DOUBLE PERSPECTIVE NARRATING TIME, LIFE AND HEALTH

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Abstract

The goal of this article is to explain the concept of *double perspective* and the impact this may be having on the health of Indigenous people. In inter-cultural communication, there are sets of meanings that are discernible to anyone, and an extra set of underlying meanings that are only accessible for people who have the cultural knowledge to discern them. These different sets of meanings embody a double perspective. We will discuss the double perspective involved in the interactions between public healthcare institutions, the clinicians and staff of these institutions, and Indigenous people. By realising the potential for improved resilience that a double perspective brings to Indigenous people, an awareness of the inclusion and exclusion of Indigenous persons, cultures and histories should become established in healthcare institutions and health research. A double perspective carries resilience, and as such it should be understood as a key to support individual health and the collective wellbeing of Indigenous people.

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"Western" facts of the case:

75 year old Indigenous male, suffers vertigo attack (dizziness, loss of balance and coordination) and falls in local shop, feels nauseous and subsequently vomits, but no loss of consciousness. Ambulance is called, paramedics administer O_2 on the scene and transport to Emergency Department at local hospital. Attending physician runs checks for possibility of stroke but determines that unlikely. After several hours observation in ED, patient seems fine now so is directed to attend local GP clinic for further testing.

Shawn's "Indigenous" facts of the case:

My mother phones to tell me that Dad had a fall in a local shop and she's just got back from the Emergency Department. Dad is still in the hospital. Mum doesn't want me to worry about him but doesn't know for sure what caused his fall. She is obviously very worried herself. She knows that a stroke was mentioned and isn't sure when he'll be out of the hospital.

Knowing the importance of a quick response and early treatment of stroke, one of the first thoughts that went through my head was "I hope that it happened on the reserve so that someone helped him." When my dad later tells me the story, one of the first things that he mentions is that after he fell in a shop in Town (next to our reserve), "There was someone from the reserve there that came over and asked me if I needed help."

As he's 75 years old, my father has already outlived all but a very few of the people he grew up with. Growing up in a northern town where he is easily visibly identifiable as Cree he has faced too many experiences of racism to count, including being turned away from the

hospital for suspicion of being ‘drunk’ when going to local ED suffering a severe allergic reaction. As a professor of education at a prestigious university (as is my mother) he was often asked, “Which floor do you clean?” or whether he “Appreciates the ‘affirmative action’ policy that *gave* him his position.” As they are both now retired, he and my mother live back on the reserve that is our home community.

I’m reasonably sure someone else, that is, a White person, would have stopped to help my father that day. However, previous experiences with the healthcare system (4 years earlier, an Indigenous man died in the waiting room at the ED of our closest big city hospital, after 34hrs still waiting to be seen by a doctor (Geary, 2017)), judgemental reactions we’ve observed from White people towards Indigenous behaviour (any Indian that falls over is drunk), the socio-historical context of Indigenous-settler relations, and knowledge of the over-prevalence of disease and early death was the reality that we viewed that day, in addition to the Western facts of the story.

Introduction

The goal of this article is to discuss and better understand the layers of meanings which are involved in the interactions between public institutions, such as health care, and Indigenous peoples. We describe a double perspective, where communication may hold a set of meanings discernable to the outsider and a second set of restricted meanings, only accessible for people who have the cultural knowledge to discern them. This double perspective embodies meaning. It may be an important form of resistance used by Indigenous peoples when interacting with Dominant society, but it also has the potential to cause confusion in interactions between Indigenous people and the Dominant culture. This confusion may become particularly problematic when Indigenous peoples access services provided by the Dominant culture, such as health care, education and legal services.

We start by pointing towards examples of Indigenous descriptions of the relation between Dominant society and Indigenous peoples. The stories illuminate how the explanation of Indigenous lives is framed by non-Indigenous peoples. These narratives are general in their conclusion, pointing towards the ongoing impact of colonial experiences on their lives, such as language, livelihood, and ownership of knowledge and history. In this text, we present examples of Indigenous experiences to further underline the societal context of public institutions and clinical practice. We then explore the concept of time, arguing that Dominant cultures' construction of time excludes and reduces Indigenous' lives and histories, generating miscommunication between Indigenous peoples and Dominant society. What concerns us is how the lack of communication, and disparate power relations generates failure and blame by the Dominant culture to Indigenous peoples, instead of understanding and support. As an answer to this concern, we have found it useful to develop the concept of Double Perspective, to describe the realities of Indigenous lives together with the relationship between Dominant culture and Indigenous peoples.

A double perspective combines an individual's understanding of the perspectives and lives held by the Dominant culture as well as a particular Indigenous understanding of history and the life it contains. Our conclusion is that Dominant culture and Double perspective are two concepts that together can be used a) to create awareness of inclusion and exclusion of Indigenous lives in everyday life situations, such as health care, b) it can be used as a frame that public institutions and their staff can use to start listening and learning and to approach excluded Indigenous life stories and knowledge as important to include in health policy and planning, c) and not the least, the concept can be used as a starting point for analysis of why activities (projects, programs, organisations) succeed or fail to ensure that discourses of blame and failure are avoided.

