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Māhū and Native Hawaiian Culture: Experiences of Non-Heteronormativity

Rachel Beth Chapman

A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

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ABSTRACT

Māhū and Native Hawaiian Culture: Experiences of Non-Heteronormativity

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Doctor of Philosophy

There are extensive amounts of psychological research that highlight the needs and experiences of racial ethnic minority populations in general and more specifically minority sexual identities and genders, also referred to as non-heteronormative populations (Alexeyeff & Besnier, 2014). However, there continues to be a lack of representation in the research of Polynesians and an even greater lack of representation of non-heteronormative Polynesians and their experiences (Allen et al., 2011). *Māhū*, a population of native Hawaiians who identify as non-heteronormative or third gender, are almost completely absent from scholarly work.

This study examines the experience of self-identified *māhū* and how mental health professionals can support them. Qualitative interviews of six Native Hawaiians who identify as *māhū* were completed. Hermeneutic principles guided the interpretation and analysis of the interviews. Analysis of the interviews produced three main themes comprising seven subthemes. Primary themes included (a) the definition of *māhū* has changed over time and can be dependent on personal views through a cultural lens (b) the Hawaiian culture provides safety and protection for those who identify as *māhū* and (c) *māhū* have suggestions regarding the ways in which mental health practitioners (both Hawaiian and non-Hawaiian) can serve this population.

Keywords: Native Hawaiian, mental health professionals, gender, sexuality, indigenous

ACKNOWLEDGEMENTS

I would like to express appreciation first and foremost to my participants. It was an honor and privilege to be able to learn from you. Allowing me into your lives, feeling your *aloha*, and being blessed by your *mana* was a sacred experience I will not soon forget. You allowed this important knowledge to be gathered and shared with others who may be blessed by your vulnerability and authenticity.

I am profoundly grateful for the members of the Hawaiian and Polynesian communities who have welcomed me into their spaces with open and warm arms. I am particularly grateful for the cultural experts who aided and helped guide this study. To Bango, Keona, and Auntie Darde: *aloha au iā 'oe me ko'u na'au a pau*. I am grateful for your dedication to this work. To the Gancinia family for taking me in while conducting these interviews, as well as for the unforgettable memories: *mahalo nui loa*.

To my committee members who have supported and guided me through this process, I am deeply appreciative for each of you. I am grateful for your unending support, guidance, and encouragement.

To my loved ones, particularly Don and Darlene Chapman, thank you. You have provided me with the support and encouragement needed to complete the writing of this study. I am forever grateful for the empowerment and persistence you instilled in me.

Thank you to the BYU McKay School of Education, CPSE department, who provided the funds for the travel necessary to complete these interviews in person. These funds allowed for human connection, which enriched this study. The funds provided also allowed each participant to be financially compensated for their time and contribution.

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DESCRIPTION OF DISSERTATION STRUCTURE AND CONTENT

This dissertation, *Māhū* and Native Hawaiian Culture: Experiences of Non-Heteronormativity, is written in a hybrid format, bringing together traditional dissertation requirements with journal publication formats. The initial pages of the dissertation reflect requirements for submission to the university. The dissertation report is presented as a journal article and follows length and style requirements for submitting research to education journals.

The literature review is included in Appendix A. Appendix B contains the IRB-approved consent form. Appendix C contains the research questions and topics that were covered in the interviews with participants. Appendix D contains the IRB approval letter. This dissertation format contains two reference lists. The first contains references included in the journal-ready article. The second includes all citations used in Appendix A.

Introduction

In Western culture, those who identify as lesbian, gay, bisexual, transgender, queer, or other similar identities (LGBTQ+), or non-heteronormative, experience an increase in negative symptoms, particularly with mental health, substance use, and suicidality (Gilman et al., 2001; King et al., 2008; Sutter & Perrin, 2016). According to a meta-analysis and systematic review of international literature by King and colleagues (2008), those who identify as lesbian, gay, and bisexual (LGB) are at higher risk of mental disorders, suicidal ideation, substance misuse, as well as self-harm than those who identify as heterosexual or straight. Several studies have also found that people of color (POC) are at a greater risk for depression and suicide compared to White individuals (Alegría et al., 2007; Kim & Choi, 2010). Considered together, those who identify both as LGBTQ and POC, individuals may be particularly at greater risk for mental health concerns and increased suicidal ideation (Alegría et al., 2007; Kim & Choi, 2010; Williams et al., 2007).

Those who identify as non-heteronormative in Western society experience discrimination and oppression, feel that they are not accepted, and experience adverse mental health effects because of it (Alegría et al., 2007; Kim & Choi, 2010; Williams et al., 2007). However, in looking at traditional Hawaiian culture and history regarding non-heteronormative populations known as *māhū*, we find that this group has had a different experience. They were respected for having knowledge of both the male and female genders, and they had a particular role within their community (Alexeyeff & Besnier, 2014; Matzner, 2001; Morgan, 2010). When comparing the experience of traditional *māhū* and the experience of Western non-heteronormative individuals, there is quite a contrast. While the view of *māhū* has changed over time and they

may not be as accepted as they once were, there are still benefits to understanding the modern-day experience of *māhū*.

Much of the existing research has looked at the lives of *māhū* and their experiences (Alexeyeff & Besnier, 2014), but none has explored their experiences from a cultural context or to inform mental health providers. Research suggests the experiences of *māhū* have been both positive and negative, implying that the traditional view of *māhū* has shifted and changed with the influence of Western views. In addition to these studies and collected narratives, it is hoped that more light can be shed on the experience of *māhū* and what mental health providers need to know as they serve this population.

Definitions

It could be helpful to provide some definitions, as the concepts discussed in this study can easily lead to confusion and misunderstanding. While these concepts may be difficult to understand through a western lens, these definitions may provide some clarity.

Non-Heteronormative

The term non-heteronormative provides a more open, non-binary consideration of gender, sex, sexuality, and other categories, allowing for more inclusion of those who identify as “in between” (Alexeyeff & Besnier, 2014; Besnier, 1994).

Māhū

Translated, *māhū* means “half-man, half-woman” and is considered a third gender in Native Hawaiian culture (Alexeyeff & Besnier, 2014, p. 34; Morgan, 2010; Odo & Hawelu, 2001). In one Hawaiian dictionary *māhū* is defined as “A man who assimilates his manners and dresses his person like a woman; A hermaphrodite; a eunuch” (Andrews, 2003, p. 235). Some interpret *māhū* to mean one’s cultural, gendered, and spiritual identity (Baker et al., 2007;

Morgan, 2010). Others define *māhū* as embodying the principles of “spiritual duality and integration” (Robertson, 1989, p. 313). *Māhū* differ from transgender or gay individuals by “transcending binary... gender roles” (Morgan, 2010, p. 10; Robertson, 1989).

Gender, Sex, and Sexuality

Concepts of gender, sex, and sexuality can be complexly interwoven, as is the case with *māhū*. Gender is defined as a social status and refers to differences between sexes and masculinity and femininity (Baker et al., 2007). Gender can be expressed in our appearance: use of makeup, clothing, hair styles, profession, and behavior. Gender is also seen as something that we perform or express based on cultural or societal norms (Morgan, 2010; West & Zimmerman, 1987).

Sex is defined by biological characteristics such as genetics, hormones, and anatomical make up (Baker et al., 2007). A similar definition explains sex as the biological and anatomical differences between males and females (Basirico et al., 2007).

Sexuality refers to one’s sexual interest in or attraction to others, both for procreative purposes as well as recreational or pleasurable (Ventiglio & Bhurgra, 2019). This can include not only a sexual attraction, but also an emotional or romantic attraction to others, which may be manifest through biological, physical, emotional, social, or spiritual aspects (Hill & Mays, 2013).

It is also important to keep in mind that gender and sexuality can be viewed as existing on a continuum (Hill & Mays, 2013). Ventiglio and Bhurgra (2019) state that “the fluidity of gender along with sexual fluidity and flexibility are newer terms, meaning that sexual attraction may exist and vary within a spectrum or a flux potentially changing over time” (p. 32).

Traditional Hawaiian Culture and *Māhū*

To expound upon the earlier provided definition of *māhū*, one Pacific anthropologist described it this way:

Sometimes Mother Nature cannot make up her mind whether to make a man or a woman, even in Polynesia, so she mixes up a little of the male with some of the female element. In Polynesia transvestites in whom the male and female are not clearly differentiated, either at the physical or psychic level, are called the *māhū*, who although physically speaking more men than women, prefer to dress and act as women. (Barrow, 1967, as cited in Robertson, 1989, p. 313)

Māhū aren't limited to one gender or having to transition to a different gender, they are a representation of a "blending of genders" (Morgan, 2010; Robertson, 1989, p. 313).

Besnier (1994) points out that participating in homosexual behavior or activities does not qualify a person as *māhū*. Sexuality is part of the identity of *māhū*, but not it's defining trait. However, excluding either gender or sexuality from characterizing *māhū* can be misleading (Besnier, 1994).

In *'O Au No Keia* (translated to *This is Me*), Matzner (2001) explains how the definition and view of the term *māhū* has changed over time. In "old Hawaii," prior to Western colonization, it referred to those having both sexual reproductive parts, also known as hermaphrodite. It was also used to refer to masculine females and feminine males. Traditionally, they were respected for their knowledge and experience of both genders (Alexeyeff & Besnier, 2014). Today, *māhū* can be heard used to refer to anything including transgender individuals, effeminate gay men, a two-spirit individual, as well as to identify a sexual or gender identity

(Matzner, 2001; Morgan, 2010; Shallcross, 2006). What is considered *māhū* today is ambiguous, which may allow for more inclusivity.

According to traditional Hawaiian culture, *māhū* were keepers of the culture (Matzner, 2001). One example of this is the use of *māhū* in places that women were not allowed, such as in temples. Certain ceremonies required males and females, so *māhū* would play the role of women (Matzner, 2001). Historically, *māhū* held a specific place in society and were known for their healing abilities, as well as their talent in *hula* and *mele* (dancing, chanting, and song) (Kame‘eleihiwa, as cited in Alexeyeff & Besnier, 2014; Robertson, 1989). Art and culture are part of the *māhū* responsibility to foster the traditional Hawaiian ways, allowing others to connect to the culture bringing nurturing and growth. One *māhū* explained that the Hawaiian culture is what brings acceptance and self-love to the *māhū* community and that it’s the Western culture that brings rejection and self-loathing. They conclude that feeling culturally grounded brings peace (Matzner, 2001).

