānaka Maoli* people and LGBTQM *Kānaka Maoli* face health issues disproportionately when compared with racial and ethnic minorities in Hawai‘i, and to the United States as a whole. Applying learnings from historical trauma theorists, health risks are examined as social and community-level responses to colonial oppressions. Through the crossover implementation of the Historical Loss Scale (HLS), this study makes connections between historical losses survived by *Kānaka Maoli* and mental health. Specifically, this manuscript presents unique ways that *Kānaka Maoli* describe and define historical losses, and place-based themes that emerged. These themes were: the militarization of land; the adoption of christianity by *Kānaka Maoli ali‘i*; the overthrow of the sovereign Hawaiian monarch; and the importance of *māhū* and LGBTQ perspectives. Each of these themes will be presented in detail. Written by a queer, mestiza Pinay-American scholar, her mentor, a lesbian *Kānaka Maoli* scholar/activist, with contributions from Community Advisory Board members, there will also be discussion about ethics of research with and for *Kānaka Maoli*.

**Keywords:** Hawaiian; Indigenous; historical loss; historical trauma; mental health; LGBTQ

## 1. Positionality of the Researcher

As a non-Hawaiian researcher living and working as a social worker in Hawai‘i, I had a number of opportunities to learn about the importance of *hāahaā*, a Hawaiian concept that can be loosely translated to mean “humble, modest” (Pukui 1983). Community members, practitioners, and cultural leaders in Hawai‘i model this practice through both small and large, formal and informal actions, many which reflect everyday social life in Hawai‘i. At the start of gatherings and meetings that I have attended with Native Hawaiian community members, each participant is asked to share their name, where they are from, and an ancestor or predecessor who will guide their participation in or benefit from the discussion and learning which will occur that day. To best respect and understand research with Indigenous communities, these and other cultural protocols cannot be minimized. For me as a non-Hawaiian, these shared practices have also guided me through reflections on my own lineage that ground all of my research in Hawaiian and other Indigenous values and protocols in which I have been privileged to participate.

In Hawai'i, a site of historical and ongoing colonial occupation, the need for research frameworks that re-center the voices of Native Hawaiian people and the application of research methodologies that address the power imbalances within the research process cannot be overstated. As such, I approach this research with an understanding that my insider (queer, mixed/Asian)–outsider (non-Native Hawaiian, non-local) status operates on a spectrum rather than a binary. For instance, in some spaces, particular aspects of my identity emerge as more salient than others. This insider/outsider continuum affected my research in Hawai'i in many ways (Spencer 2015). For example, my shared identities and the relationships I have developed because of my identity gave me access to community members and community spaces that others may not have had. Simultaneously, however, as a non-Native Hawaiian researcher working in Native Hawaiian communities, some of my contributions are not always invited or encouraged, and there may come a time when they are unwelcome. Respecting protocols that I have learned in the community, I seek feedback and guidance from Hawaiian leaders and cultural practitioners about my ongoing research in the community, to ensure that the research is “determined and defined from within the community” (Denzin and Lincoln 2008, p. 6).

Specifically, this study utilizes a historical trauma theory-informed framework to explore *Kānaka Maoli* (Native Hawaiian) and lesbian, gay, bisexual, transgender, queer, and/or *māhū* (LGBTQM) experiences with losses related to colonization. After a brief discussion of language and terminology, this manuscript will present background and a contextual overview of health and colonization in Hawaii; describe the theoretical foundations of the exploration; present mixed methods and tools of investigation (as well as data gathering and analysis processes); and finally, the results of the crossover mixed analysis of narratives from Native Hawaiian participants reflecting on the impacts of historical loss in Hawai'i.

### *Use of Hawaiian Language*

*Māhū* is a Hawaiian word describing an individual possessing both male and female characteristics (Pukui et al. 1972b). When used in this project, it is also inclusive of individuals who identify as transgender Native Hawaiian, *māhū wahine* (trans women) and *māhū kāne* (trans man) (A. Hawelu & C. Kapua, personal communication, 19 April 2017). Including the terms queer and *māhū* in the broad umbrella LGBTQ category is an intentional decision to critique hetero-, homo-, and cis-normativity within communities of color through the inclusion of Indigenous people on culturally relevant and historically acknowledged locations on the spectrums of gender and sexuality (Driskill et al. 2011; Kornak 2015).

Similarly, this manuscript will use Native Hawaiian or Hawaiian (with intentional, politicized capitalization; see, Trask 1996; Kauanui 2008b), as well as *Kanaka Maoli* (or *Kānaka Maoli*, if plural; see, Kauanui 2008a) and *Kanaka 'Ōiwi*, interchangeably, as many Hawaiian practitioners and scholars support the use of multiple self- and group-referents in the Hawaiian or English language to define themselves within the Hawaiian community (V.K. Kanuha, personal communication 12 March 2019). Numerous other Hawaiian language words will be used throughout this manuscript, and will be italicized and parenthetically translated into English using the Hawaiian Dictionary (Judd et al. 1995) and other relevant sources.

## 2. Background

*Kānaka Maoli* people, and especially lesbian, gay, bisexual, transgender, queer, and/or *māhū* (LGBTQM) *Kānaka Maoli*, face health and mental health issues that are disproportionate when compared with other racial and ethnic minorities in Hawai'i, and when compared to the United States as a whole. Native Hawaiians have the highest mortality rates for numerous biomedical diseases, including substance abuse, diabetes, and even asthma, of any ethnic group in the state of Hawai'i (Andrade et al. 2006; Liu and Alameda 2011). Suicide rates, in particular, have been rising since Hawai'i began collecting data in 1908 (Else and Andrade 2008), and suicidality continues to represent a major public health concern (Goebert et al. 2018). Social workers need to understand the social, structural,

and historical determinants of these health disparities in order to implement effective prevention and intervention programs in any socio-historical-cultural context, and particularly in Hawai'i.