Utilizing a double perspective in making introductions, for many Indigenous people there are essentail protocols to follow in making personal introductions. Introductions are also important in academic writing, as they begin the process of building relationships between us as the authors, and you as the reader. (Wilson, 2008) So before we go further, we are:

Shawn Wilson is an Opaskwayak Cree man who currently lives on Bundjalung territory on the east coast of Australia. With background in both health and Indigenous studies and a lifetime of lived experience in his Cree culture, Shawn has worked with many Indigenous groups internationally.

Anna Lydia Svalastog is a folklorist and historian of religion, with her family from the Telemark region of Norway. She has worked in northern Sweden/Sápmi for many years where her background in feminism, ethnology and folklore helped her collaborated on various Sámi projects.

Kate Senior is a medical anthropologist who has studied how Indigenous people interact with the health services available to them. She has extensive experience in remote Indigenous settings in Australia.

Harald Gaski is a Sámi from Tana, Norway. His research focuses on Indigenous methodologies and Indigenous peoples' literatures with specific emphasis on Sámi literature. He also specializes on oral tradition – especially the transition of the traditional Sámi singing, the yoik poetry, into contemporary lyrics.

Richard Chenhall is a medical anthropologist who has worked with Indigenous people in both urban, rural and remote Australia on a range of topics including the social determinants of health, sexual health and youth identity.

The article is not written to or for Indigenous people, as they do not need us to either Whitesplain nor to justify their worldviews. It should not be up to Indigenous people to constantly have to explain themselves – the responsibility of learning to operate bi-culturally should also fall on non-Indigenous people. Our group is composed of "Whitey's" working with Indigenous people to (hopefully) help educate non-Indigenous people and institutions.

We come from a wide variety of fields and from different cultural backgrounds. Richard and Anna Lydia began discussing the possibility of double perspective while Anna Lydia was in Australia on a Dyason Fellowship at the University of Melbourne, and brought together the rest of the group specifically to expand on this concept. We decided that it is important for us to write this article as a way of explaining and mitigating the confusion and misunderstanding that we have witnessed in cross cultural communication between Indigenous and non-Indigenous people. We will occasionally return to the story of Shawn's father's visit to the hospital as we further explain these concepts.

Background

The conceptualization of cultural complexity and discontinuity has been an analytical, as well as a theoretical challenge, that has generated a variety of concepts like Bourdieu's 'habitus' (Rooksby, 2005), Bernstein and early linguistic 'elaborated codes' and 'restricted codes' (Jones, 2013), Bradel's 'le long durée' (Armitage & Guldi, 2015) and LeGoff's multiple temporalities 'tidsuenlighet'(Le Goff, 1982). Models of intercultural relations include working at the 'cultural interface'(Nakata, 2007) and 'culturally appropriate care'(Williamson & Harrison, 2010).

As culture is a concept and area of study that has become closer to home, not only medical anthropologists but also folklorists, sociologists and historians of religions, more and more

tend to explore their own setting as culture, sub-culture or more post-modern reinvention of culture as a plurality of coexisting cultures defined by socio-economic groups, ethnic groups, groups related to age and popular culture. We have also seen a cognitive turn, like when anthropologist Victoria Burbank points out that culture is something which stems from ones relationship with the family and should be conceptualised as something cognitive and imbued with feeling. Cultural activities "feel good" in a way that engaging with Western Institutions does not, which has the potential to cause a great deal of tension and miscommunication, as in the case of the child choosing whether to attend school or a cultural event.(Burbank, 2006) From an Indigenous studies perspective, culture is tied to memories and experiences of past events, and not restricted to whether or not they felt good (Gaski, 1993). It is understood as relevant by bringing insight to present or future situations, if not directly so by an ability to transport tools of relevance (Wilson, 2008).

In this particular text we want to put forward the concept of 'double perspective' as a tool to understand how Indigenous people negotiate and operationalize insider and outsider perspectives. The concept is founded in Indigenous experience, life and narratives. The aim is to gain a better understanding of communication in settings where Indigenous people interact with the Dominant culture, for example in health care. A lack of recognition of the double perspective generates situations that might be described as acute in Indigenous health research and practice. When health prevention or 'close the gap' strategies fail, they have the potential to create frustration, shame, or even anger.

As we approach our material, and discuss particular stories, our understanding of double perspective in communication, will follow two paths. Part of our focus will be on culturally constituted and experienced worlds, and another part of our focus will be on the way these worlds as shaped by and in turn shape power relations and how these generate harm. As

being exposed to power relations is a situation that affects people in a fundamental way, our analysis will have application to other groups and individuals. We'll start by defining the concept of double perspective. Subsequently, we will introduce examples by telling some stories to visualise, and more precisely make our theoretical point embodied by lived lives, both easier to understand but most of all to show the contextually and relationally realities behind the concept.