Today, *māhū* face persecution and discrimination for being who they are (Matzner, 2001). There are negative connotations found in current society that may cause some *māhū* to not want to identify or be referred to as such. One *māhū* provided their perspective on this issue: “That’s the difference today – because of assimilation into Western culture and Christianity, less *māhūs* are willing to or want to show their true colors. They are finding it confusing and difficult to act out their role in society today” (Matzner, 2001, p. 43). Matzner (2001) suggests that there has been a cultural revival occurring regarding the term *māhū* among the transgender population, advocating for an opportunity to become strong role models, which *māhū* traditionally held in society. It seems that there are many different views and perspectives on how to define *māhū* and that their experiences are just as diverse (Alexeyeff & Besnier, 2014; Basirico et al., 2007;

Matzner, 2001; Odo & Hawelu, 2001; Robertson, 1989). Understanding the differences and similarities in the current culture compared to traditional culture could help us better understand what aspects of Hawaiian culture contribute to the acceptance and well-being of *māhū*, or potentially distract from it.

While some suggest that there is a greater tolerance of sexual and gender diversity within Polynesian culture, *māhū* are still experiencing discrimination and harassment and “may be the most severely impacted of all Native Hawaiians” (Odo & Hawelu, 2001, p. 227). There are many health risks that this population experience including acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), as well as adjustment problems such as limited employment options, stress, mental health issues, substance use, and discrimination (Odo & Hawelu, 2001). Those who differ from the majority regarding gender are at a higher risk for lifestyle diseases as well as early mortality than the general Hawaiian population (Odo & Hawelu, 2001). In addition, health care providers often lack understanding of this population, creating a barrier to seeking help (Odo & Hawelu, 2001). It is logical to assume this also applies to mental health professionals and those in the *māhū* community seeking mental health resources. Morgan (2010) in his study on *māhū* students and violence they experience in secondary schools found evidence to support that this particular population experiences violence at higher rates compared to the national average as well as compared to students who identify as LGBT. He also found that this population experiences more victimization than the average US school child. Lastly, he found evidence to support that *māhū* children are at an “extremely high risk of being shamed and humiliated” (Morgan, 2010, p. 75).

It's easy to see how some would have questions about the *māhū* lifestyle and their sexuality. Are they gay men or straight women? Are the men they are in relationships with straight or gay? Many find it confusing and unclear. With the diversity among the *māhū* community, there is no clear consensus. One *māhū* summarized this point with this statement: "No wonder society wants us to disappear – we bring out questions you just cannot answer!" She went on to say how *māhū* can't be labeled, "I'm just *me*" (Matzner, 2001, p. 111).

Māhū are keepers of the culture where, traditionally, they held a special role in Hawaiian society. They once were seen with respect and reverence. Over time, however, this view has changed. Today they experience much of the same discrimination and oppression that is experienced by Western LGBTQ+ populations, which lead to many serious mental health needs (Odo & Hawelu, 2001). However, we currently have little to no in-depth literature regarding their experiences as *māhū* or with mental health treatment. As *māhū* are consulted with regarding their experiences today and how mental health professionals can support them, hopefully they and their needs can be better understood. Providing a voice for *māhū* to share their experiences and perspectives can offer mental health professionals an understanding that is currently missing from literature. This understanding can better inform the care these individuals receive.

Method

This study used a qualitative strategy based on semi-structured interviews of six participants. A qualitative research strategy was chosen for the ability it provides to understand participants' rich experiences in their natural settings while also attempting to interpret phenomena "in terms of the meanings people bring to them" (Denzin & Lincoln, 2000, p. 3).

The approach to interviews for this study was taken from Brinkman and Kvale (2015) method of a semi-structured life world interview. This type of interview attempts to gather

descriptions of the participants' lived world with attention to interpretation of the meaning behind those experiences. Brinkman and Kvale (2015) outlined the following principles which were incorporated:

1. Attention to participants' lived everyday world.
2. Understanding of the meaning of main themes in the participants' lived world.
3. Qualitative rather than quantitative language.
4. Encouragement of participants to describe as precisely as possible what they have experienced and felt and how they act.
5. Encouragement of participants to describe specific experiences and actions.
6. An openness to new and unexpected experiences from the interviewers.
7. A focus on themes; interviews should not be strictly structured nor entirely non-directive.
8. Recognizing ambiguity and contradictions may exist in the participants' responses and clarify whether they are due to failure of communication or a genuine reflection of life.
9. Understanding that participants' may change their description or attitude towards themes.
10. Understanding that each interviewer has their own sensitivity and knowledge towards the topic of the interview.
11. Understanding that the interview should be viewed as a space where knowledge is constructed.

The philosophy of hermeneutics guided the interpretation and analysis of the interviews. Hermeneutic principles allow for a study of the "expressed meaning, in order to establish a co-

understanding... [and] to mediate traditions so that historical dialogue of mankind [sic] may be continued or reassumed, and also deepened” (McLeod, 2011, p. 27). Using a hermeneutic circle, meaning is extracted from the dialogue, or transcripts, and is analyzed multiple times, allowing context and understanding to deepen as the researcher completes multiple analyses of the dialogue (McLeod, 2011). This study employed a hermeneutic circle in which transcripts were reviewed several times to identify an initial set of themes. These themes were then examined for support in later readings of the transcripts, where unsupported themes were taken out. Themes that are supported throughout the analysis were retained. Themes were then reviewed by cultural and methodological experts to provide credibility checks, reviewing the data for “discrepancies, overstatements, or errors” (Elliott et al., 1999; McLeod, 2011, p. 268).

Participants

Six individuals who self-identify as *māhū* were referred to the researcher through a cultural expert. The cultural expert is also Native Hawaiian and has an existing connection in the community in which the interviews were completed and an understanding of the culture. Each of the participants was willing to be involved in this study and to share their perspective on being *māhū*. Participants' ages ranged from 18 to 57. Five of the six participants were in a committed relationship at the time of their interviews. Three of the six participants came from Christian backgrounds. Due to confidentiality and wanting to protect the anonymity of the participants of this study, additional demographics were not collected.

Procedures

The cultural expert contacted prospective participants inquiring about their willingness to be involved in the study. There was a total of seven individuals contacted, six individuals who met the scope of the study and agreed to participate in the interview process. The individual who

was not included in the study did not identify as Native Hawaiian and therefore did not participate. Each participant identified a location, time, and place that would be convenient for them to be interviewed and that would allow them privacy and confidentiality. Interviews were conducted by the researcher and the cultural expert. The interviews were conducted only after an informed consent form was reviewed and signed. Participants were compensated financially for their involvement (\$20).

Confidentiality and privacy of participants was protected through several means of securing the audio recordings of the interviews. The transcripts of the interviews were deidentified and all names of participants were changed. To protect the authenticity of the participants' local language, Pidgin English used by participants based on their quotations was not modified in any way. This was done in an attempt to maintain respect and cultural appropriateness to their native voices and narratives.

Data Collection

Each interview was conducted with one participant, the principal investigator, and a cultural expert. The inclusion of a cultural expert is essential for ensuring that cultural appropriateness is followed (Amankwaa, 2016; Smith et al., 2018). The cultural expert provided specialized knowledge of local customs, traditions, and historical contexts. He also helped to build rapport between the principal investigator and participants. The cultural expert was also trained to ask interview questions and aided the principal investigator by asking follow-up and clarifying questions regarding language and cultural topics. The cultural expert used in this study was born and raised in Hawai'i where the interviews took place. In addition to being from the Native Hawaiian community, he is also a Polynesian psychology researcher and has published and presented research on similar topics to this study. He is well regarded and trusted by Native

Hawaiians in the community. Due to the personal connections to the participants and in wanting to protect their anonymity and confidentiality, the identity of the cultural expert is not provided.

The interview format was semi-structured allowing interviewers to collect in-depth descriptions of the life world of participants to better understand the described phenomena (Brinkman & Kvale, 2015). Interviews were conducted using a general interview guide approach with an outline of topics/questions to be covered during the interview. This allowed the interviewer more flexibility to ask deeper questions and build off the answers that participants provided to include participants' experience and behavior, opinion and values, feelings, knowledge, and background and demographics (Martella et al., 2013). The interviews each lasted approximately one hour.

Data Analysis

Data gathered from interviews was transcribed (removing identifying information) and then analyzed for themes by the principal researcher. Support for themes was identified and themes that were unsupported were removed and only those found reliable and valid were kept as the transcripts were analyzed several more times. This form of analysis is referred to as a circle, elaborated on by von Zweck et al. (2008):

By revolving through the hermeneutic circle at each level of the spiral, analysis alternated between seeking the meaning of individual parts of data with contextualizing this information within the overall interpretation... a layering of new knowledge was created that developed progressively deeper insight. (p. 125-126)

Once themes were identified and articulated by the principal investigator, they were then reviewed by the cultural auditor to ensure the cultural appropriateness of the findings. They were also reviewed by the methodological auditor to ensure the method through which the themes

were found was sound. These additional reviews provide additional credibility to the themes identified (Elliott et al., 1999; Mcleod, 2011).

An inductive approach was used in analyzing the data. While there were some basic assumptions made that led to the creation of this study (see below), there were no additional expectations guiding the interpretation of the interviews. Instead, commonalities and truly understanding the experience of participants was the goal.

Researcher Assumptions

There are assumptions that were made in this study. It is assumed that *māhū* may have had experiences with mental health professionals and may have varying experiences with the treatment they may have received. It is also assumed that the individuals being interviewed understand of *māhū* and their role in the Native Hawaiian culture, and that they are able to articulate and share that with the researchers. Assumptions about experienced oppression and discrimination as well as impacts of colonization have been made as having occurred and as being negative to the mental health of *māhū*. It is also assumed that there are many in the mental health profession who do not have a good understanding of the topic of this research and may benefit from consuming research like this.

Positionality Statement

I became interested in working with non-heteronormative Native Hawaiians as part of the Polynesian Psychology Research team (Poly Psi) at Brigham Young University (<https://education.byu.edu/polypsi>). Having had prior clinical experience with members of the LGBTQ+ community, I was already interested in working with this population. As I began working with the Poly Psi team and found that there were significant gaps in the literature in representing Polynesian non-heteronormative individuals, I became more interested in helping

individuals who are less understood. I was also interested in helping others from backgrounds like mine (see below) to have a better understanding of non-heteronormative POC. Collecting information and experiences like this study, I hope to provide many with knowledge and understanding of a population that may be misunderstood.