Applying learnings from historical and intergenerational trauma theorists (Bagilishya 2000; Brave Heart 2003; Brave Heart [1998] 2010; Brave Heart and DeBruyn 1998; Duran 2006b; Evans-Campbell 2008; Sotero 2006; Walters and Simoni 2002), suicide can be examined as social and community-level responses to colonial oppressions (Wexler and Gone 2012). Beginning with the arrival of Captain Cook in 1778 and gaining influence up through the illegal annexation of Hawai'i by the United States military in 1898 (Silva 2004), *Kānaka Maoli* in Hawai'i have lived in a colonial space and state for over two centuries. Strategies for healing and prevention therefore must be located within the processes of decolonization and the restoration of traditional *Kānaka Maoli* values and practices. Through examination of colonial processes, including erasure of *Kānaka Maoli* genders and sexualities from traditional stories, the domination of Christian religiosity embedded in all aspects of Hawaiian life, and the impact of disconnection of Native Hawaiians from land, language, and cultural practices on their health and well-being as a people, a critical intersectional approach to Native Hawaiian mental health can begin to surface.

### 3. Theoretical Framework

The multilevel impacts of historical trauma and colonization on Native Hawaiian suicide risk are important considerations (Goebert 2008; Goebert et al. 2018; Lee et al. 2002; Mayeda et al. 2005; Trask 1996; Yuen et al. 2000). With the first contact from European colonizers came a breakdown of *Kānaka 'Ōiwi* cultural, social, and healing systems (Andrade et al. 2006; Paglinawan et al. 2020). Colonization and racism have structural impacts on power, economies, and resource allocation and sustainability in Hawai'i, and these forces also negatively impact the type, nature, causes, and level of chronic stress experienced by Native Hawaiians (Liu and Alameda 2011). Examples of the ongoing impacts of historical trauma include challenges by the State to protect *Kānaka 'Ōiwi* burial sites and *Kānaka 'Ōiwi* human remains (*iwi kūpuna*), preserve sacred sites (*wahi pana*) and structures, and honor Hawaiian as an official language of the state of Hawai'i (Liu and Alameda 2011; see also Hiraishi 2018). Researchers in Hawai'i argue that acknowledging the social, historical, and intergenerational determinants of Native Hawaiian health shifts the focus from negative outcomes, risks, and trauma within individuals and families to create a genealogy of health and illness that is political, economic, and cultural (Liu and Alameda 2011; Paglinawan et al. 2020).

Despite the prevalence of suicide among Native Hawaiians and evidence pointing to rising global trends of Indigenous suicide, current research and prevention efforts in Hawai'i may be failing to address some critical aspects of suicide in the historical context of this island nation. Among many other Indigenous populations in the United States, Canada, Australia, and New Zealand, for example, the impacts of colonization have been studied through the lens of historical trauma, and many suicide researchers acknowledge and account for the impacts of colonization on the suicide rates within the community (Booth 1999; Kral 2012; Kral and Idlout 2016; Liu and Alameda 2011; Hatcher 2016; Hunter et al. 2002; Wexler 2009). This approach to understanding suicide is a distinct departure from contemporary suicidology, where a "medical model" has been utilized for the understanding of suicide since the mid-1950s (Browne et al. 2005). Indigenous scholars (Duran 2006a; Stoor et al. 2015), however, are challenging dominant/Western perspectives on suicide, and are calling for cultural and historical understandings of suicide to gain insight into risks for suicidality (Burrage et al. 2016).

Historical Trauma (HT) theory in particular, and the constructs from HT theory that have been empirically linked to suicide risk among global Indigenous populations, may provide valuable insight into the prevention of and intervention with suicide among *Kānaka Maoli*. HT theory is based on the premise that the trauma from catastrophic events has ramifications over an individual's or family's lifetime and importantly, across generations, with both individual and intergenerational implications (Brave Heart and DeBruyn 1998; Duran and Duran 1995). The earliest literature about historical trauma draws from research with children of Holocaust survivors, which has been applied to the

cultural and historical case of Indigenous people in the U.S. and Canada (Brave Heart and DeBruyn 1998). Colonization is an example of a community-level trauma that was originally situated in and therefore continues to negatively impact Indigenous communities. Through explicit policies for social control predicated on removal and genocide of native peoples from their sacred, ancestral lands (Brave Heart [1998] 2010; Fast and Collin-Vézina 2010), Indigenous people and Indigenous cultures have suffered economic and political marginalization through abandoned treaties (King et al. 2009; White 2007); forced assimilation and conversion to Christianity, including the boarding school movement (Else and Andrade 2008; Kral and Idlout 2016); outlawing of language, spirituality, and other cultural practices (Else et al. 2007; Evans-Campbell 2008); and seizure of traditional lands and land rights by military incursions and legislative mandates (Andrade et al. 2006; Liu and Alameda 2011). Colonial trauma can be understood as the culmination of the complex interactions between these historical and on-going losses rooted in colonization, and Indigenous health and mental health disparities (Mitchell et al. 2019). Openly acknowledging and learning about the links between colonial trauma and past as well as current health and mental health disparities are paramount to the process of healing at the individual, family, and community levels (Duran and Duran 1995; Duran 2006a; Walters et al. 2002).