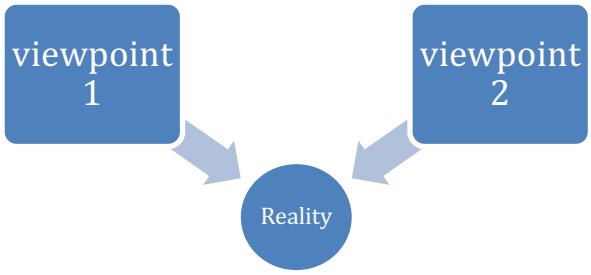
What characterises a double perspective?

Cultural analysis - as it has been conducted in anthropology, folklore, history of religions, sociology, geography, archaeology and other fields - has a long history of analysing 'the other'. Throughout 20th century, at least back to the fieldwork days of anthropologist Bronislaw Malinowski (Manilowski, 1926) and the missionary work of Bengt G. M. Sundkler (Bowie, 2000), different strategies have been taken to understand culture and cultural differences by emphasising the value and autonomy of different cultures. Discussions of 'emic' and 'etic' perspectives have been established as key themes for securing high ethical standards in method and analysis (Lincoln & Guba, 1986).

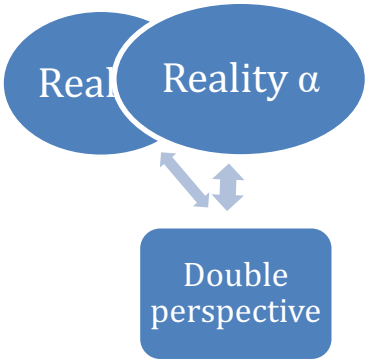
In the field of social work, 'dual perspective' emphasises viewing values, attitudes and behaviour from a client's family and community perspective, simultaneously with a larger social system perspective (Norton, 1978). In a further example, at PEALS in Newcastle, UK, the communication between health institution professionals and patient groups has been described as a cultural encounter, where both parties need to be understood as representing their own respective cultures (Chenhall et al., 2014). In this light, cultural differences are perceived as different worldviews (Beine, 2010; Carroll, 2010). It is implied that there is one reality but different perceptions of this reality. The differences will be tied to different

symbolic universes (myths) and practices (rites). It is taken for granted that we share the same time and space, though we use it and perceive it differently.

In this article we'll take another stance, starting out from various discourses in representations of Indigenous experiences. Indigenous people have a repertoire of stories that describe not two perceptions of the same world, but the parallel existence of two (possibly overlapping) worlds at the same time:



Two viewpoints



A double perspective

Two worlds at the same time

Indigenous peoples are adept at working within systems where different understandings of things such as art or stories are dependent on a person's status in society. An example is the elaborate cross-hatched bark paintings of the Yolgnu people of North East Arnhem Land. In these paintings, a simple understanding of the representation may be accessible to most people in the society (and even non-Yolgnu, given a little help in interpreting symbols). But the cross hatching conceals, and reveals only to initiates, a much more complex and secret level of the story (Morphy, 2001). What is being discussed here is knowledge and meaning of worlds or a reality which is exclusively knowable to some, but not knowable to others.

It is also possible that this technique may equally pertain to a comment on aspects of the Dominant culture in that art forms may have one layer of meaning that is easy to reach for most listeners, and (at least) one more layer of meaning that carries implied meaning, not meant to be understood by non-Indigenous authorities. This can be exemplified by Sàmi jojk-texts (Gaski, 1993; Stoor, 2007; Svonni, 2015). These stories points towards a situation where a person is living in a Dominant culture and at the same time lives in a parallel world that is consciously and cautiously hidden from the Dominant culture as an action of protection.

At the same time as Indigenous musicians and singers represent traditional ways of singing that are related to their peoples' daily life and ceremonies, they also have a long history of also being part of common popular culture. Together these artists represent a wide repertoire containing their own particular instruments and songs as well as genres from the wider society within which they live, perform and where they cooperate with other musicians.

An Australian example is the song 'Treaty' which arose out of a collaboration between the Indigenous band Yothu Yindi, Midnight Oil and Paul Kelly. In his book Reflections and Voices: exploring the music of Yothu Yindi with Mandaway Yunupingu, Aaron Corn (2009)

describes how the song calls for the Australian Government to recognise Indigenous rights to land in the form of a treaty in response to the Barunga Statement to which the then Prime Minister of Australia promised a treaty by 1990. This song, with its powerful political statement, rose to being a number one hit and because it is sung in English, the meaning was accessible to the Australian population. The chorus of the song is however in Gumatj, and reveals a more subtle story, but one that would resonate in the local community. It tells the story of a grandfather instructing his grandson how to dance a particular dance form; djatpangarri, which had been popular in the 1930s. In doing this, the song is reminding people in the community about a time of fun, before white men, before mining and before the need for a treaty. The grandfather urging his grandson to 'keep dancing' and 'keep innovating', could be understood as an injunction to keep resisting pressure from non-Aboriginal oppressors.

Indigenous peoples have long worked within Dominant societies' institutions; as lay men, politicians, administrative leaders, priests, academics and teachers and other occupations. In times of change and conflict, Indigenous peoples have fought in wars and moved between Nations. Yet despite this, history tends to be written in a way that Indigenous history is set apart, emphasising Indigenous peoples' history as being outside of Dominant society and public institutions. From history to present time, Indigenous peoples' stories combine inclusion and acceptance with exclusion and double standards.

