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ORIGINAL ARTICLE

Double perspective in the Colonial present

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Abstract

This paper will explain the concept of *double perspective* and the impact that this cultural understanding may have on the health of the Indigenous peoples of Scandinavia. In inter-cultural communication, one set of meanings may be discernible to the outsider while a whole extra set of restricted or underlying meanings are only accessible for those people who have the cultural knowledge to discern them. These different sets of meanings embody a double perspective. It is not dual perspectives on the same reality but rather seeing two separate but overlapping realities. We will discuss the layers of meaning which are involved in the interactions between public healthcare institutions, clinicians and staff, and Indigenous people including the Sámi. These interactions are influenced by the impact of colonization and the ongoing epistemicide of Indigenous thought. By realising the improved resilience that a double perspective brings to Indigenous peoples, an awareness of the inclusion and exclusion of Indigenous persons, cultures and histories should become established in public institutions and in everyday life. A double perspective carries Sámi resilience, and should be understood as a key to support individual health, and also the collective wellbeing of a people living on their traditional yet colonized land.

Keywords Indigenous health · Cultural understanding · Inter-cultural communication · Sami · Aboriginal Australian

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Personal Background

Before we begin, we authors have some cultural responsibilities and protocols that we need to fulfil by introducing ourselves. As has become general practice within the field of Indigenous Studies, the description of our backgrounds and fields of expertise supports the critical reflections that we make in this paper. Within the double perspective that we will explain, an extra set of important information is also imparted through these introductions. For Indigenous people, following cultural protocols of introducing ourselves is a way of locating us within a relational framework of community and cultural connections. It establishes our relational positioning as well as confirming social world positioning (Smith 2013; Walter and Anderson 2013).

So in addition to establishing ourselves as subject matter experts, these introductions also allows us to begin to establish relationships with the reader (Wilson 2008). Three of us are not Indigenous and do not presume to speak for Indigenous people, rather we are working together to explain the nexus between the non-Indigenous and Indigenous culture in the area of communication.

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 collaborate on various Sámi projects.

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, B has worked with many Indigenous groups internationally.

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 Sami from Tana, Norway who learnt traditional River Sámi livelihoods as a young adult *. His research focuses on Indigenous methodologies and Indigenous peoples' literatures with specific emphasis on Sami literature. He also specializes on oral tradition—especially the transition of the traditional Sami 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.

Richard and Anna Lydia began discussing the possibility of double perspective while Anna Lydia was in Australia on a Dyason Fellowships at the University of Melbourne, and brought together the rest of the group specifically to expand on this concept.

Design and outcomes of the article

A key goal of this article is the description of a new concept, the double perspective, which is rooted through examples from our experiences within the health sector in colonial contexts. A companion paper, "Double perspective narrating time, life and health" (Wilson et al. 2020) also discusses this concept, though fittingly, from a different context and perspective! Our focus here is on health specifically, as it is intimately related to the complex relation between identity and context, including living conditions, social relations and the presence of cultural systems of meaning. In the healthcare system the colonial present is made visible and available for analysis and discussion. We work from a hermeneutical and Indigenous methodologies approach. The hermeneutical approach we take involves the investigation of Indigenous health examples through analysis and discussion of layers of meaning associated with relationships of power and how these relations can be altered and decolonized. Indigenous methodology, as substantive theory brought into this specific context by our Indigenous authors, views relationships as the basis of reality itself, and thus is constantly altered as we build relations with and between ideas and context (Wilson 2008; Kovach 2010).

This article consists of four parts. It deliberately follows a cyclical pattern that may be unfamiliar. As we ourselves practice the double perspective, we have to decide how much to tell the reader: do we fully describe what we are doing and why, or do we just write, and hope that the reader will figure it out through our example? Erring on the side of greater understanding, we approach the subject from the side, not straight on. We circle in slowly through describing the context, then discuss the concept itself before circling away again to describe examples of the concept in action, before finally describing the impact.

To state this more bluntly: (a) the first part establishes the unique historical context of Sámi health, and its connection to other Indigenous (rather than minority) health histories (Sjölander 2010). This context is thus presented as connected to a broader settler colonial history of Europe and Australia. (b) We then introduce the double perspective as an analytical concept, and (c) proceed to discuss its application through a variety of health related examples. (d) The fourth part exemplifies cultural knowledge and strategies, and discusses them in terms of resilience.