### *Measuring Historical Trauma*

In a conceptual framework of three phases of historical trauma, Sotero (2006) delineates a number of collective losses that American Indians suffer, including displacement, violence (physical and psychological), economic impacts (legal and financial), and cultural losses (including language, religion). These historical losses were quantified by Whitbeck et al. (2004), who empirically demonstrated the connections between historical losses and negative behavioral symptoms. The Historical Loss Scale (HLS) assesses the prevalence and significance of thoughts of historical losses over time (Whitbeck et al. 2004). In a verification study of the measure, the HLS was completed by American Indians in a longitudinal study which found that one third of the sample had thoughts of historical losses at least once a day (Whitbeck et al. 2004). The authors argued that those who reflect on historical losses on a daily basis might be more susceptible to proximal, daily stressors as they interact with historical traumas (Whitbeck et al. 2004).

## **4. Method**

### *4.1. Methodology: Qualitative Dominant Crossover Analysis*

Through the implementation of quantitative HLS items as qualitative codes, the research methodology for this project is a qualitative dominant crossover mixed analysis (Frels and Onwuegbuzie 2013). The application of a quantitative scale to qualitative data is akin to theoretical coding of qualitative analysis, wherein deductive codes derived from the literature are searched for in the qualitative analysis (J. DeCuir-Gunby, personal email communication, 10 January 2018). For the purpose of this analysis, the first phase of coding consisted of items from the HLS, implemented as deductive, theoretical codes. This approach allowed the researcher to identify and examine the scale items that are most relevant and resonant for *Kānaka Maoli* in narratives about suicide and colonization, while simultaneously tracking responses that emerged inductively outside of the framework of the scales.

The crossover implementation of a scale developed with and for American Indians, such as the HLS, applied to narratives from Native Hawaiian populations provides the opportunity to consider differences and similarities between the two Indigenous communities. This comparison addresses a critical gap, given that *Kānaka Maoli* and Pacific Islanders are often aggregated with data on Asian and Asian American populations, in spite of distinct experiences with acculturation, colonization, and migration (Else et al. 2007). This aggregated approach can conceal subgroup differences among these populations (Islam et al. 2010), and limits meaningful interpretation of risks and protections (Wyatt et al. 2015) in a relevant and appropriate cultural context. In addition to

sharing similar colonial histories, American Indian and Native Hawaiian communities also share holistic and community-inclusive understandings of health, the importance of relationships, and strong connections to their physical environments (Else et al. 2007). Additionally, through honoring the empirical tools created by Indigenous researchers in North America and utilizing these scales to better understand this Hawai'i-specific qualitative data, this project aligns with an Indigenist approach that centers Indigenous voices and their contributions to research on themselves and their people.

#### 4.2. Research Design: A Crossover of a Quantitative and Qualitative Coding Measures

##### 4.2.1. Quantitative Measure: The Historical Loss Scale (HLS)

The Historical Loss Scale (HLS) consists of twelve items that capture thoughts and ruminations related to historical losses, including loss of land, loss of language, and loss of culture. As the seminal work empirically measuring historical loss, Whitbeck et al. (2004) work with Native Americans is used as a baseline comparison for the crossover analysis with Hawaiian participants.

##### 4.2.2. Qualitative Coding: Item (Re)Interpretation

The second phase of theoretical coding involved revision and examination of the HLS codes in the specific context of the data (DeCuir-Gunby et al. 2010). For example, item (G) “the loss of trust in whites from broken treaties”, might be discussed by a Native Hawaiian using language other than “treaties” to describe the contracts, agreements, or promises they were made (although historically Hawaiians did have formal treaties with many other nations, see Osorio 2002). Each code was then examined in the broad socio-historical-political context of Hawai'i through examination of Hawaiian epistemologies (see Meyer 1998; and also Martin 1996), comparisons to historical (for example, Pukui et al. 1972a, 1972b; Pukui 1983) and modern texts (Kauanui 2018; Teves 2018), as well as to federal and local policy documents (e.g., Ching et al. 2018; Sugimoto-Matsuda et al. 2018; U.S. Department of Hawaiian Homelands [1921] 2019; U.S. Department of the Navy 2018). As necessary, the researcher amended the code definitions based on context, and documented the item interpretation in terms of how it would be applied to Native Hawaiian narratives.

#### 4.3. Secondary Data: Phenomenology

The parent study was a qualitative phenomenology designed to capture Native Hawaiian lived experiences with colonization, and perspectives on the impacts of colonization on LGBTQM Native Hawaiians. Exploration of the risks and protective factors for suicide among cisgender and heterosexual Native Hawaiian and LGBTQM Native Hawaiians was a secondary focus. Findings from this study have been presented at national social work conferences (Alvarez 2016, 2017), as well as in a manuscript currently under review (Alvarez, under review).

##### 4.3.1. Participants and Characteristics

The data for the secondary analysis consisted of a combination of interviews and focus groups with cisgender and heterosexual Native Hawaiians, LGBTQM Native Hawaiians, and non-Hawaiian service providers living in Hawai'i ( $n = 30$ ) on O'ahu, Maui, and Hawai'i. For the secondary data analysis, the inclusion criteria focused only on Native Hawaiian informants ( $n = 22$ , 100%), which excluded eight of the sample. The majority of the participants ( $n = 18$ , 82%), identified as lesbian, gay, bisexual, transgender, queer, or māhū, and the remainder as cisgender and heterosexual ( $n = 4$ , 18%). The majority of the participants ( $n = 19$ , 86%) also identified as female or *wahine* (female) or *māhū wahine* (female-identified māhū,  $n = 14$ , 77%), whereas few participants ( $n = 3$ , 14%) identified as male. The sample evenly proportioned among three age groups, 20–35 years old ( $n = 6$ , 27%), 35–50 years old ( $n = 8$ , 36%), and 50 years old or above ( $n = 8$ , 36%).