Time as politics

The perception of time is important in colonial ideology, representing historic continuation and progress expressed through worldly achievements, production, rationalization and accumulation of wealth. This colonial perception of time and development is also an

organizing principle for education and health care, dominated as they are by schedules and appointments.

In Australia, non-Indigenous people joke about the fluidity of "Aboriginal time" but in fact the Institutions they represent have a far less relaxed view. When services are only available occasionally (a doctor or dentist visiting a community every two weeks), a missed appointment means a long wait. The rigidity of schedules causes a great deal of anxiety. For example, Senior (2003) wrote about an elderly man who asked to use the phone every day to ring the doctor, to check his appointment time. The Doctor in question eventually became angry about the repeated calls when the answer was always the same. However to the man, this was one way to negotiate a system which had little meaning- one day the Doctor would say "your appointment is tomorrow". Ironically, the man chose this course of action because he "didn't want to make the Doctor angry".

We think that time plays an essential part of the differences between Dominant and Indigenous worldviews, and is an essential quality in the double perspective. In the Dominant culture, time is expressed, elaborated and thought of as a chronology.[i] It is a process with one direction (not several) that is in need of governance and planning. When related to an individual, in particular their health and wellbeing, the time defined as medically relevant will start at this individual's birth and progress in a unilinear fashion through life stages ending with the present day. Diagnostic criteria include any deviation from this chronology and the expected developmental stages of an individual's life.

To achieve health and well-being, strategies are put in place to make sure to straighten out any lost chronology and reinforce direction. In the Dominant discourse of modern society, the individual's body carries a history that is chronological, reduced to its own individual life,

can be changed by choices made by the individual alone, and step by step lead to progress. Chronic ill health is thus a result of a chronology of an individual's bad life choices.

In a double perspective, this might look quite different. In an Indigenous person's life, history that is carried by their body, integral to their life, might reflect a relationship with Country way back in time and extends well into the future. This expansive view is beyond linear time. Personal history and narrative stretches back before colonial times and reaches forward beyond an individual's lifespan. A person's embodiment of health and well-being will include incidents from the individual's life and also incidents from others that this person relates with. In contrast to the Dominant culture and health care, time is tied to embodiment of a world outside of the defined realities of Dominant cultural understanding. This expanded time and inclusivity of narrative over many generations may help to develop a communal resilience, as stories of love, belonging and survival imbue the culture.

However, narratives of bad "historical" experiences also carry these experiences and memories. These experiences are reinforced in situations where the experiences are repeated or relived. Unfortunately, linear time may only serve to further integrate and embody these experiences of disempowerment and loss.

Embodiment, power and loss

Indigenous peoples' colonial experiences are tied to violation and abuse of power, loss of land, language, livelihood, children, religion and traditions. In the Dominant discourse the violations are part of a story of the past. The present is a new stage with its own challenges. Questions and conflicts concerning land, language and culture are to be solved by negotiations and cooperation between the Dominant society and Indigenous peoples - all

through guidelines and sanctions defined and ratified by the Dominant society (Wilson, Breen, & DuPres, 2019).

From an Indigenous position there is change, but not a clear break or new phase that has led to a situation where the past relations and experiences of violation have stopped. As we saw in the story of Shawn's father, the past clearly shapes perceptions of today. That the past is still present is difficult to absorb or include in a linear historiography. Time is supposed to be continually moving forward and thus further and further away from what has happened in the past.

In Norway and Sweden the Indigenous people, the Sámi, have their own parliament, good health and education. However, the Dominant system and non-Indigenous people are largely unaware of the past and present actual lives of Sámi people. They have an awareness of the rights and regulations of Indigenous peoples in general and have established laws and strategies for dealing with them. But the institutions and individual Scandinavians that are to implement these strategies have very limited or no knowledge about Sámi narratives and lives. This lack of knowledge extends to those who are supposed to guard Indigenous peoples' rights and fulfil ratified obligations and regulations (Svalastog, 2014; Svalastog & Fur, 2015).

In addition to an underlining lack of knowledge in the population at large, Dominant discourse reproduces clichéd stereotypes of Indigenous people in modern society. For example, in Sweden you will find cartoons in major daily newspapers and national television comedies caricaturing the Sámi as alcoholic. This is despite there being less alcohol consumption in the Sámi population than in the non-Sámi population (Lund et al., 2007). More explicit violent actions are also taking place when dual language road signs, written in both Sámi and a Scandinavian language, have been shot at repeatedly to erase the Sámi name

(Riddu, 2001). General public discussion about Sámi reindeer herding usually entails critique and suspicion; criticising this traditional Sámi livelihood as being built on principles unfair to non-Sámi's, or making accusations of insurance fraud. Just to push up the blood pressure a little bit more, there has also been much debated 'unfairness' of Sámi rights regarding fishing and hunting, which has been a particularly hot theme in leisure time hunter and fishermen's magazines.