I am a single, cisgender, heterosexual, Caucasian American, female doctoral student, a member of the Church of Jesus Christ of Latter-day Saints (LDS) and attend an LDS university. It is understandable that some of these identities may lead to bias or difficulty in understanding the LGBTQ+ and POC perspectives. I recognize that at every step of this study it was important to have cultural humility and to be consulting with cultural experts to ensure my biases were identified. I have also engaged in multiple trainings regarding working with LGBTQ+ and POC as well as personal work which I felt was important to address my biases.

In addition to LGBTQ+ and multicultural competence trainings, I have travelled Polynesia while participating in research and spent a year living in Hawai'i working as a university counseling center therapist, providing mental health treatment to international university students from Pacifica and the Asian rim. While there, I also spent significant time working with LGBTQ+ students, starting the first therapy group specifically for this community at this university. I found this time in Hawai'i and working with individuals from the target population of this study to be beneficial as I was immersed in the cultural context.

It is assumed that through the hermeneutic process and use of several layers of auditing, these biases and assumptions will not unduly affect the trustworthiness of the findings of this study.

Results

Analysis of the participant interviews produced three main themes comprising seven subthemes. Primary themes included (a) the definition or view of *māhū* has changed over time and can be dependent on personal views through a cultural lens (b) the Hawaiian culture provides safety and protection for those who identify as *māhū* and (c) *māhū* have suggestions regarding ways in which mental health practitioners (both Hawaiian and *haole* or White) can serve this population.

What Does it Mean to be *Māhū*

When asked about what *māhū* meant to them or how they defined it, participants gave a variety of answers. Many explained that *māhū* is a way of describing one who is a member of the LGBTQ+ community or simply gay. One participant, Kai, said, “*Māhū*... is ‘gay’ and whatnot. [I]t’s become more of a different meaning of just, ‘Oh, I’m gay,’ ‘I’m *Māhū*.’” This was a view that was shared by other participants as well. Ikaika shared his views about *māhū* referring to sexuality saying, “The same thing... if you like the same thing, that’s *māhū*.” Kekoa added to this stating, “I think my definition of *māhū* is being gay and/or transsexual and/or asexual. It’s not being attracted to the opposite sex.” Kailani shared, “I would define it as a person [who] has relationships with a person of the same sex. [I]t can be sexual in nature, but it has tendencies towards the person of the same sex is what I would say.” He then added “Both genders. And I think that is an inherited and an ancestral thing.” In these responses we see that *māhū* for many is a reference to their sexual identity but can also indicate gender identity.

Many participants provided insight regarding *māhū* being able to move beyond the gender binary categories. Leilani shared,

“[M]āhū for me is ability, its ability to just be able to not have to define myself by any one side. Gender. I obviously, [am] defined by being female right now. But I do live in both worlds. [I]n the *māhū* realm, I can go both sides. As a *Kanaka* (Native Hawaiian), and the Hawaiian perspective, I'm kind of in the middle of both. That's where the *māhū* lay. In the middle. And that's, that's where I'm at. So, I am neither, you know, I identify as female, but I am *māhū* first. And identify- I don't identify as I'm just a woman. I acknowledge that I am *māhū*. So, I was born of this identity.”

Leilani’s perspective offers a deeper look at the intersectionality of Hawaiian culture and Western culture and how this intersectionality impacts the way that *māhū* is viewed. Participants discussed how the view or definition of *māhū* has changed with time and Western influence.

Ikaika shared:

“[Y]ou have all of these masculine boys around you who you would think, ten years ago would make fun of you, you're a girl you want to be a girl. But now they're like, ‘Kumu!’ (teacher) and I'm just like, ‘Woah!’ Even them accepting their [*māhū*]classmate, now just boys wearing makeup all over everywhere. It's like, ‘Yes, yes, where was this ten years ago?!’ But at least it's here now.”

He continued, explaining that even further back in time things were seen differently,

“Now we're like, because of Western influence of course, I'm not gonna say we're not revered, but of course [we] had a lot bigger status and *kuleana* (responsibility) in *kahiko* (ancient) days than now. That's why I talk about the care, the *malama* (to care for), cuz that was what they did, right? ...[T]hey just *malama* their *kuleana*, whatever it was.

Whether it was servicing the *ali'i* (royalty, royal family), or you know, *kukukapa*

(domestic chores) which is a *wahine* (woman/female) thing, but, I mean, but even *kahuna* (priest)! Like, that was like a big *māhū* thing was *kahuna*....”

Ikaika discussed how *māhū* are seen and even defined by their role in the Hawaiian culture and community, both today and in *kahiko* (historic) times. This is something that was expounded upon by multiple participants who seemed to find it difficult to separate the role of *māhū* from the definition of *māhū*; their responses seemed to address both aspects of *māhū*. Leilani explained,

“A lot of the *māhū* have been significant in taking spiritual roles. Back in the *wa kahiko* also because it gave us a specific role in a specific function. And because we were able to house both sides of that energy of the *hina* (Goddess) and the *ku* (God) and the *kane* (man) and the *wahine* (woman) we had special roles in the spiritual realm helped to dictate that on *heiau* (sacred place/temple), how to dictate that true ritual, and all of that process. And today, we still do that, we're still *kumu hulas* (hula/dance teacher), you know, we still have the same function, we're doing that.”

She summarized by saying,

“We are [keepers of the culture]. I believe that was the role of the *māhū* back then that that was their function, your function wasn't to, to *malama keiki* (take care of the children), ...the function was to hold specific, just like the priests do, just like the *kahunas* do in the *hale pule* (church), right? The role of the *māhū* to the *ali'i* (royalty) to the *heiau* (temple/sacred place) that specific *kuleana* (responsibility) had to do a holding protocol and ritual because they're able to do that. We still have that function today.... We're cultural practitioners.”

Ikaika shared similar thoughts about the role of *māhū*, “[I]f you think of *māhū* culture, not just Hawaiian *māhū* culture but like gay culture, we're very *malama* (to take care of). We're very ‘take in,’ we're very caregiving, we love to learn and teach from each other. We want to see success.” Kekoa shared additional thoughts on this as well, “So, in ancient society before colonization, actually before Kamehameha, the Hawaiian society existed with the *māhū* element in their culture. [T]hey definitely had a role to take care, ...they took care of the children [among other things].”

Traditional Hawaiian Culture Provides an Anchor for Māhū

A theme of Hawaiian culture providing an anchor to *māhū* through (a) anchoring, (b) role models, and (c) recognizing Western, Christian, and colonization influences was identified.

Anchoring

Participants’ responses told of their cultural background, being Hawaiian, as something that protected them and kept them safe as *māhū*. Leilani expressed this by saying,

“I’m gonna tell you this, what culture does for us, is culture keeps us safe. And I believe that's what culture did for our *māhū* population. And it's seen, you can see it all over, and that *kahiko* (ancient) role kept us safe, and it still keeps us safe. Safe from being put into a specific, marginalized populace, gave us a role in the society that way we could actually hold this status for the greater populace.... No function in your community, you have no purpose. There's no anchor, the anchor for us *māhū* to keep us safe and anchor us and to where we at, its culture. Yeah, [the culture] gives us a specific, *kuleana* (responsibility) and, we thrive. We thrive in that area.”

Leilani continued to expound on the importance of the culture being an anchor for her in her own life and for the *māhū* community:

“*Hula* and culture have kept me very anchored as a *māhū wahine* (*māhū* woman) and in my community, so I have never ever felt any drawback ever. In my life, it kept me well, have allowed, have afforded me the ability to have everything that I have today. And I believe that a lot of times when our *māhū* community gets lost it's because they don't have an anchor. They don't have something... to help them set their foundations.... And so, there needs to be an anchor.”

Ikaika supported this by saying, “If I wasn't Hawaiian, ah! If I didn't grow up in the community, in the language, in the culture... I don't think I would be maybe not even alive; you know? ... The culture is that foundation that helps you build who you are. So, it's like, if you're not cultured, you don't have a foundation, your house is gonna break.”

Kai shared his experience participating with other Hawaiians and *māhū* on Mauna Kea, a very sacred mountain to the Hawaiian people, during the local oppositional protests to not build the Thirty Meter Telescope. This helps to further illustrate how the Hawaiian culture is a protective anchor. He said,

“[B]eing there, part of the *Mana Māhū* (an organized group of *māhū*, *mana* meaning, spiritual strength) and then being up there, just being who we are, it's a very accepting thing. It's a very culturally normal thing. That's what it says [to] feel accepted, you know, from a life where it wasn't supposed to be to now it's thrive!” He continued, saying, “It's a part of our culture and it's a kind of thing where it's like, you don't feel shame at all, you know, because it's just who you are. It's just our lives and it's kind of nice cuz Hawaii is way different than the rest of the world.”

Noelani continued with this theme, saying,

“[the culture] has always been my anchor that I could turn to when I feel shaky or I'm just not sure and when you not sure..., it's important to have an anchor. Because without, I thought about it last night, if I wasn't anchored to my culture and believe in it and with everything I have in all my bones and my *wailua* (spirit)- There was some things in high school that maybe wouldn't have kept me here, you know? From all different people of life from different corners and crannies and when that would approach, it was my culture that held me down and pushed me to be me pretty much.”

Role Models

Many participants spoke about how having other *māhū* around them that they could look up to in their communities was also protective and helped to normalize their identity. Kai shared the inspiration he has felt:

“You know, it's that kind of inspiration to see, like ‘I can do this,’ you know, it's accepted. It's not, it's not something where if I wanna come out and be who I am someone's going to be like, ‘What are you wearing? Why are you doing that?’ You know? It's different. It's kind of nice because there is that culture there.... It's been more comfortable [because of seeing people like me.]”

Noelani spoke of having difficulties with her identity, and how having role models in her community helped her feel more secure: “For a little while, I struggled and I kind of never like, I was shame for a little while. And then I look at the people before me, ...people who continually hold it, and continue to be who they are is what made me turn more to my culture than I've ever turned in my life.”

Kailani found similar security in role models: "...having older gay, ...*māhū* role models in my life, I learned through their experiences, and it was the acceptance of me being who I was that I think helped me be okay with who I was and not care what anybody thought."