#### 4.3.2. Sample and Sampling

Participants were recruited directly through email and phone using existing relationships with Hawaiian and LGBTQM Hawaiian communities, colleagues from suicide prevention, mental health, HIV/AIDS prevention, and other social service organizations throughout the state of Hawai'i. We contacted potential participants. Due to the sensitivity of the subject matter with Indigenous, marginalized, or otherwise "hard-to-reach" populations (Shaghghi et al. 2011), snowball and convenience sampling continued until an adequate study sample was attained.

#### 4.3.3. Data Collection

The data collection process consisted of semi-structured interviews and focus group discussions, using an interview guide of key questions and themes. Based on the inclusion criteria for the secondary data analysis, the data included narratives from ten individual interviews and two focus groups (FG1,  $n = 2$ ; FG2,  $n = 10$ ). Some interviews were conducted by phone ( $n = 3$ , 13%), and others in-person ( $n = 9$ , 87%). Participants were assigned pseudonyms for data analysis and dissemination.

#### 4.3.4. Data Analysis

Each item from the HLS (12 in total) was created into a code, and examples from the scale development literature informed code definitions. In light of the fact that theory-driven codes need to be iterative in process (DeCuir-Gunby et al. 2010), the researcher cycled iteratively between the raw data and HT theory to ensure a deep understanding. These items were applied to the qualitative narratives by *Kānaka 'Ōiwi* participants as deductive codes. Simultaneously, during this phase of the analysis a number of inductive themes were identified through iterative processes of reduction and comparison and were formalized in conversations with experts from the *Kānaka 'Ōiwi* community.

#### 4.3.5. Research Team

For the purposes of this paper, several members of a Community Advisory Board (CAB) who were involved throughout earlier phases of the project engaged with revisions of this manuscript and have helped to ground the conversation in the values and intentions of the work. Each co-author brings a unique lens to the research, contributing expertise related to mental health prevention and supports, *Kānaka 'Ōiwi* cultural practices of health and healing, and LGBTQM practices of resistance and resilience. It is important to emphasize the value of these relationships and the ways they align with the overall ethic of research in and with Hawaiian communities. Specifically, it is through these relational connections as scholars, community leaders, service providers, and Indigenous activists that we ensure that our approach to the research aligns with the ethic that Kovach describes as "giving back to the community in a way that is useful to them" (Kovach 2009, p. 82). As an aspect of relational practice, love is, and always will be, central to this work (Ortega and Busch-Armendariz 2016).

### 5. Results from the Crossover Mixed Analysis

#### 5.1. Relevance of Historical Loss Scale Items among Native Hawaiians

Overwhelmingly, the items on the Historical Loss Scale (HLS) were mentioned in the narratives of the Native Hawaiian participants and appear to have relevance to Hawaiian experiences (see Table 1 for overall results). The table displays the total percentage of participants who endorsed an HLS item, followed by the percentage of cisgender and heterosexual Hawaiians and then the LGBTQM Hawaiians who endorsed each item. The final column are comparisons to a baseline sample of American Indian respondents reported on by Whitbeck et al. (2004). Eight of the twelve scale items were endorsed by half or more of the Native Hawaiian participants at least once, and two items in the HLS were endorsed by 100% of Native Hawaiian participants at least once: (H) "losing our culture", and (K) "loss of our people through early death". These two items will be discussed in greater detail.

**Table 1.** HLS Item Prevalence: Historical Loss Scale items endorsed by Native Hawaiians (NH) compared to baseline prevalence among American Indians.

Historical Loss Scale (HLS) Items	Present Study			Prevalence (Whitbeck et al. 2004) <sup>a</sup> , (n = 143)
	Total Endorsed % (n = 22)	Endorsed by cis/het NH (n = 4)	Endorsed LGBTQM NH (n = 18)	
A. Loss of our land	75%	100%	67%	74.8%
B. Loss of our language	58%	100%	56%	88.1%
C. Losing our traditional spiritual ways	83%	67%	89%	88.7%
D. The loss of our family ties because of boarding schools	0%	0%	0%	55.7%
E. The loss of our families from reservation to govt relocation	0%	0%	0%	47.8%
F. The loss of self-respect from poor treatment by govt officials	50%	67%	44%	70.9%
G. The loss of trust in whites from broken treaties	50%	33%	56%	71.3%
H. Losing our culture	100%	100%	100%	89.4%
I. The losses from the effects of alcoholism on our people	75%	67%	78%	92.5%
J. Loss of respect by children and grandchildren for elders	8%	0%	11%	91.2%
K. Loss of our people through early death	100%	100%	100%	90.6%
L. Loss of respect by children for traditional ways	33%	67%	22%	88.1%

<sup>a</sup> This prevalence comes from the findings presented in Whitbeck et al. 2004. Cumulative total % includes reflecting on loss yearly, monthly, weekly, daily, and/or several times/day.

Indeed, there are powerful examples of the impacts of historical losses among Native Hawaiian individuals and communities that help explain the relevance of the HLS in understanding the Native Hawaiian experience with colonial trauma. Hawaiians describe numerous historical losses that are similar to the losses suffered by the American Indian communities with whom the HLS scale was developed. There are also important differences between the prevalence of HLS items among American Indians (as reported by Whitbeck et al. 2004) and the *Kānaka Maoli* participants in this study. Two items in the HLS were not endorsed by any Native Hawaiian participants, (D) “loss of family ties because of boarding schools”, and (E) “loss of families from reservation to government relocation” because Native Hawaiians were not forced into or removed to government/church-run boarding schools nor forcibly displaced into designated lands as in the removal of Native Americans to reservations.