During recent years, people have become aware of the high suicide rate amongst young Sámi men, in particular among reindeer herders. Research projects have been launched to obtain greater understanding of the issue (Lund et al., 2007). But we question whether this a matter of general mental illness, or a failure / too great a gap in a double perspective where economic success and social acceptance struggles to overlap with Sámi life, so integration between the double perspectives is too hard to achieve? The notion of a successful Sámi individual is ambiguous for others to understand if it is also attached to relations with land (in a broad sense). Success is much easier to understand if it is related to art, singing, writing, film, directing and acting that can be either economically rationalized or exoticised. For Sámi people success is too often defined through a Dominant system lens, assuming that Indigenous people share the same goals and want to become more like non-Indigenous people.

Just a few years ago the wood-owners' organisation of Røros, a southern Sámi reindeer area, was quoted in the local newspaper, saying that a local Sámi family ought to be genetically tested because their IQs must be too high for them to really be Indigenous (Tønset, 2009). Of course this generated a large public and political buzz (Larsen, 2009). The anger and demand for gene-testing was directed at the Fjellheim family. Rune Fjellheim is the present director of the Sámi parliament. The most famous picture of Sámi phrenology is of Rune Fjellheim's

mother watching his grandmother getting her skull measured (Svalastog, 2013). For mainstream society this event is long forgotten, and relegated to history, but for the Fjellheim family it remains an active part of their consciousness and identity. The affront caused by the newspaper article must therefore be considered in the contemporary embodiment of a continuing challenge to Sámi identity, rights and personhood and the dignity of the family.

One of the political goals of a party that sat in government in Norway for more than six years (2013-2020) is to shut down the Norwegian Sámi Parliament. They argue that Sámi should not have special treatment because they are integrated into the mainstream and they are cared for by the nation state. A double perspective can capture what this particular political party in Norway does not get; it is not a question of whether Sámi people are integrated into the Dominant system, it is the way the state and Dominant discourse has failed to understand or integrate Sámi lives and reality as part of their society.

As civil rights movements developed during the 20th century and the colonial project fell apart, a new, or at least changed situation occurred in former colonies. Though the post-colonial era did not ensure a new situation for Indigenous people. Linda Tuhiwai Smith quotes Aboriginal activist Bobbi Sykes "What? Post-colonial? Have they left?"(Smith, 1999, p. 24). Indigenous political awareness has developed within the field of native studies, and formulates a distinction between post-colonial and Indigenous studies, as the double perspective becomes apparent within university and research settings, as seen in this story by Heather Harris:

> Well, Coyote went off to the city to the university because that's where Raven said adults go to school. In a few days Coyote was back.
>
> "Well my brother," Raven inquired, "did you get your education?"
>
> "Not exactly," Coyote replied, "education is as hard to get as a welfare cheque...

"When I got to the university they asked me what program I was in. I didn't know so they sent me to this guy who told me about the programs. I kinda liked the idea of biology—if I learned more about gophers maybe they'd be easier to catch. I liked the idea of engineering—maybe I could invent a great rabbit trap. But in the end I settled on Native Studies. Now that's something I can understand— I've known these guys for thousands of years, even been one when it suited me.

"So I went to my Introduction to Native Studies course and, can you believe it, the teacher was a white guy? Now how much sense does that make? I saw native people around town—any one of 'em has got to know more about native people than some white guy.

"When I asked this guy what Indian told him the stuff he was saying, he said none—he read it in a book. Then I asked who the Indian was who wrote the book. And he said, it wasn't an Indian, it was a white guy. Then I asked him what Indian the guy who wrote the book learned from and the teacher got mad and told me to sit down.

"The next day I went to my Indians of North America class. I was really looking forward to meeting all those Indians. And you know what? There was another white guy standing up there and not an Indian in sight. I asked the teacher, "Are we going to visit all the Indians?" He said, No. So I asked him, "How are we going to learn about Indians then?" And he said, just like the other guy, from a book written by a white guy. So I asked him if I could talk to this guy who wrote the book and the teacher said, "No, he's dead."

"By then, I was getting pretty confused about this education stuff but I went to my next class—Indian Religions. And guess what? When I went in, there wasn't another white guy standing up at the front of the room—there was a white woman!

"I sat down and I asked her, 'Are we going to the sweatlodge?' 'No.' 'Sundance?'

‘No.’ ‘Yuwipi?’ ‘No.’ ‘Then how are we going to learn—no wait, I know—from a book written by a dead white guy! I’m starting to get the hang of this education business.

“So then I go to my Research Methods class thinking I’ve got it figured out. In this class the teacher (you’ve got it—another white guy) said that our research must be ethical, that we must follow the guidelines set out by the university for research on human subjects. The rules are there, my teacher said, to protect the Indians from unscrupulous researchers. Who made these rules I asked—you guessed it—a bunch of white guys. They decided we need protecting and that they were the ones to decide how best to protect us from them. So I told my teacher that I wanted to interview my father. The teacher said, you’ve got to ask the ethics review committee for permission. What?! I’ve got to ask a bunch of white guys for permission to talk to my own dad? That can’t be right. I was confused all over again.