Western, Christian, and Colonization Influences

Many participants talked about the influence of Western culture, Christianity, and colonization having impacts on the view of *māhū* today as well as over time. Kai grew up in a Christian faith and shared how that environment impacted his identity: "Like my religion growing up, I was taught, 'I can't be who I am.' You know, that's not who you are. ... You know, like I remember my uncle, the president of the church was telling me, 'You know, you're not allowed to be gay.'"

Noelani discussed how when she and her brother, who also identifies as *māhū*, switched to a public high school from a Hawaiian immersion school, where she witnessed more discrimination of people who were nonheteronormative. She talked about how she began to see the impact of other cultures and influences and how her culture had been protecting them in a lot of ways:

"When we started going and meeting people outside of our own environment *kine* (kind/thing), that was a real eye opener, 'Whoa! It's a cultural thing for us.' Had we not been raised the way we were, would my own mental health be strong? Because I met friends at high school who struggled, who struggle to come out to their parents, to their *kupuna* (ancestors, elders), to their friends."

Kekoa talked about his views on the way Christianity has impacted young individuals who identify as *māhū*, saying, "you have the ones that are riddled by what Christianity dictates.... But because of their upbringing, because of what their religion is dictating to them,

it's really hard for them.” He went on to discuss how Christianity can sometimes bring ridicule and that without that influence, *māhū* might flourish:

“And I think that *māhū* without any kind of social ridicule on that child, that child exponentially just blossoms into something ...[where] they're unstoppable. It can be them that can change the world, it can be the *māhū* that can change the world. But is the stigma of Christianity going to [allow] that?”

Kailani also discussed the influence of Christianity and Western culture on the acceptance of being *māhū*:

“I just find with my family overall, they've been more accepting, whereas on the mainland, and I think it's that Western mentality. It's also that Christian belief, because that's at the core of them, is their Christianity that defines them. Whereas I feel people here, and I'm generalizing of course, but what defines most people from Hawaii is being local or being Hawaiian.”

Participants generally seemed to view Western and Christian influence as damaging to *māhū* and how others view them. However, it seems that not all Western influence is viewed as negative. Leilani shared her complex views on this, saying

“I think colonization have really like, marginalized us in this one specific box. And that has to do with religion and religion played a huge factor in that – huge, huge. And so, that stigma is there.” She continues, “Some people go through that avenue [of having sex-reassignment surgeries], some people don't, you know, and I think Westernization have suggested that, that road is the best method for us to survive in a modern society, that we live in the gender that is much more appealing for today's world. And so that's kind of, that's one way it ...affected the idea of *māhū* in today's world. And another way is that it,

it required us to create defined roles of who we are, we couldn't live on that [*māhū*] spectrum. And so, in my youth I clearly knew what role I was going to take. And, um, and partly it was because of Western influence.”

For Leilani, it seems that she was influenced by Western society to choose a female external expression of gender and that this Western influence allowed her to access the surgeries to do this. She goes on to say that she feels comfortable with her expression of gender today:

“My external expression, my idea to change myself to *wahine* (woman). Yeah, the Western world allowed me to do so. And I was encouraged by that. Today, I'm comfortable being where I'm at right now. You know, neither being hyper feminine, nor hyper masculine. I'm just me now at [age].”

How Mental Health Practitioners Can Help

Participants gave suggestions regarding how mental health providers can understand and meet the needs of *māhū*. They discussed things ranging from the (a) therapeutic relationship to (b) the physical spaces of our offices, (c) cultural inclusivity and connecting *māhū* to their culture, and even (d) helpful things for White, cisgender therapists.

Therapeutic Relationship

Many of the participants talked about the connection with a therapist being important. Many mentioned wanting to feel like friends with their therapist or the need to trust their therapist. Kai said,

“I think what would probably have been easy for me is you just gotta feel that "I'm your friend" vibe like, let's just talk story. ... I know if I had to talk about something, I'd rather talk to somebody who I felt comfortable [with] than some lady in the outfit, on the chair with a pen and the thing like, ‘Can you tell me about your life?’”

Participants talked about ways that a therapist could help them feel more comfortable, more like a friend. Noelani said,

“Like this, this meeting, ...[W]hat I learned from watching is we kind of pick our people, yeah? Based on how you approach and how- I personally, I do a lot of kind of just our first reaction, I'm a big hugger, I love to hug. So, if you give me one good hug, *tita* (tough, local woman/sister), I can talk to you. Because I'll feel it. I'll feel your energy is there. But I think for some people is kind of not only just sitting there and listening, but being interactive, asking questions, and being a part of it with them is kind of what we look for. ...If you're gonna like shake my hand, I don't think I would be able to open up to that just because it kind of starts off as- We, kind of have already a shield up just because of being who we are and seeing how we can be treated. It's up there. It's invisible. You don't see it, but it's there. We can bring it down real easy. It's really easy to bring it down. But once we put it back up, it's up. But it's real easy to put it down the first time and have a connection with us. So that first connection is [essential] in making sure that if [I] need further help, [I'm] going to come back.”

Ikaika also discussed ways a therapist could help him feel more comfortable:

“just to have that person who has that intention of I'm here to help you and I know that you're here to help me. And then I feel like it's also a shared thing because I learn something and you learn something, I gain something and you gain something. Which is very Hawaiian. We gotta have reciprocity. Cuz I would feel heavy if I'm the only one getting everything out of a therapy session. But now you're learning something and I'm gaining, maybe confidence, I don't know. Whatever it is your intention is to do.”

Kailani shared an experience of when he was attending Kamehameha School, his father wanted him to talk with a therapist. He stated that it was helpful having his therapist lay out their expectations with him and his father. Kailani stated,

“[My therapist] said, ‘my purpose here is not to change your son. If your son is gay, I'm going to help him embrace that and be okay with it. I'm not going to change him. So, if you want me to change him, then you need to go find another therapist.’ That was the first thing he said. And [therapy] was just being able to talk about my experiences, what's going on, what's happening.”

Another aspect of the therapeutic relationship that participants touched on was having a connection to the therapist through trusted family or friends. Kai gave the example that because his aunty knew one of the interviewers (the cultural expert), he felt more comfortable talking with us:

“It's different. But because Aunty said it was you and then we were kind of messaging, it was definitely more different than, ‘Oh you're gonna meet John blah, blah, blah, and be at his office and go there.’ You're like, ‘Hey, I respect your time.’ ...It was a whole different vibe. I felt more comfortable. And I think because Aunty had set it up...”

Physical Offices

With the interviews that were conducted, we invited participants to select a location that they would feel safe and comfortable being vulnerable with us as interviewers. Several of them selected public locations such as beaches or coffee shops. Kai talked about this, telling us that he preferred the less formal setting, saying,

“This is so inviting, like just like how we met, you know, it's not like we're in an office where it's kind of like, you know what I mean? It's easier to talk. Like it's just, these days

people are more comfortable with this. Not, like saying, go meet people in [a coffee shop], but you know, it just, the approach of it is way different than how you would assume. You know, it's easy to talk to, a place that feels comfortable, not a place that feels like you're at a doctor's office or something, you know, where you can just talk and sit back and be on the couch or whatnot and just sit there all comfy. That's when you can really talk.”

Participants spoke about their preference for a less sterile or medical environment where they can feel more at ease to open up and be vulnerable with a therapist.

Cultural Inclusivity and Connecting Māhū to Culture

Leilani explained her view of therapy from a *hula* lens, offering us a culturally appropriate way of looking at how to conduct therapy with *māhū*. She said,

“Some people need help. Some people need guidance, they need to be like, ‘Okay, let me paddle the *wa’a* (canoe) for you. Let me help steer, keep paddling, I go steer, steer, keep paddling, I go steer.’ And we need that. So that’s where you guys come in. And it's a process, everybody in their own canoe, going through a ritual journey. It's a ritual journey and all that ‘*eha* (hurt, pain, suffering) and how that goes through, you still gotta paddle your canoe. And sometimes you cannot steer them. Sometimes some people have [to] steer them, like you guys, you got to steer, steer the *wa’a* for them until they can steer their own. That’s how I look at it when I look at it through the *hula* lens and through the *mo’olelo* (story, tale, myth, history, tradition, legend). Sometimes you need somebody steer your *wa’a* for you until you can steer your own, because not one person can steer their own *wa’a*. It takes a community. Sometimes you just steer, but sometimes people gotta steer for you. And that's, that's the anchor and all dem people is anchoring you up.”

Leilani goes on to talk about how there are more ways of knowing than just the Western ways, but that therapists can turn to indigenous ways of learning to help *māhū*. She said,

“They (referring to therapists who practice from a Western lens) only know one truth. Americanization. Western ways. Only know, there has to be one truth. In traditional indigenous ways there's multiple ways of knowing.... And they come together. No, but see what I'm saying – we're all different. We're all different. So, there's not one way of teaching, teaching a medium, or practicing in a medium. There's many ways and so it's like, why would you only stick to one pedagogy? When you can move over and figure out, ‘Oh, maybe that might even work for us, we might want to indigenize our practicing. And might actually look at from this perspective, and this might benefit our clients.’”

We talked with participants about specific cultural practices that would be helpful to incorporate as interventions. Many of them identified *mo'olelo*, *hula*, *mele* (song), *oli* (chanting) and other cultural practices as practices that would be helpful in therapy. Noelani said she thought *mo'olelo* and talking about Hawaiian history in therapy would be helpful:

“Especially if they identify as native Hawaiian. Because that's you! You native? You native Hawaiian? This is who you are. This is where you come from.” Ikaika also touched on this. He said, “*mo'olelo* is a good one.... And if we look at myth, I feel like it would help the Kanaka tell their story, be more comfortable in opening up about what myth they're living.” Leilani talked about this as well: “Why not look at, look at, like, traditional pedagogy? Why not look at *mo'olelo* as a source of healing, you know, we do it, we do it in hula all the time.... Narrative – why not use narrative as a method of

teaching? But the thing about it is that it's a story to learn, to give examples of how people heal and principles of healing.”

Leilani also touched on the need for therapists to provide cultural anchors to the clients they work with. She said,

“They need something to culturally anchor them. Okay. Even if they're Hawaiian or they not. I think they need something that is available for them to culturally anchor them back into a safe area, a safe space where they can thrive. Okay, and that would be either hula or that would be in their own communities. Any kind of arts, cultural arts that's going on. What communities will keep them safe, so, what you guys got to do is you guys gotta go look for what communities will allow them to thrive, what will be the safe areas, like the anchoring communities? Know the resources that will keep these people safe.”