#### 5.1.1. Historical Loss Scale Item (H), “Losing Our Culture”

Important aspects of *Kānaka ‘Ōiwi* culture that were reflected upon as losses by the participants included cultural concepts and practices such as *mālama* (care), *pono* (righteousness), *ho‘oponopono* (forgiveness), *aloha* (love); *Kānaka ‘Ōiwi* arts and crafts; and fishing, picking fruit, living off the land (e.g., Pukui et al. 1972a, 1972b).

Descriptions of (H) “losing our culture”, emerged throughout the narratives by cisgender and heterosexual Native Hawaiians and LGBTQM Native Hawaiians. Some of the participants struggled to describe what might constitute a strong, clear sense of a “Native Hawaiian identity”. Many described feeling confused or frustrated by the fact that certain behaviors and aspects of life in Hawai‘i that they reject are attributed to *Kānaka ‘Ōiwi* culture—such as abusing alcohol and engaging in violence. There is an overwhelming uncertainty about what constitutes *Kānaka ‘Ōiwi* cultural identity. Halia<sup>1</sup>,

<sup>1</sup> Pseudonyms used for reporting our participant’s narratives.

for example, a cisgender and heterosexual Native Hawaiian, 20–34-year-old, female, describes this tension in her own family:

Well again, with identity, it's like, I may feel myself like I am a proud, strong Hawaiian, but within my own family, I feel like we're a weak Hawaiian family, so there's definitely a difference, you know? But then when I'm with my aunties and uncles, I have those who are like very strong in their culture, and then I, you know, I have that feeling. And then I also have the other half of my family who's getting drunk or fighting or scrapping, and that's also a huge part of my culture, and so it's definitely identity crisis slash culture poorness.

In this example Halia has a difficult time differentiating between negatively-perceived behaviors and actions that *Kānaka 'Ōiwi* are participating in—and sometimes even taking pride in—and aspects of Native Hawaiian culture that are rooted in tradition. She later describes practicing *hula*, using Hawaiian language, and cooking traditional foods as some of the ways that she feels strong in her culture, but laments opportunities to strengthen those practices consistently with her family.

Many participants described other Hawaiian cultural practices, including fishing and hunting that have been lost over time, largely in accordance with increased access to western/American foods and resources. Kekepania, LGBTQM Native Hawaiian, 50+ year-old female describes the effort she makes to maintain her Hawaiian cultural practices despite the loss of them among her family members:

My brother is still fishing...catching fish. In my family it's kind of... the Hawaiian-ness sort of phased out you know? I teach hula. I go *hōkahi* (to go alone) to Kaua'i, Big Island, you know, I go to places where the first Hawaiians was located...found, living in caves, stuff like that. I do those things. My brother and them don't do that. Their wives and everybody—it's the mall. You know we go to the mall . . . (Laughs). We go eat at restaurants. You know that kind of stuff. We don't do that [cultural stuff] anymore.

In this example, Kekepania is somewhat lighthearted about the increasing use of Western resources—including going to the mall and eating at restaurants—but also talks about the work that she does to try to maintain the cultural practices in her own life. This is a tension that was common to the experience of many of the participants experience, and which represents an important challenge in *Kānaka Maoli* communities.

### 5.1.2. Historical Loss Scale Item (K), “Loss of Our People through Early Death”

Early death was discussed frequently throughout the narratives. Participants described the many ways that early deaths affect the *Kānaka Maoli* community, including through disproportionate exposure to preventable negative health outcomes from diabetes, obesity, cancer, and suicide. Some participants made direct connections between intergenerational exposure to negative health outcomes and the losses that *Kānaka Maoli* have survived. Kiara, LGBTQM Native Hawaiian, 35–50-year-old, female, explains:

Even for the Native Hawaiians who do struggle and strive to try to make a home for their self. They have to live on the west side of the island. The hottest side of the island. Granted, there is some fishing area. But they don't provide stores with healthy food. They don't provide areas where people can afford. What they do, they provide them with fast food restaurants, which get them sick with diabetes, high blood pressure, and it suppresses them, you know? Because they don't stay healthy, they don't get an education, they don't see what it's like.

And then it's generation after generation depending on the colonizers, the white man for wealth, for money, money, Western food. They don't understand what it's like to fish when they know their waters are right there full of them. You know? You can talk about that too.

In her interview, Kiara describes the complex interaction between the loss of land, displacement, and lack of access to resources on the health and well-being of *Kānaka 'Ōiwi*. She makes direct links



between this exposure to risk, early death, and even mental health issues to the colonial occupation of Hawai'i by the Western world. Several other participants also talked about the direct impacts of colonization on early death through the exacerbation of vulnerabilities and denial of resources like food and water. Many argued that through the colonial impacts related to land loss, dietary changes, and substance abuse, Native Hawaiians are exposed to increased physical and behavioral health risks.

Early death was also talked about through specific references to suicide and suicide risk. In the mähū and transgender communities, in particular, there were a number of conversations about their disproportionate exposure to trauma, abuse, discrimination, and ultimately, suicide. Emma, LGBTQM Native Hawaiian, 20–34-year-old female describes her own exposure to trauma and abuse, and how she became at-risk for suicide:

All my life I was bullied and you know, I was taken advantage of a lot. You know? I had no relationship with my parents whatsoever. There was a time where my mom used to think I was sick (crying) and you know, when you're young and you um, (crying) you hear those things, you believe it. So, for years, I used to think something was wrong with me and I just didn't know what it was and (crying) . . . you know, it led to suicidal thoughts, I began cutting myself and you know, for years, it became like a drug to me, where I would get high off the pain because even though it hurt, it, it still felt good to not have to feel that [emotional] pain. It's as if, when you cut, each negativity you feel runs out (crying) . . . And being able to, to not feel, it was like my safe place.