“So I sat down and thought about all this for a long time. Finally I figured it out. If white guys teach all the courses about Indians and they teach in the way white people think, then to find Indians teaching the way Indians think, all I had to do was give up Native Studies and join the White Studies program!” (Harris, 2002, pp. 194-196)

Implications of the double perspective in health

Up until they were officially recognized with the right to vote by the Australian government in 1967, most rural Aboriginal women were not allowed to give birth in the same place as White Australian women. So most Aboriginal women birthed on Country or on the veranda of the hospital. If a birth required medical intervention beyond what was able to be performed on the hospital veranda, Aboriginal women were taken to the hospital mortuary for their care. This early experience of racism and disrespect from the health system was carried further by the forced removal of many Aboriginal children from their parents’ care.

The prevalence of many chronic diseases in Aboriginal Australian population is much higher than with non-Aboriginal people. For example, end-stage kidney disease is approximately 8 times more common in Aboriginal people, with the disease manifesting at a much younger age (Health & Welfare, 2011). In recent interviews with Aboriginal haemodialysis patients, one woman shared her story of having a kidney infection when she was a child (Rix, Barclay, Stirling, Tong, & Wilson, 2014). This infection could have easily been treated with a course of antibiotics. However, a few years previously her mother had taken her older sister in to the local hospital with a minor illness. As she had an ill child the mother was, to the health system, obviously an un-fit mother. Therefore the elder sister was removed from the family to be raised in state care. Interacting with the health system became a matter of choosing between keeping your child or seeking treatment for disease. So short of emergency life-saving care, the system was to be avoided. Faced with the prospect of losing another child, the mother decided not to take her daughter in to be treated for her minor kidney problems. Now in her early 40s, this woman must face haemodialysis for 3-4 hours, 3 times a week for the rest of her life (which on average will be many years less than non-Aboriginal women born in her generation).

While the racism faced by Indigenous people in the health care system is now slowly and sporadically being addressed, Indigenous people carry memories of unjust treatment. Going back to the opening story, it was important to Shawn's father to mention, "There was someone from the Reserve there that came over and asked if I needed help," just as that was the first worry in Shawn's own mind. Both using the double perspective, recognized that there are two different realities of how people are treated by the health system. What might be seen as historical mis-treatment by the system was definitely current in both their minds.

Understanding disease

The double perspective in conceptualising disease causation is illustrated in the following song, by the Ngukurr Band *Broken English*. Written in English, a level of understanding is accessible to a Non-Aboriginal person, and the listener obtains the idea of some sort of potential threat arising as a result of modernity. The author of this song, however, is much more specific about its purpose, saying that it is a song to warn his people about the threat of AIDS as a new disease to the community "I knew that disease was coming and I wanted to warn my people". The song describes a foreign disease gathering its strength on a distant shore, preparatory to travelling towards the community where the author lives and like so many things introduced to the community, the disease will be hurled at it, with no chance of escape from its ravages. The disease is likened to the monsoonal rain, completely unpredictable and unstoppable.

From Distant Shores (Rogers 1989, as cited in Senior, 2003)

You look to the east as the sun sinks to the west
Black clouds gathering in some distant shores
Then you feel the coming of the rain, so I can feel the pain
Where the south wind blows nobody knows where it goes
You look to the east and the sun sinks in the west
Where are all the people of this world, where are we going?
Killing one another, destruction, pollution-the world has its ways
Even though we tried our very best we must put it to an end
Where the south wind blows nobody knows where it goes
You look to the east and the sun sinks to the west.

The song is based around the yearly and daily cycles of life. At the beginning the sun is setting, but at the same time as the day is drawing to a close, another cycle is beginning as black clouds

herald the beginning of the wet season. Although it is almost a certainty that it will rain during the wet season, the place where the rain will hit is unpredictable, especially at the beginning of the season. This encapsulates two understandings of health which resonate within the community, one that illness is arbitrary (in tune with local sorcery beliefs it can strike people by accident) and two that there is nothing that can be done to prevent it:

> There is a worry that you can't do much about this. It's like you can try to send the rain away and there are some old people who can do this, but after a while they get tired and they can't do it anymore and the rain comes anyway. (Senior, 2003)

This view of AIDS as unpreventable, as being imposed on a vulnerable population from outside, is contrary to non-Indigenous discourses of AIDS and the importance of personal responsibility and prevention. It also encapsulates and reminds listeners of a history of past injustices experienced by the community as a result of their sometimes tragic interactions with the Dominant society.

Another example, from the same community examines people's apparent lack of concern about children's skin diseases: Towards the end of the dry season, young children became covered in small boils. These were considered to be a punishment for a person calling the name of their 'poison cousin'. Poison cousins are people who are in a position to provide a husband or wife to an individual and include potential and actual spouse's mothers and spouse's mother's brothers.

But because children were "silly" and did not understand the restrictions, such boils were thought to be natural and inevitable. Eventually, as the children become knowledgeable about their place within the kinship system and the restrictions on calling certain people's names they would cease to be troubled by boils. Because of this, these boils were not something that

worried parents, they were merely considered to be a stage in their child's life, which they would grow out of.