White, Cisgender Therapists

Multiple participants discussed what White or cisgender therapists could do to still be effective with the *māhū* population. Most of them talked about having an attitude of genuine interest and intentionality. Kai described it as an “aura of beautiful calmness, but also excitement, acceptance, being able to talk, but also being intrigued.” Noelani talked about how she would be comfortable being seen by a white therapist or a non-Hawaiian if she was made to feel comfortable. She said,

“if it's not a Kanaka (Native Hawaiian), they have to see and we have to see that you're with us and not somebody who can easily turn the table on us and, and kind of cause us to have more difficulties. So for me, I will go to you (gesturing to principal investigator) because I can already see and tell that you make an effort to understand our culture, where we coming from, and Kanaka as a whole, culture as a whole and not just turn your

back to us and go, ‘No, that's not- that's wrong, that’s not even a god’ or ‘why do you guys worship that’ [because] a lot of being *māhū* is who we worship, and who we come from, our ancestors. So, to see somebody coming outside, to stay in, to be in, to help us, makes you, to me, a part of us- There, to me, I see [the effort] and I feel it....”

Discussion

The following sections will discuss the themes of this study and currently literature, highlight implications of the results, as well as provide limitations of the study and suggestions for future research.

Themes and Current Literature

Themes that emerged from participants’ interviews both support and build upon current research regarding *māhū*. This study provides further corroboration that the understanding and view of *māhū* has changed due to time and the effects of colonization, while also being different depending on the individual describing their unique experiences of being *māhū* (Matzner, 2001; Morgan, 2010; Robertson, 1989; Shallcross, 2006). This could be explained by different levels of acculturation, varying degrees of Western influence, family background, and more.

Participants provided rich experiences regarding the protective nature of the Hawaiian culture and that strengthening *māhū* connection to the culture will provide them with safety and strength. We find a contrast in the view of *māhū* in the Hawaiian culture, one traditionally of respect and reverence, compared to the view of LGBTQ+ individuals in the Western culture, often met with discrimination and oppression (Alexeyeff & Besnier, 2014; Gilman et al., 2001; King et al., 2008; Matzner, 2001; Morgan, 2010; Sutter & Perrin, 2016). Conversely, related to Western influence, current research shows that due to effects of colonization the *māhū* population experience similar negative symptoms as LGBTQ+ populations do, including

substance use, suicidality, and mental health difficulties (Matzner, 2001; Morgan, 2010; Odo & Hawelu, 2001). Participants and existing literature show that it is the culture that grounds them and provides them with protection from these effects (Matzner, 2001).

One theme that did not emerge in this study was participants feeling shame in regards to their *māhū* identity. Some of them spoke of experiencing shame as they were growing up due to the influences around them, mainly related to the influence of Western religious ideologies and colonization. However, each participant discussed their *māhū* identity with pride and an almost reverence. They identified the culture as a protective factor, one that allows them to flourish and blossom as *māhū*. This provides further support for existing literature recognizing the positive impacts of being connected to the Hawaiian culture.

Participants described wanting a deeper and more interpersonal relationship with their therapist than is traditionally found in Western-based therapies. This is in line with current research regarding therapy preferences of Polynesians (Cutrer-Parraga et al., 2022). Cutrer-Parraga and colleagues (2022) found that self-disclosure is an important part of the “joining process” and that a warm, welcoming, and willing attitude of the mental health professional allows for a stronger therapeutic relationship (p. 618). They also found that clients were more likely to find their White therapist authentic and welcoming if that therapist was willing to provide more self-disclosure and connection on a personal level.

Participants also discussed the importance of mental health providers including culturally appropriate interventions and being culturally informed. Allen, Smith, and Hafoka (2016) concluded that Polynesian clients found religion/spirituality and family supports as some of the most helpful coping mechanisms. They suggested that mental health professionals should take a more collectivistic approach when working with this population. Another study by Allen, Kim,

Smith, and Hafoka (2016) also supports this, stating that mental health professionals need to assess how presenting concerns of Polynesian clients can be viewed through their cultural context. Participants in this study shared similar sentiments regarding the inclusion of family, spiritual practices, and cultural context.

There have been several studies suggesting that understanding the worldview of one's client improves the outcomes of therapy (Benish et al., 2011; Smith et al., 2015; Smith & Trimble, 2016). *Māhū* participants in this study provided support for this, sharing that they want a therapist who understands what being *māhū* means to them and what it means in the context of their culture.

Clinical Implications

The themes in this study showed that the Native Hawaiian understanding of *māhū* encompasses sexuality, gender, and other aspects of identity. It appears that even within the Native Hawaiian community this can look differently as indicated from the participants' interviews. This could be explained by different levels of acculturation, varying degrees of Western influence, family background, and more. Mental health professionals need to recognize certain Western assumptions they may have of what *māhū* means to that individual. We must understand our client's view of their identity in the context of their culture (Sue et al., 2013).

This also means that it is important that mental health professionals deepen their own understanding of their clients' culture and ensure that the necessary cultural learning does not fall on the clients. Deardorff (2006) with a panel of 23 intercultural scholars identified 22 essential elements of intercultural competence including: deep knowledge and understanding of culture (one's own and others'); respect for other cultures; cross-cultural empathy; understanding of role and impact of culture and the impact of situational, social, and historical contexts involved;

withholding judgement; curiosity and discovery; learning through interaction; and culture-specific knowledge and understanding host culture's traditions. These aspects of intercultural competence identified by experts in the field help therapists understand the importance of being curious of and having a desire to discover more about our client's culture. Additionally, these elements also suggest that therapists must gain an understanding of that culture and its various impacts on the client's worldview. There is an important balance to find between relying on the client to help you understand their culture while not making it their responsibility to teach you everything. This can be burdensome to clients and can sometimes lead to mistrust (Sue et al., 2013).

Not only does this help mental health professionals better understand their clients, but in the case of *māhū* it helps them better understand ways to keep them safe. Participants all described the Hawaiian culture as an anchor and a protection for them. To best serve them and help them connect with that culture, mental health professionals should engage in deepening self-awareness and understanding of themselves when working with this group. Part of this is recognizing that the Hawaiian culture is a collectivistic culture. This may stretch Western trained mental health professionals to include *ohana* (family), *kupuna* (ancestors/elders), role models, and others. This will also require mental health professionals to recognize the negative outcomes of colonization, oppression, and discrimination and how that has impacted our clients, causing them to hold tight to their culture and as a result keeping them safe.

Participant interviews provided ways to support *māhū*. They shared about the importance of the therapeutic relationship and that it may need to look different than how Western training describes it. Participants encouraged mental health professionals to leave space for culturally appropriate ways of offering therapy including a friendly relationship that would provide space

for therapists to offer more self-disclosure and for clients to feel more comfortable sharing and being vulnerable (Cutrer-Parraga et al., 2022). This may also include therapists recognizing “talk story” is an appropriate intervention (Cutrer-Parraga et al., 2022). Participants also pointed out the environment the mental health professionals physically create in their offices and the importance of them feeling comfortable and not too sterile or medical. Participants also made it clear that mental health professionals must be aware of resources in communities that would provide safety for *māhū* clients. This will require mental health professionals to be proximal to the populations they serve. If we are to help *māhū* become anchored to their culture and their communities, mental health professionals must be aware of their unique needs.

Participants shared that they could feel the intentions and motivations of therapists. Mental health professionals should exemplify authenticity when practicing from a Western lens. Researchers have discussed how Native Hawaiians, like other indigenous communities, are unfortunately familiar with being taken advantage of or having things taken from them (Matzner, 2001). Clients want to know therapists will not do the same thing. Mental health professionals can use the first interaction with *māhū* clients to begin building that rapport and connection. This may mean less formality and becoming more genuine in session. One participant described this as being “cultured.” Ikaika said, “[Y]ou could have a therapist born and raised in New York who doesn't know who they really are, like why am I gonna come, you don't even know who you are. Why am I gonna come to you? ...I'm trying to figure out this identity thing that I'm going through, but you [don't even know who you are.]”

Given that each participant discussed their *māhū* identity with pride and an almost reverence mental health professionals can identify the culture as a protective factor, one that

allows them to flourish and blossom as *māhū*. Focusing on cultural context can be part of the healing for these individuals.

To summarize, participants in this study have provided multiple ways in which mental health professionals can be prepared to serve the *māhū* population. These include being aware of assumptions one might have about the experience of being *māhū* and working through those assumptions; deepening one's own knowledge of the culture and the client's worldview; helping connect clients to their culture, which is more likely to provide their *māhū* clients with safety; incorporating culturally specific interventions; and being authentic, genuine people when working with *māhū* clients in therapy.

Limitations and Future Research

There were some limitations to this study. One possible limitation being the sample size. More studies with larger sample sizes and diversity of participants in terms of age would improve the richness and validity of these findings. Another limitation is the impact of colonization and Westernization. This has complicated the view of *māhū* as we see it today for some and can make it difficult to pinpoint the impacts of discrimination experienced by *māhū*. Future researchers could provide questionnaires such as the Na Mea Hawai'i, an empirically validated measure of Hawaiian acculturation (Streltzer et al., 1996), for future studies to see if the different levels of acculturation have any correlation to one's view of being *māhū*.

Another possible limitation of this study might have been the fact that the principal interviewer was a White, straight, cisgender woman. While many participants reported feeling comfortable with the interviewer, stating they felt comfortable having her as a therapist, it is hard to know the impact of her identity on the interviews. It would be helpful for future researchers and studies to take this into consideration.

Future studies would also benefit from replicating this study and interviewing adolescents who identify as *māhū* and gather perspectives on what it is like being *māhū* today growing up in this current political and generational climate. Other communities would also likely benefit from studies similar to this that allow members of the culture to identify protective factors and how mental health providers can best serve them.

Conclusion

This study provides important considerations for mental health professionals working with *māhū*. It is vital that therapists incorporate the findings from this study to guide their work with this population. These findings can provide ways for therapists to improve their treatment and more effectively work with this underserved population through a *māhū* cultural context.