Excuse me. (crying) I was 13 years old when I first started cutting and then what heightened it even more was a year later, I got raped. I became so angry at everybody . . . that I thought, "Hey, if I leave this Earth, I think it's just better for me." And you know, everything that people did to me and what I went through, I thought that, "If I, if I leave this Earth, I want them to feel exactly what I felt." So that was like my way of getting back to them. I wanted them to feel what, what it was like to be alone. (crying)

Through experiences of family rejection, sexual abuse, and discrimination, Emma describes turning to self-harm as a way to cope with the pain she was in. She later describes her desire to kill herself due to the trauma she had survived. Emma's story resonated with many participants in the mähū and transgender community who participated in the focus group. Several of the mähū and transgender participants offered their own similar experiences with trauma and suicide risk exposure.

## 5.2. Beyond the Historical Loss Scale

In the process of applying the HLS items as theoretical codes to the interview narratives, a number of unique aspects of historical loss emerged from within the text. These aspects of historical losses sometimes aligned with the scale items, and could be considered an endorsement of an experience captured "within" the HLS. Other times, the experiences described were definitively outside the scope of the HLS items, and can be considered "beyond" the HLS.

### 5.2.1. Militarization of Land

An example of an experience described in the narratives that aligns with an HLS item, but also contributes a unique perspective on the loss, is the discussion of the modern-day militarization of the land in Hawai'i. Many of the quotations about this subject did endorse the item (A) "loss of our land", but *Kānaka Maoli* have experienced historical and ongoing military expansion, weapons testing, and various national and international military trainings or mock "war games" that have resulted in unique physical reminders of loss. Kekepania describes the personal and cultural implications of military testing that has been occurring around oceans and military installations in Hawai'i (considered the Hawai'i–Southern California Training and Testing Study Area). She says:

It's really personal. Just the other day when I was on Kaua'i they did the sonic testing. [A number of] whales beached themselves on Kaua'i. Hawaiians ran out there, and they

started grabbing all the vines and grass to build a *kaula* (rope) to bring them back into the ocean. They saved most of them except three died. Guess who got arrested—and the military was there—the people who saved the whales!

*Antonia: What did they say? I know that they brought cultural practitioners—there to talk about what was happening.*

*Kekepania: Yes, because they've been saying for a long time that it's the sonic testing. And, the military keeps denying it, and denying it, but . . . what I know from the cultural practitioners is that they're like, "No, no whales are gonna do that, unless there's something . . ."*

What Kekepania is describing is a complex, multilayered loss related not only to land and water due to the naval sonic testing and the potential impacts on marine life, but also to the loss of respect for traditional cultural knowledge, practices, and the roles of *Kānaka 'Ōiwi* cultural practitioners. She also talks about how deeply personal the deaths of the whales are to Hawaiians who respect and nurture the interconnectedness of all things. While this experience of militarization of the land related to historical trauma and loss are not unique to *Kānaka 'Ōiwi*, it is a variable that is not explicitly captured within the HLS.

### 5.2.2. Adoption of Christianity by *Kānaka Maoli*

The HLS item (C) "losing our traditional spiritual ways", was interpreted to include discussions of Christianity as a displacement of Native Hawaiian spiritual traditions and practices and was ultimately endorsed by the majority of Hawaiian participants. However, Hawaiians convey unique perspectives about the adoption of Christianity within their own communities, which may exist outside the confines of the HLS.

Specifically, it was *Kānaka Maoli* leaders themselves who ended the traditional spiritual *kapu* (sacred/taboo) system and eventually outlawed its practice. Certainly, the influences of Christianity began in Hawai'i much earlier, with the arrival of Captain Cook in 1778. Christianity was strengthened in 1819 when the monarch, Liholiho (Kamehameha II), and Kaāhumanu, the *kuhina nui* (co-ruler), broke the Hawaiian *āi kapu* (eating taboos) by sharing food together as a man and woman (Pukui et al. 1972a). Thus, the Native Hawaiian religious system was already undergoing transformation when American Calvinist missionaries arrived in 1820, which facilitated the relatively quick adoption of Christianity. While the advent of missionaries in Indigenous communities is not unique to Hawai'i (see, Osorio 2002; Silva 2004), the conversion to Christianity in Hawai'i was largely facilitated by the *ali'i*, which affects Hawaiians in a noteworthy way. Tiare, LGBTQM Native Hawaiian, 50+ year old female, provides a provocative, potentially controversial, explanation:

So, our own people, our own people started this colonizing process and, people gonna buck me but I'm gonna put it on recording, because *ainokea* [I don't care], because I'm a practitioner today, and now I can say what I feel. [Kaāhumanu] is, she, to me, she was the beginning—after Kamehameha—she was the beginning of this Western process. She started this, you know? She was. And some people say it was for . . . women's empowerment, she did that. And it could have been, but we have not lived there, and we didn't live in that time, so we cannot really say.

But what happened, definitely what happened was that Western theology came in at that time, and with that theology came the decimation of our culture. And the *ali'i* and the aristocracy at that time contributed to that process. So, we cannot, *we cannot* always blame the white colonizer. We cannot blame them all the time because they weren't always to fault. It was our own people.