People's understanding of this illness was embedded in their understanding of appropriate kinship relationships. In contrast is the focus of health professionals on the importance of treating such conditions due to the association between skin sores and rheumatic fever and vulnerability to rheumatic heart disease (McDonald, Currie, & Carapetis, 2004).

Sick houses

In northern Norway, the Sámi concept of "Sick houses" is shared in Sámi communities amongst both Sámi and non-Sámi people. The Sick house is tied to an understanding that a dead person is causing/or is the sickness of the House. This in turn makes the people living in the house physically sick. A Sámi healer or *Guvllár* may be required to carry out rituals that will make the house healthy again. When Jens-Erik Nergård conducted fieldwork and interviews in Northern Norway, the interviewees told him how they could not go to the public health care system with their worries about sick houses, because they would simply be diagnosed as insane. For Jens-Eirik Nergård, the sick houses became a key to understand how the Sámi perception, in this case, was completely and essentially different from modern medicine and psychology. The Sámi understanding was that the problem was outside of the individual becoming sick, in contrast to modern medicine and psychology that would identify, if confronted with the problem, as a sickness inside (the mind of) the individual person (Nergård, 2010).

Health policy

Health programs and 'bridging the gap' discourses, based on social determinant analysis, presuppose one shared reality that is hierarchical and where distribution of goods and

resources are unequal. The unequal distribution of power results in health determinants that are stacked against Indigenous people – they are over-represented in those leaving school early, in unemployment figures, in incidents of crime, incarceration and poverty. The incidence of disease and early death result from this over representation. Thus, the obvious solution is to provide more education, employment, housing and income in order to solve health inequity. If there is a failure to achieve equity, then it is likely the fault of those receiving assistance.

Though if there is more than one reality involved, the solution is something other than shifting resources and putting the marginalised in the centre of attention. Shifting resources merely addresses the symptoms of colonialism without doing anything to address the underlying problem. In Australia the 'closing the gap' initiatives have been for the most part unsuccessful (Minister & Cabinet, 2017). There is a growing recognition that Indigenous culture needs to be incorporated into programs and service delivery in order to make any significant change (Health & Welfare, 2011). Viewed from a double perspective, we can see that it is actually the case that colonial reality evident in health policy that is over-represented in the lives of Indigenous people.

Conclusion

A double perspective combines Indigenous people's understanding of the perspectives and lives held by the Dominant culture as well as a particular Indigenous understanding of history and the life it contains. In particular, Indigenous people do not simply have a unique perspective on reality, but a repertoire of stories that allow for the representation of two different (but possibly overlapping) realities. We hope that we have created an awareness of inclusion and exclusion of Indigenous lives and narratives in everyday life situations, such as health care.

The double perspective may be used by Indigenous people as a form of protection from the injustices of the colonial system. It can be utilized to hide insider knowledge, while still transmitting that knowledge to others who have the ability to read it. The double perspective encourages a different view of time that is not unilinear. For Indigenous people the past and the future are always present and embodied within our understandings and interactions with the Dominant culture and institutions.

Importantly, an understanding that others are operating with a double perspective can be used as a frame that public institutions and their staff can use to start listening and learning and to approach excluded Indigenous life stories and knowledge as important to include in health policy and planning. The double perspective influences how disease is understood and embodied for Indigenous people, and will therefor also impact on the social determinants of health and health care provision.

If one's perspective of time and history is too limited, and only acknowledges the Dominant reality, then programs and initiatives will only be addressing the symptoms of Indigenous ill-health and dis-ease. Acknowledging a double perspective and an additional Indigenous reality will allow the underlying problems to be addressed. Indigenous people in general already have a good ability to work with a double perspective – perhaps actively encouraging this ability allow the agency of Indigenous people to resolve some of the wicked problems that the rest of society is currently facing.

Endnotes:

[1] How individuals perceive time is more complex. Here we focus on Dominant culture in general. For more on the relationship between temporality and colonization, see Rifkin (2017).

References

Armitage, D., & Guldi, J. (2015). The Return of the Longue Durée: An Anglo-American Perspective. *Annales. Histoire, Sciences Sociales: English Edition, 70*(2), 219-247.

Beine, D. (2010). The End of Worldview in Anthropology? *SIL International*.

Bowie, F. (2000). *The Anthropology of Religion: An Introduction*. Massachusetts: Blacwell Publisher Ltd.

Burbank, V. (2006) From Bedtime to On Time: Why Many Aboriginal People Don't Especially Like Participating in Western Institutions, Anthropological Forum, 16(1): 3-20,

Carroll, K. K. (2010). A genealogical analysis of the worldview framework in African-centered psychology. *The Journal of Pan African Studies, 3*(8), 109-134.

Chenhall, R., Martinelli, L., McLaughlin, J., Paulsen, B., Senior, K., Svalastog, A. L., Tunon, H. & Werdelin, L. (2014). Culture, science and bioethics: Interdisciplinary understandings of and practices in science, culture and ethics. New Zealand Online Journal of Interdisciplinary Studies, 1:(2): 100-124.