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APPENDIX A

Review of the Literature

In Western culture, we see that those who identify as lesbian, gay, bisexual, transgender, queer, or other similar identities (LGBTQ+), or non-heteronormative experience an increase in negative symptoms, particularly with mental health, substance use, and suicidality (Gilman et al., 2001; King et al., 2008; Sutter & Perrin, 2016). LGBTQ+ individuals are twice as likely to report suicidal ideation and have higher rates of attempted suicide than those who identify as heterosexual or cisgender – those who identify as the gender they were assigned at birth (Clements-Noelle et al., 2006; Gilman et al., 2001; King et al., 2008; Sutter & Perrin, 2016). Mental disorders are consistently the strongest predictors of suicide attempts and deaths, with lifetime mental disorders being shown to increase risk of suicide attempts by three to nearly nine times (Harris & Barraclough, 1997; Nock et al., 2009; Phillips et al., 2002; Pokorny, 1983; Sutter & Perrin, 2016). This link between mental health and suicidality is more pronounced among lesbian, gay, and bisexual (LGB) individuals (Fergusson et al., 2005; Sutter & Perrin, 2016). Additionally, LGB individuals have shown higher rates of anxiety, mood, and substance use disorders than heterosexual individuals (Cochran et al., 2000; Cochran et al., 2003; Sutter & Perrin, 2016). According to a meta-analysis and systematic review of international literature by King and colleagues (2008), those who identify as LGB are at higher risk of mental disorder, suicidal ideation, substance misuse, as well as self-harm than those who identify as heterosexual or straight. According to the literature, this may be caused by prejudice, social stress, exclusion, violence, and an internalized feeling of shame regarding their sexuality (King et al., 2008). Several studies have also found that people of color (POC) are at a greater risk for depression and suicide compared to White individuals (Alegría et al., 2007; Kim & Choi, 2010). One study

with a population of LGBTQ POC found that LGBTQ-based discrimination has a significant effect on suicidality (Sutter & Perrin, 2016). When simultaneously considered, LGBTQ status and being a POC, individuals may be particularly at greater risk for mental health concerns and increased suicidal ideation (Alegría et al., 2007; Kim & Choi, 2010; Williams et al., 2007).

It is clear that those who identify as non-heteronormative in Western society experience discrimination and oppression, feel that they are not accepted, and experience adverse mental health effects because of it (Alegría et al., 2007; Kim & Choi, 2010; Williams et al., 2007). However, in looking at traditional Hawaiian culture and history regarding non-heteronormative populations known as *māhū*, we find that this group was respected for having knowledge of both the male and female genders, and that they had a particular role within their community (Alexeyeff & Besnier, 2014; Matzner, 2001; Morgan, 2010). When comparing the experience of traditional *māhū* and the experience of Western non-heteronormative individuals, there is quite a contrast. While the view of *māhū* has changed over time and they may not be as accepted as they once were, there are still benefits to understanding the modern-day experience of *māhū*.

Much of the existing research looks at the lives of *māhū* and their experiences (Alexeyeff & Besnier, 2014), but none have explored their experiences from a cultural context or to inform mental health providers. These experiences of *māhū* have been both positive and negative, implying that the traditional view of *māhū* has shifted and changed with the influence of Western views. In addition to these studies and collected narratives, it is hoped that more light can be shed on the experience of *māhū* and what mental health providers need to know as they serve this population.

Definitions

It could be helpful to provide some definitions, as the concepts discussed in this study can easily lead to confusion and misunderstanding. While these concepts may be difficult to understand through a western lens, these definitions may provide some clarity. It is also important to make clear that some of the quotes and historical records included in this literature review use terms that are outdated and no longer culturally appropriate to use but are the terms used in the original source.

Non-Heteronormative

The term non-heteronormativity provides a more open consideration of gender, sex, sexuality, and other categories, allowing for more inclusion of those who identify as “in between” (Alexeyeff & Besnier, 2014; Besnier, 1994). Most often we think of these categories as binaries, either male or female, straight or gay; but there are many who identify as somewhere in the middle. Using “non-heteronormative” can help better capture these individuals’ experiences and identities.

Māhū

Translated, *māhū* means “half-man, half-woman” and is considered a third gender in Native Hawaiian culture (Alexeyeff & Besnier, 2014, p. 34; Morgan, 2010; Odo & Hawelu, 2001). In one Hawaiian dictionary *māhū* is defined as “A man who assimilates his manners and dresses his person like a woman; A hermaphrodite; a eunuch” (Andrews, 2003, p. 235). Some interpret *māhū* to mean one’s cultural, gendered, and spiritual identity (Baker et al., 2007; Morgan, 2010). Others define *māhū* as embodying the principles of “spiritual duality and integration” (Robertson, 1989, p. 313). *Māhū* differ from transgender or gay individuals by “transcending binary... gender roles” (Morgan, 2010, p. 10; Robertson, 1989).

Gender, Sex, and Sexuality

Concepts of gender, sex, and sexuality can be complexly interwoven, as is the case with *māhū*. Gender is defined as a social status and refers to differences between sexes and masculinity and femininity (Baker et al., 2007). Masculinity is usually seen as strong, competitive, rational, and unemotional, while femininity is typically seen as nurturing, caring, and able to deal with emotions (Baker et al., 2007). Gender can be expressed in our appearance: use of makeup, clothing, hair styles, profession, and behavior. Gender is also seen as something that we perform or express based on cultural or societal norms (Morgan, 2010; West & Zimmerman, 1987). Morgan (2010) elaborated:

For example, we may think of a woman as feminine and men as masculine, and we have a lot of evidence to support this, based on observations of how men and women portray themselves in society. And yet, think about how much training has gone into these performances – how many times have [we] encouraged females to “sit like a lady” or told males that “boys don’t cry?” Gender differences, then, are made to appear natural and essential through “doing” gender, and this is crucial in maintaining the status quo. Doing gender reinforces the notion of “essential” differences between females and males, when in actuality, these gendered performances are not expressions of natural gender difference, but the manufacture of these differences. (p. 5)

Sex is defined by biological characteristics such as genetics, hormones, and anatomical make up (Baker et al., 2007). A similar definition explains sex as the biological and anatomical differences between males and females (Basirico et al., 2007).

Sexuality refers to one’s sexual interest in or attraction to others, both for procreative purposes as well as recreational or pleasurable (Ventiglio & Bhurgra, 2019). This can include not

only a sexual attraction, but also an emotional or romantic attraction to others, which may be manifest through biological, physical, emotional, social, or spiritual aspects (Hill & Mays, 2013).

It is also important to keep in mind that gender and sexuality can be viewed as existing on a continuum (Hill & Mays, 2013). Ventiglio and Bhurgra (2019) state that “the fluidity of gender along with sexual fluidity and flexibility are newer terms, meaning that sexual attraction may exist and vary within a spectrum or a flux potentially changing over time” (p. 32).

Other Cultures and Non-Heteronormativity Perspectives

Non-heteronormativity is found in many cultures outside of Native Hawaiian or Polynesian culture. Sex and gender paradigms are constructed differently in different cultures, they do not always fit neatly into binary systems. Paradigms shift and systems that were once supported may not be as accepted today. Understanding other cultures and their construction of non-heteronormative individuals can provide additional global context to the intersectionality of gender, sex, and sexuality.

There are many influences on attitude differences within and between cultures such as “age, region, social class, educational level, ethnicity, religion, urban or rural residence, exposure to Western cultures, and gender itself...” (Nanda, 2000, p. 4). Cultural contact is another crucial source of change in attitudes toward non-heteronormative systems. Historically as Europeans started engaging with indigenous peoples and cultures, ideologies in the indigenous culture regarding non-heteronormativity began to be influenced, changed, and in some cases, destroyed (Nanda, 2000). The distribution of Euro-American culture and attitudes toward non-heteronormativity is still active today through tourism media, and academic and scientific conversations (Nanda, 2000). What follows is a more in-depth review of non-heteronormativity of a) other indigenous cultural views of non-heteronormativity outside of Polynesia, b) within

Polynesia, and c) the Native Hawaiian *māhū* perspective. This will allow the reader to get a broader, global sense of non-heteronormativity in indigenous cultures while getting more specific to the purpose of this research.

Indigenous Cultural Views

Native North Americans

Among the natives of North America, non-heteronormative persons have been recognized in their cultural context as *two-spirit persons*, however, very little has been documented about this group. *Two-spirit* is a term that references feminine and masculine duality, an expression of gender that does not fit well into Western binary genders and is more aligned with indigenous understanding (Elm et al., 1997; Walters et al., 2006; Wilson, 1996). Based on the current knowledge of this population, biased rhetoric has been shown by evidence of European explorers expressing outrage by the behavior of these two-spirit peoples' behavior. A lack of cultural understanding and knowledge from their cultural worldview led these explorers to misjudge what they experienced, or perhaps judged based on their Western lens, and therefore commented on two-spirit persons' existence with inauthentic or inaccurate information. Many explorers had difficulty understanding contrasting gender systems and overlooked the spiritual functions and cultural value these systems offered (Nanda, 2000; Slater et al., 2011). Upon the explorers' discovery of these indigenous peoples, they labeled those who were two-spirit persons as *Berdache*, which is a term known to be offensive, being rooted in Eurocentrism as well as Arabic to mean male prostitute or the passive partner in a male homosexual relationship (Nanda, 2000; Slater et al., 2011). Hence, it goes without saying that from this point on the term *two-spirit person* or *people*, a term supported by indigenous scholars and activists, will be used.

Two-spirit people can be found in most Native American communities, but not all, according to the current literature (Slater et al., 2011). The customs and roles of two-spirit people differ between tribes and geographical area. There are two main explanations of how and why one became a two-spirit person with some variations from one group to another. In some cases, two-spirit identity was encouraged during childhood or in one's youth if he demonstrated a tendency for playing with girls' toys or women's tools. Another explanation is spiritual intervention. Some would have dreams being commanded by a supernatural force to change their sex and then begin living as a two-spirit person. In contrast, there have been fewer reports of some self-selecting the role of a two-spirit person (Slater et al., 2011). The majority of two-spirit people were biologically male, and they would oscillate between gender identities, crossing and re-crossing gender lines. However, there was a smaller number of biological female two-spirit people, mainly in the northern Plains and Plateau regions, who irreversibly lived as men (Slater et al., 2011).

Some male two-spirit people preferred the company of men, some were heterosexual, married, and became fathers while living and working as women. Some were bisexual or preferred to remain celibate. Celibacy was believed to preserve the spiritual power that two-spirits were capable of, a benefit to their communities and warriors in battle. Female two-spirit people were hunters and warriors and lived as men throughout their lives, which some suggest was due to the advantages men had over women (Slater et al., 2011). Most did not have mates, potentially due to males finding them unfit for marriage (Slater et al., 2011).