According to Tiare's perspective, the collaboration of *Kānaka Maoli* in the adoption of Christianity requires some critical reflection, not only because of its historical implications, but also because of

the current implication of royal trust lands, including the Bishop Estate, which is the major private landholders in Hawai'i built on an endowment by Princess Bernice Pauahi Bishop, a descendant of the royal line of Kamehameha. The deep integration of the Christian faith and Hawaiian culture within Kamehameha Schools, for example, creates an ongoing tension among many *Kānaka Maoli* (Paglinawan et al. 2020).

Founded in 1898 through an endowment by Bernice Pauahi Bishop, Kamehameha Schools (K.S.) is the largest independent school system in the U.S., and one of the largest private land-owners in the state of Hawai'i (Cooper et al. 2012). The K.S. system serves only children from Native Hawaiian ancestry, and boasts a culture-based curriculum dedicated to the "revitalization and perpetuation of Hawaiian culture" (<https://apps.ksbe.edu/admissions/>). The K.S. school system was formed on the basis of Pauahi Bishop's devout Christian faith, and the religious education is a foundation of the schools' curriculum. One participant described the tension of what she terms the "institutionalization of the Hawaiian culture" through the K.S. system, and describes discomfort with the conflation of Hawaiian cultural values and Christianity:

I have nieces and nephews that are graduating from Kamehameha, and [my mom], she's super proud of them, and she like, you know, loves that they have some culture in them. She just has her disagreements with the institutionalization of "Hawaiian" culture. You know? Like what they view as Hawaiian.

Here again the complex impacts of colonization and historical loss come into play, as the extrication of religion from and culture becomes harder to achieve. This particular experience of historical loss is not encompassed within the HLS.

### 5.2.3. Overthrow of Sovereign Hawaiian Monarch

In 1898, white business-owners working with the assistance of the U.S. military formed a coup that overthrew Queen Lili'uokalani, the sovereign ruler of the Hawaiian nation. Native Hawaiian scholars have argued that Native Hawaiians were deeply affected by the presence and influence of Western missionaries, as *Kānaka 'Ōiwi*, as with most Indigenous peoples who are encountered by foreigners, were perceived and treated with racist disdain (see Pukui et al. 1972b; Paglinawan et al. 2020). Simultaneously, however, Hawaiians were engaged in sophisticated, political, organized acts of resistance that had been largely ignored by Hawaiian history until relatively recently (see Silva 2004). For some Native Hawaiian participants, understanding the social and political history of Hawai'i has strengthened their own Hawaiian identity. Kalanie, LGBTQM *Kanaka Maoli*, 50+ year-old female explains:

At the time, I wish I knew what I do now. I loved the idea of knowing that we came from a Kingdom, you know. Because, you know, we're Queens. It's in our blood, you know? But to know that we came from a monarchy, a royal monarchy, it's amazing.

In this example, understanding the history of Hawai'i emboldened and empowered this *Kanaka 'Ōiwi* participant. We see the ways that the telling of history has a profound impact on one's understanding of their roots and identity, or, as Silva (2004) suggests, that "language itself is important in the anti-colonial struggle" (p. 125).

Some stories and reflections about the overthrow did endorse other HLS items including item (F) "loss of self-respect from poor treatment by government officials", and item (G) "loss of trust in whites due to broken treaties". These stories build on work discussing internalized racism (Duran and Duran 1995) and the perspectives shared by American Indian elders who described a sense of shame and loss of self-respect when treaties were broken or they were otherwise mistreated by government officials (Whitbeck et al. 2004). Shame, internalized racism, blame of self for the Westernization of Hawai'i, and related to failed petitions for sovereignty and federal recognition of wrong-doing were interpreted as an endorsement of this item, although elements unique to Hawai'i were present. For example, some

Hawaiian participants had family members who were involved in the Petition Against Annexation that was circulated in 1897 in protest of the U.S. annexation of the (at the time) Republic of Hawai'i, and some of the quotations describe their experiences of frustration with that time in history. Ultimately, the history of, understanding of, and desired sovereignty for and among Hawaiians is worth considering more directly, which is not an element of the HLS as it is written.

#### 5.2.4. *Māhū* and LGBTQ Perspectives

As indicated previously, the *māhū* and other LGBTQ Native Hawaiian identities have been directly targeted by colonial and western influence (Kameëlehiwa 1992). Through colonial exiling, outlawing, and, eventually erasing the roles, responsibilities, and unique positions of LGBTQM Native Hawaiians (Ikeda-Vogel 2008; Odo and Hawelu 2001), heteronormative and transphobic values were allowed to take hold. Still, these identities were not erased, and their voices have not been silenced. Transgender, *māhū*, and other LGBTQ Native Hawaiians have experienced intersectional stigmatization, and have in turn, developed strategies for resistance and survival that set them apart from other Native Hawaiians (Matzner 2001; Odo and Hawelu 2001; Teves 2018). Harmony, an LGBTQM Native Hawaiian 35–50-year-old female, shares her perspective on the value of *māhū* identities in Hawai'i:

One thing I am glad about is our culture, and what these colonizers try to do is shame us. Us *māhū*, you know? And trying to tell our people that what we're doing is wrong, what we're doing with our body is shameful, you know. Our people enjoy our body. We're happy, you know? We're happy people. That doesn't mean we're stupid, you know? We're very responsible. We know how to take care of ourself. [sic] We've traversed these oceans for many years. They're only realizing now how brilliant Polynesians were, you know?

So, for me, even when I think of my mom coming here, you know, I still feel Polynesia, I'm part of the whole Polynesia, yeah? Colonizers like to limit us, put us in boxes. "You are this, you are that". Not only with my race, but they like to do that with my sexuality, they want to do that with my gender. I have a small understanding about that stuff, where I can speak up for myself and say how I feel, you know?