Corn, A. D. S. (2009). *Reflections & Voices: Exploring the Music of Yothu Yindi with Mandawuy Yunupingu*: Sydney University Press.

Gaski, H. (1993). *Med ord skal tyvene fordrives: om samenes poetiske diktning*. Karasjok: Davvi Media.

Geary, A. (2017, Sep 18, 2017). Ignored to death: Brian Sinclair's death caused by racism, inquest inadequate, group says. *CBC News*.

Harris, H. (2002). Cayote goes to school: the paradox of Indigenous higher education. *Canadian Journal of Native Education, 26*(2), 187-196.

Health, A. I. O., & Welfare. (2011). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People: An Overview: 2011*: Australian Institute of Health and Welfare.

Jones, P. E. (2013). Bernstein's 'codes' and the linguistics of 'deficit'. *Language and Education, 27*(2), 161-179. doi:10.1080/09500782.2012.760587

Larsen, D. R. (2009, 6 March). For intelligent til å være urfolk. *NRK*. Retrieved from http://www.nrk.no/sapmi/vil-genteste-sorsamene-1.6511920

Le Goff, J. (1982). *Time, work, and culture in the Middle Ages*: University of Chicago Press.

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation, 1986*(30), 73-84.

Lund, E., Melhus, M., Hansen, K. L., Nystad, T., Broderstad, A. R., Selmer, R., & Lund-Larsen, P. G. (2007). Population based study of health and living conditions in areas with both Sami and Norwegian populations-the SAMINOR study. *International journal of circumpolar health, 66*(2), 113-128.

Manilowski, B. (1926). *Myth in Primitive Psychology*: WW Norton Inc.

McDonald, M., Currie, B. J., & Carapetis, J. R. (2004). Acute rheumatic fever: a chink in the chain that links the heart to the throat? *The Lancet infectious diseases, 4*(4), 240-245.

Minister, A. D. o. t. P., & Cabinet. (2017). *Closing the Gap: Prime Minister's Report 2017*: Australia. Department of the Prime Minister and Cabinet.

Morphy, H (2001). Saltwater Country - Paintings from Yirrkala, Art and Australia, 38(3): 420-427.

Nakata, M. (2007). The Cultural Interface. *Australian Journal of Indigenous Education, 36*(Supplement), 7-14.

Nergård, J.-I. (2010). *Svarte historier om hvite løgner*. Stavanger: Hertervig Forlag.

Norton, D. G. (1978). The Dual Perspective: Inclusion of Ethnic Minority Content in the Social Work Curriculum. New York: *Council on Social Work Education.*

Riddu, R. (2001). Retrieved from https://www.youtube.com/watch?v=A77WwRB3zWU

Rifkin, M. (2017). *Beyond settler time: Temporal sovereignty and indigenous self-determination*: Duke University Press.

Rix, E. F., Barclay, L., Stirling, J., Tong, A., & Wilson, S. (2014). 'Beats the alternative but it messes up your life': Aboriginal people's experience of haemodialysis in rural Australia. *BMJ open, 4*(9), e005945.

Rooksby, E., Hillier, J. (Ed.). (2005). Habitus: A Sense of Place. London: Routledge, https://doi.org/10.4324/9781315253701

Senior, K. (2003). *A Gudbala Laif? Health and well being in a remote Aboriginal community- what are the problems and where lies responsibility?* (PhD). Australian National University, Canberrra.

Smith, L. T. (1999). *Decolonizing methodologies: research and Indigenous peoples*. Dunedin, NZ: University of Otago Press.

Stoor, K. (2007). *Juoiganmuitalusat-jojkberättelser: en studie av jojkens narrativa egenskaper.* Samiska studier, Umeå universitet,

Svalastog, A. L. (2013). Making it transparent. On naming, framing and administrating biobank research on native people. *New Genetics and Society, 32*(3), 209-242.

Svalastog, A. L. (2014). On Teachers' Education in Sweden, School Curriculums, and the Sámi People. *RE: Mindings*.

Svalastog, A. L., & Fur, G. (2015). *Visions of Sapmi*. Oslo: Arthub Publisher AS.

Svonni, M. (2015). Johan Turi's narrative technique. In A. L. Svalastog & G. Fur (Eds.), *Visions of Sapmi*. Oslo: Arthub Publisher AS.

Tønset, A. G. (2009, 10 March). Anmelder skogeiere for rasisme. *Alfenposten*. Retrieved from http://www.aftenposten.no/nyheter/iriks/Anmelder-skogeiere-for-rasisme-5566341.html

Williamson, M., & Harrison, L. (2010). Providing culturally appropriate care: A literature review. *International Journal of Nursing Studies, 47*(6), 761-769. doi:DOI: 10.1016/j.ijnurstu.2009.12.012

Wilson, S. (2008). *Research is Ceremony: Indigenous Research Methods*. Halifax: Fernwood Publishing.

Wilson, S., Breen, A., & DuPres, L. (Eds.). (2019). *Research and Reconciliation: Unsettling ways of of knowing through Indigenous relationships*. Toronto ON: Canadian Scholars Press.