Historically American Indian cultures valued and respected multi-gender systems. Shifts in culture have led to many LGBTQ+ American Indians experiencing discrimination and stigma on their reservations (Nanda, 2000). European ideals of gender had begun to successfully infuse

with native communities by the 20th century. Dressing as a girl was used as punishment for boys, turning the two-spirit identity into something humiliating. This can be seen as sexual, political and cultural colonization (Slater et al., 2011). In parts of the United States, though, there were movements of acceptance of two-spirit people. This acceptance should not, however, be presumed to replicate traditions existing prior to European explorers interacting with Native Americans (Slater et al., 2011).

Hindu India

Gender diversity in Hindu India is set within a religious context and within a binary system with both hierarchical and patriarchal features (Nanda, 2000). There are important cultural aspects to understand regarding gender in Hinduism:

[The] female principle is the more active, animating the male principle, which is more inert and latent. ... The erotic aspect of the female power is dangerous unless it is controlled by the male principle. Powerful women, whether deities or humans, must be restrained by male authority. ... [In] order to prevent their sexual appetites from causing social chaos and distracting men from their higher spiritual duties, women must be controlled. (Nanda, 2000, p. 27)

Another aspect of the culture that is helpful to understand is that Hinduism allows for opposites to be present without resolving the opposition, that many possibilities exist without discounting others (Nanda, 2000; O’Flaherty, 1973). Hindu origin myths often have androgynous ancestors and state that before creation there was a lack of distinction, including gender (Nanda, 2000).

This allows for multiple genders and sexes to be acknowledged; however, this doesn’t mean that stigmas don’t exist (Nanda, 2000). While there are many non-heteronormative identities among Hinduism, there is one that is more visible and “culturally institutionalized” which is the *hijras*.

Hijras are defined within Hindu culture as “neither man nor woman;” born as males and through a “ritual surgical transformation” become a third gender (Nanda, 2000, p. 29). This surgery is called *nirwaan* and consists of the removal of the penis, testicles, and scrotum (Nanda, 1994; Gupta, 2019).

Indian recognition of more than two sexes or genders is recorded as early as the eighth century BCE and were considered to be “defective males” as they could not procreate, being labeled as not-man (Nanda, 2000, p. 30). They were also labeled as not-woman due to the fact that they cannot bear children (Nanda, 2000). Culturally today they are seen as males who assume female clothing, behavior, and work, but are neither man nor woman (Nanda, 2000). The word *hijra* can be etymologically traced back to Arabic, the root being *hjr*, meaning “leaving one’s tribe” (Gupta, 2019, p. 71; Zanned, 2005). Under British rule in 1871 hijras were considered “dangerous outlaws” in the Criminal Tribes Act due to a belief that they “were involved in kidnapping and castrating children...” (Gupta, 2019, p. 71). As a result, hijras were banned from migrating anywhere else and consequently created colonies of their own complete with complex guidelines and hierarchies (Gupta, 2019; Nanda, 2000).

In the 18th century, some rulers required hijras distinguish themselves by wearing a man’s turban with their female clothing. Then about a century later, they were wearing both male and female clothing with a sari (feminine) under a coat-like garment (masculine; Nanda, 2000; Preston, 1987). Today, however, hijras do not typically wear gender-mixed clothing. Hijras typically have sexual relations with men, but are not, however, defined by their sexual practices. It is their “sexual impotence and in-between sex/gender status that is at the core of their cultural definition” (Nanda, 2000, p. 29). Hijras are traditionally employed to perform at marriages or after births due to their cultural responsibility to bless the child and/or the family with increased

fertility as well as prosperity (Nanda, 2000). Gupta states that he sees this as the defining characteristic of the hijra, the “‘performance culture,’ which is a coming together of rituals, community structures, traditions and performative markers of the hijra identity” (Gupta, 2019, p. 71). They also perform two other types of work: begging and sex work (Gupta, 2019).

Views towards hijras has shifted over time. Khatri (2017) states that they have gone “from being heralded as semi-divine beings for centuries, to being forced out of mainstream society to living as prostitutes, or beggars... exiled at a young age” (p. 389). There’s generally ambivalence towards hijras today. Societal attitudes are a mix of “mockery, fear, respect, contempt, and even compassion” (Nanda, 2000, p. 36). Some of the fear associated with hijras is due to their culturally believed ability to both curse and bless (Nanda, 2000). If hijras are not paid their due, they can insult a family publicly and it is believed this will lead to a “loss of virility” (Nanda, 2000, p. 36). Another reason hijras are feared by some is because they function outside of the social roles of men and women in Hindu culture, which is found as the main source of control of an individual (Nanda, 2000; Östör et al., 1982). However, in 2014 the Supreme Court of India recognized a third gender and mandated “inclusive treatment for those identifying with such gender in all castes” (Khatri, 2017, p. 390; Wojcik, 2018).

Brazil

In Brazil, we see a similar population called *travesti*, mostly defined by their sexuality. Brazil’s traditional sex or gender system is heavily influenced by patriarchy and the association of “power, domination, and the use or threat of violence” with masculinity and the system of sexual classification (Nanda, 2000, p. 43). Foundationally, this system operates based on a dichotomy between man and woman, or perhaps more accurately man and not-man (Nanda, 2000). The “core gender opposition is based on sexuality, that is, the position taken in sexual

intercourse” (Nanda, 2000, p. 44). This is why the dichotomy is man and not-man, depending on the position taken in intercourse; sexual orientation alone does not make one a travestí. A male fits into the “man” category until he is accused of being in the receiving role in intercourse, then he becomes “not-man” in Brazil’s gender dichotomy. The penetrating male in a same-sex sexual relation is not considered a travestí, but instead “falls into no special category.... He does not regard himself as a homosexual and is not regarded as one by society” (Nanda, 2000, p. 46). Once men have fallen into the “not-man” category, they are expected to perform other aspects of the female role including behaving and sounding like women, dressing like women, and becoming a female through his sexual role (Nanda, 2000).

Brazilian attitudes towards travestís are described as “complex, sometimes contradictory, and ambivalent” (Nanda, 2000, p. 49). They are treated poorly and are perceived as “failed men,” not women, and are “severely stigmatized as a failure on both social and biological counts: unable to realize their biological potential as men because of inappropriate sexual behavior, they are equally unable to cross the boundaries of gender due to their inability to reproduce” (Nanda, 2000, p. 50). Some say they belong to the most marginalized, feared, and despised populations among Brazil (Nanda, 2000).

Non-Heteronormative Populations Within Polynesia

Within Pacifica, there are many identities that are comparable to *māhū*. They can be found in nearly every Polynesian culture (Alexeyeff & Besnier, 2014). In Tahiti they’re referred to as *māhū* or *raerae*. Samoans call it *fa’afāfine* and Tongans *fakaleitī*. The Tuvaluans call it *pinapinnaaine*. These are just a few of the labels given to those from Polynesian islands that identify themselves as Native Hawaiian *māhū* do. There may be slight variations in the way each

culture defines these labels, but in essence they are very similar. It is also important to mention how to use these terms and the flexibility of them:

In all of these languages, these terms can function as nouns to refer to a person, as verbs to refer to demeanor or action and often also as adverbs to specify the manner in which an action is being performed; such patterns of linguistic multifunctionality are not specific to these terms. (Besnier, 1994, p. 286)

We first learn of non-heteronormative Polynesian individuals from the recordings of early Europeans and their first contact with Tahiti in the late eighteenth century (Oliver, 1974, as cited in Alexeyeff & Besnier, 2014). The behavior of *māhū* as described by these seafarers was perverted, wicked, fornication, vile, carnal, unnatural, abominable, and sinful (Besnier, 1994; Daws, 1980; de Bougainville, 1772; Dening, 1980; Edwards & Hamilton, 1915; Ferdon, 1981; Herbert, 1980; Oliver, 1974) It is important to note that at the time that the Royal Navy made contact with Tahitians, court-martial records show that sodomy was considered as severe a crime as murder and mutiny with 31% of executions resulting from sodomy convictions (Besnier, 1994; Gilbert, 1974; Gilbert, 1976). Other European and missionary visits to other Polynesian islands had no mention of non-heteronormativity, and some denied it was a practice at all (Alexeyeff & Besnier, 2014; Besnier, 1994). Much like the experience with Native American two-spirit individuals, these travelogues and journals are saturated with the moral views and agendas of the time regarding sexuality and gender, more accurately describing European social history than early-contact Polynesian social history (Besnier, 1994). The historical differences of these recordings with those that did not mention or denied *māhū* existed suggest that caution should be used in generalizing non-heteronormative existence or experience identified by early Europeans (Besnier, 1994).

In modern times, we continue to see native cultures experiencing difficulties with Western ideals being imposed upon them (Gupta, 2019, p. 72) points out that in post-industrial, capitalistic Western societies sexual and gender plurality and “coming out” became an indicator of a “developed” society. He goes on to say that traditional societies that didn’t incorporate these modern notions were considered “inferior” and “sexually repressed,” thus, needing to be freed. Resistance to these attempts of liberation were seen as homophobic. Western attempts at enlightening Eastern repressed communities can be seen as “baptizing traditional sexual minorities to enter into a globalized, universal, and totalizing LGBT identity category” (Gupta, 2019, p. 73). This can aid in understanding how colonization has shifted cultural concepts of non-heteronormative systems that include sex, sexuality, and gender and turned them more into siloed, binary constructs that separate sex, sexuality, and gender. This makes it difficult for cultures, like Native Hawaiians, who don’t necessarily abide by binary systems to exist within Western systems of healthcare and other privileges that come from being able to fit nicely within LGBTQ constructs (Gupta, 2019).