The strength, uniqueness, and value of including *māhū* and other LGBTQ perspectives in conversations about colonization and historical loss in Hawai'i has been largely overlooked. There are no items in the HLS that attend specifically to experiences of intersectional stigma, or that give voice to intersectional resistance, particularly including trans world views and lives.

## 6. Discussion

For Hawaiian participants, "loss of culture" was the most discussed and most endorsed HLS item. Many described ways that *Kānaka 'Ōiwi* cultural values, protocols and practices have been erased or pushed aside through colonial structures. There were noticeable generational differences in the ways that participants described cultural losses, with older generations (50+ years old) discussing the shame, stigma, and fear of honoring *Kānaka 'Ōiwi* cultural practices that had lingered since the time of their grandparents. Participants from the middle generation (35–50 years old) shared experiences of finally being able to access knowledge about Native Hawaiian culture as they entered college and learned "bits and pieces" about what it means to be *Kānaka 'Ōiwi*. Others from the younger generation (20–34 years old) described feeling a necessity for transformation, including affirming that they needed to let go or change certain aspects of their cultural identities to succeed and survive in the contemporary culture of Hawai'i today. These deep and sometimes unresolvable tensions were described with readily expressed emotion, and many suggested that the "colonized mind" can make the losses seem inevitable, and perhaps even preferable. These gains and losses of culture were of great importance to the *Kānaka 'Ōiwi* participants and align with similar themes of tensions and ambivalence about loss of culture that have emerged among other Indigenous communities (Beltrán et al. 2018).

### *Unique Native Hawaiian Experiences of Historical Loss*

As hypothesized, *Kānaka Maoli* described experiences with historical losses in ways that were distinct from the American Indian experience which have been measured using the HLS (Armenta et al. 2016; Whitbeck et al. 2004; Ehlers et al. 2013). Two elements of the current study have particularly relevant implications for work with Hawaiian populations. The first is the utilization of Historical Trauma as a theoretical framework to address mental health among Native Hawaiians. Through demonstrating the relevance of the HLS, and the specific constructs of HT theory, this study makes a strong case for further examination of the impacts of historical loss, and other aspects of colonial trauma, on the mental health of Native Hawaiians. Other studies have explored benefits of raising young people's critical consciousness about colonization and place-based education and decolonization in Hawai'i (Trinidad 2009), and have documented important growth and movement toward health and healing among the young people. Specific to suicide, researchers have recently argued that *Kānaka Maoli* prevention and intervention efforts have to be grounded in and guided by *Kānaka Maoli* culture (Goebert et al. 2018). On a community level, another study shows promising results for suicide prevention programs that are culturally and contextually adapted (Chung-Do et al. 2016).

The second element of the current study that has practice implications is the implementation of an intersectional lens when researching with Indigenous communities. Clear differentiation between cisgender and heterosexual Native Hawaiian experiences with historical loss and the experiences described by LGBTQM Native Hawaiians provides unique and important insight into the perspectives and experiences of community members who have often been excluded or ignored in the research. The inclusion of these voices facilitates a shift in the current paradigm where community members viewed as at-risk or marginalized can become sources of strength, leadership, and hope (Goebert et al. 2018; Trinidad 2009). Additionally, the current findings point to high levels of suicide-related disclosure among the LGBTQM *Kānaka Maoli* participants, which has been linked to lower levels of risk among other high-risk populations (Fulginiti and Frey 2018). The destigmatization and support provided by LGBTQM *Kānaka Maoli* peers hearing stories of each other's suicide loss and suicide attempt survivorship may facilitate experiences of social connectedness not consistently maintained in the aftermath of suicide loss and/or behavior (Fulginiti et al. 2018). This may be a valuable area for additional research and investigation, particularly with this high-risk group.

## 7. Conclusions

Examination of the data from this study has produced greater understanding of the ways that colonization has affected—and continues to impact—both cisgender and heterosexual and LGBTQM Native Hawaiian communities. It is clear that through divisive blood-quantum quotas, contested notions and public policy about Hawaiian self-determination and sovereignty, and unresolved public apologies from institutional entities such as the federal government and religious denominations (Public Law 103-150 1993; Sherry 1993), colonial interests have propagated and maintained social, spiritual, structural, and physiological harm on the people of Hawai'i, and the researchers cannot take a neutral stance toward the rectification of these wrongs. Goodkind et al. (2010) argue that the formal acknowledgment of historical trauma (and, in fact, a government-issued apology), can provide an important foundation for Indigenous healing, although they are careful to include that an apology cannot be a stand-alone effort, and must be part of a greater initiative to restore trust and increase healing among Indigenous communities. It is imperative to practice methods rooted in cultural, theoretical, and embodied knowledges, focusing on transformative visions for the future.

In response to the call from critical queer Indigenous scholars that the interrogation of heteropatriarchy and heteronormativity from an Indigenous lens must be part of the decolonization project (Beltrán et al. 2019; Finley 2011), this study emphasizes that research in Hawaiian communities—and in LGBTQM Hawaiian communities, in particular—must be actively decolonial. Decolonial research needs to go beyond a model of prevention that does not account for or interrogate the oppressive hetero-, homo-, and cis-normative mechanisms within the community that may be causing

additional harm. In her writings on decolonization as an underpinning of critical epistemology, Smith states, “decolonization is an act of resistance that must not be limited to rejecting and transforming dominant ideas, but also include recovering and renewing traditional cultural ways of learning” (Smith 1999, p. 3). As such, decolonial research about Hawaiian mental health must be grounded in social justice and cultural knowledge, and must do more than reject dominant understandings of risk, and instead, seek alternative ways of understanding health and healing.

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