Traditional Hawaiian Culture and *Māhū*

Translated, *māhū* means “half-man, half-woman” and is considered a third gender in Native Hawaiian culture (Alexeyeff & Besnier, 2014, p. 34; Morgan, 2010; Odo & Hawelu, 2001). In one Hawaiian dictionary *māhū* is defined as “A man who assimilates his manners and dresses his person like a woman; A hermaphrodite; a eunuch” (Andrews, 2003, p. 235). Some interpret *māhū* to mean one’s cultural, gendered, and spiritual identity (Baker et al., 2007; Morgan, 2010; Odo & Hawelu, 2001). Others define *māhū* as embodying the principles of “spiritual duality and integration” (Robertson, 1989, p. 313). *Māhū* differ from transgender or

gay individuals by “transcending binary... gender roles” (Morgan, 2010, p. 10; Robertson, 1989). One Pacific anthropologist described *māhū* this way:

Sometimes Mother Nature cannot make up her mind whether to make a man or a woman, even in Polynesia, so she mixes up a little of the male with some of the female element. In Polynesia transvestites in whom the male and female are not clearly differentiated, either at the physical or psychic level, are called the *māhū*, who although physically speaking more men than women, prefer to dress and act as women. (Barrow, 1967, as cited in Robertson, 1989, p. 313)

Māhū aren't limited to one gender or having to transition to a different gender, they are a representation of a “blending of genders” (Morgan, 2010; Robertson, 1989, p. 313).

Besnier (1994, p. 299) points out that participating in homosexual behavior or activities does not qualify a person as *māhū*, that homosexual experimentation is “widely known and expected.” He goes on to explain that this helps distinguish *māhū* from someone who identifies as gay or lesbian where sexual orientation is the defining trait. Sexuality is part of the identity of *māhū*, but not it's defining trait. However, excluding either gender or sexuality from characterizing *māhū* can be misleading (Besnier, 1994). It is important to keep in mind the intersectionality between gender and sexuality, particularly how they are intertwined in the case of *māhū*.

In *'O Au No Keia* (translated to *This is Me*), Matzner (2001) explains how the definition and view of the term *māhū* has changed over time. In “old Hawaii,” prior to Western colonization, it referred to those having both sexual reproductive parts, also known as hermaphrodite. It was also used to refer to masculine females and feminine males. Traditionally, they were respected for their knowledge and experience of both genders (Alexeyeff & Besnier,

2014). Today, *māhū* can be heard used to refer to anything including transgender individuals, effeminate gay men, a two-spirit individual, as well as to identify a sexual or gender identity (Matzner, 2001; Morgan, 2010, Shallcross, 2006). What is considered *māhū* today is ambiguous, which may allow for more inclusivity.

According to traditional Hawaiian culture, *māhū* were keepers of the culture (Matzner, 2001). One example of this is the use of *māhū* in places that women were not allowed, such as in temples. Certain ceremonies required males and females, so *māhū* would play the role of women (Matzner, 2001). Historically, *māhū* held a specific place in society and were known for their healing abilities, as well as their talent in *hula* and *mele* (dancing, chanting, and song) (Kame‘eleihiwa, as cited in Alexeyeff & Besnier, 2014; Robertson, 1989). Art and culture are part of the *māhū* responsibility to foster the traditional Hawaiian ways, allowing others to connect to the culture bringing nurturing and growth. One *māhū* explained that the Hawaiian culture is what brings acceptance and self-love to the *māhū* community and that it’s the Western culture that brings rejection and self-loathing. They conclude that feeling culturally grounded brings peace (Matzner, 2001). Some *māhū* find it difficult to act out their traditional role in Hawaiian culture because of Westernization and Christianity, which traditionally go against or conflict with Hawaiian tradition in some ways (Matzner, 2001). The tension between traditional Hawaiian culture and Western culture is evident in the lives of *māhū*.

Today, *māhū* face persecution and discrimination for being who they are (Matzner, 2001). There are negative connotations found in current society that may cause some *māhū* to not want to identify or be referred to as such. One *māhū* provided their perspective on this issue: “That’s the difference today – because of assimilation into Western culture and Christianity, less *māhūs* are willing to or want to show their true colors. They are finding it confusing and difficult

to act out their role in society today” (Matzner, 2001, p. 43). Matzner (2001) suggests that there has been a cultural revival occurring regarding the term *māhū* among the transgender population, advocating for an opportunity to become strong role models, which *māhū* traditionally held in society. It seems that there are many different views and perspectives on how to define *māhū* and that their experiences are just as diverse (Alexeyeff & Besnier, 2014; Basirico et al., 2007; Matzner, 2001; Odo & Hawelu, 2001; Robertson, 1989). Understanding the differences and similarities in the current culture compared to traditional culture could help us better understand what aspects of Hawaiian culture contribute to the acceptance and well-being of *māhū*, or potentially distract from it.

While some suggest that there is a greater tolerance of sexual and gender diversity within Polynesian culture, *māhū* are still experiencing discrimination and harassment and “may be the most severely impacted of all Native Hawaiians” (Odo & Hawelu, 2001, p. 227). There are many health risks that this population experience including acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), as well as adjustment problems such as limited employment options, stress, mental health issues, substance use, and discrimination (Odo & Hawelu, 2001). Those who differ from the majority in regard to gender are at a higher risk for lifestyle diseases as well as early mortality than the general Hawaiian population (Odo & Hawelu, 2001). In addition, health care providers often lack understanding of this population, creating a barrier to seeking help (Odo & Hawelu, 2001). It is logical to assume this also applies to mental health professionals and those in the *māhū* community seeking mental health resources. Morgan (2010) in his study on *māhū* students and violence they experience in secondary schools found evidence to support that this particular population experiences violence at higher rates compared to the national average as well as

compared to students who identify as LGBT. He also found that this population experiences more victimization than the average US school child. Lastly, he found evidence to support that *māhū* children are at an “extremely high risk of being shamed and humiliated” (Morgan, 2010, p. 75).

It’s easy to see how some would have questions about the *māhū* lifestyle and their sexuality. Are they gay men or straight women? Are the men they are in relationships with straight or gay? Many find it confusing and unclear. With the diversity among the *māhū* community, there is no clear consensus. One *māhū* summarized this point with this statement: “No wonder society wants us to disappear – we bring out questions you just cannot answer!” She went on to say how *māhū* can’t be labeled, “I’m just *me*” (Matzner, 2001, p. 111).

Māhū are keepers of the culture where, traditionally, they held a special role in Hawaiian society. They once were seen with respect and reverence. Over time, however, this view has changed. Today they experience much of the same discrimination and oppression that is experienced by Western LGBTQ+ populations, which lead to many serious mental health needs. However, we currently have little to no in-depth literature regarding their experiences as *māhū* or with mental health treatment. As *māhū* are consulted with regarding their experiences today and how mental health professionals can support them, hopefully they and their needs can be better understood. Providing a voice for *māhū* to share their experiences and perspectives can offer providers an understanding that is currently missing from literature. This understanding can better inform the care these individuals receive.

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APPENDIX B

Approved Consent Form**Introduction**

This research study is being conducted by Rachel Chapman and Bango Gancinia, doctoral students in counseling psychology at Brigham Young University under the supervision of G. E. Kawika Allen, Ph.D. in the Department of Counseling Psychology and Special Education at BYU. This research involves Native Hawaiians and their identification as *māhū*. You are being invited to participate because you have Native Hawaiian heritage and identify as *māhū*.

Procedures

We are asking for your participation in a 60-minute, audio recorded interview. Interviews will be held in a location of your choosing that provides confidentiality and privacy. Only the participant and interviewer will be present for the interview. If you agree to participate in this research study, the following will occur:

- You will share thoughts, feelings, and experiences for approximately sixty (60) minutes about your experience as *māhū* and Native Hawaiian.
- You will be contacted via email, which will not take more than a combined 1 hour, after the interview has been completed regarding the accuracy of the themes from the interview. You will be asked to provide feedback about the authenticity and accuracy of the themes identified by the researchers.

Risks/Discomforts

There are minimal risks associated with this study. There is a possibility that some of the interview questions require personal information. These risks are similar to those you experience when disclosing personal information to others. You have the choice to not answer any questions with which you may feel uncomfortable. Should mental health resources be needed at the conclusion of the interview, the interviewers will provide referral for mental health services.

Benefits

There are no direct benefits to the subjects.


Confidentiality

Audio recording of your interview will be stored on the smart phone of the interviewer, which will be double level password protected. After the interview, it will be uploaded by BYU eduroam wifi, which adds another level of security of this interview, to the BYU app called BOX, a private and secure location offered to BYU faculty and students. The original copy of the interview stored on the smartphone will then be deleted. The data will be maintained for up to 3 years by the principal investigator and then deleted once data analysis is completed.

Participation

Participation in this research study is voluntary. You have the right to withdraw at any time or refuse to participate entirely.

Questions about the Research

	Institutional Review Board
	10/30/2019 Approved Expires

If you have further questions about this project or if you have a research-related concern you may contact me, Rachel Chapman at rachel_chapman@byu.edu or my advisor, Dr. Allen at 801-422-2620.

Questions about Your Rights as Research Participants

If you have questions regarding your rights as a research participant contact IRB Administrator at (801) 422-1461; A-285 ASB, Brigham Young University, Provo, UT 84602; irb@byu.edu.

Statement of Consent

I have read, understood, and received a copy of the above consent and desire of my own free will to participate in this study.

Name (Printed):

Signature

Date:



APPENDIX C

Research Questions/Topics to be Covered

- How do you define *māhū*? How do you feel this definition has changed in comparison to “Old Hawaiian” definitions?
- Does *māhū* have a cultural role? If so, what is that role?
- What has your experience as *māhū* been?
 - How does culture affect your life/lifestyle?
- How has the culture benefited (or not) you in terms of your identity as *māhū*?
 - Have there been any protective or risk factors associated with the culture?
 - How have you felt the culture support (or not) you?
- How can mental health providers understand the experiences of *māhū* so that they can serve this population?
 - Have you had experiences with mental health providers? What has (or has not) been helpful for you?
- What cultural adaptations can be applied to the counseling session?

APPENDIX D

IRB Approval**INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS****Memorandum**

To: Professor Allen
Department: CP&SE
College: EDUC
From: Sandee Aina, MPA, IRB Administrator
Bob Ridge, PhD, IRB Chair
Date: March 10, 2020
IRB#: X19158
Title: Māhū and Native Hawaiian Culture: Experiences of Non-Heteronormativity

Brigham Young University's IRB has reviewed the amendment submitted on 03/02/2020. The IRB determined that the amendment does not increase risks to the research subject and the aims of the study remain as originally approved. The amendment has been approved.

All conditions for continued approval period remain in effect. Any modifications to the approved protocol must be submitted, reviewed, and approved by the IRB before modifications are incorporated in the study.

Stephanie Coyne
IRB Secretary
A 285 ASB
Brigham Young University
801-422-3606