Part one: Indigenous health and colonial history

Sámi health

The relationship between health and Indigenous peoples is a large and challenging area of research. Across Sápmi (the area where the Sámi people live) the particular mixture of health related challenges in the Sámi people confirm a more general pattern of Indigenous peoples' health and a contrast to health challenges of minority populations (Folkhälsoinstitut 2010).

The Sámi people live in four countries, Norway, Sweden, Finland and the Kola Peninsula in Russia, with the largest population in Norway. In Norway, the SAMINOR 1 (Lund et al. 2007) and SAMINOR 2 studies present the most thorough health and quality of life studies of the Sámi to date (see UiT 2017). The SAMINOR 3 (to be conducted in 2021–2022) is funded in the Norwegian state budget (Ministry of Local Government and Modernization 2020). The SAMINOR studies are wide-ranging and have divided focus into three main research areas: (1) physical health and factors affecting physical health, (2) mental health and factors affecting mental health including bullying and discrimination, violence and sexual abuse, suicide, substance use, depression, and (3) public health services. Results from SAMINOR show that as a Sámi, you are more likely to be exposed to maltreatment and violence than a non-Sámi person. Sámi women are more exposed to bullying, and Sámi men more exposed to discrimination. Young Sámi men who are reindeer herders are more at risk of suicide than young Sámi women and non-Sámi individuals. Young Sámi women are less at risk of eating disorders, and Sámi consume less alcohol than non-Sámi people. Overall life expectancy and risks of somatic health problems such as obesity and cardiovascular diseases overlap with the majority population. Research by Stoor et al. (2015) on the Swedish side of Sápmi and Sumarokov et al. (2014) for Indigenous people in Russia has found similar results.

Different facts or different views?

While the above 'facts' of Sámi health help provide a context, the cultural complexity of Sámi life is inseparable from Sámi health. From research requested by the Sámi Parliament in Norway, Øverli et al. (2017) report that ethnicity is understood not as fixed or stable, but as dynamic, flexible, and fluid. It is open to re-negotiations and reconstruction in different historic and social contexts, and as something that can only be understood in relation to social relations and other group's ethnicities. Their discussion (p. 56) endorses Dankertsen (2014) where "Norwegian" and "Sámi" are not mutually exclusive but rather points on a continuum. This cultural and social continuum is an everyday reality where both Sámi and Norwegian are present. Dankertsen finds the grey zone between Norwegian and Sámi the most interesting and relevant when contextualizing identity. As with the Sámi, identity for Indigenous people is not static nor exclusive.

Indigenous peoples' situation needs to be understood in relation to a colonial past and present. The Øverli, Bergman and Finstad report is based on interviews with social workers and police, many of them Sámi. Their conclusion is clear: equal rights are not the same as equal treatment. This corroborates Hedlund and Moe (2010) who show that due to ongoing colonial experiences, treating people alike can be an expression of power rather than fairness. They cite health and social welfare professionals that use a principle of equality in the design of supported services: Sámi users do not need specially designed support, but should receive help on a par with others (understood to be Norwegians). This approach was experienced as *unfair* and *disrespectful* by Sámi users because these services were not adapted to

Sámi culture. For example, the possibility of dual residences was not taken into account, nor were everyday traditions or the necessary priorities of reindeer husbandry. Those in power demonstrated that Norwegian culture was to be the norm to which Sámi must adapt, rather than services adapting to Sámi. For example there is still limited knowledge about the Sámi livelihood of reindeer herding, of reindeer herders' particular work-related health challenges, which include somatic as well as mental health issues (Ahlm et al. 2010; Kaiser et al. 2013).

Hedlund and Moe underline the impact of these experiences of "equal treatment": Sámi must adopt the same (present-)colonial frame of reference when they interact with multiple different public services. In this way, Sámi users' negative experiences of trying to attain help are compounded. Any dominant group health professional therefore faces the possibility of Sámi patients who had stored up many negative experiences (Hedlund and Moe 2010). As we discuss below, these negative experiences of the individual are compounded through collective and inter-generational stories of mistreatment. Understanding use of a double perspective might help health professionals better understand how Sámi respond to these stories.

Acknowledging the present colonial in Indigenous health

As we understand more about the social determinants of health and the impact that colonization has had on Indigenous people, we also gain a greater understanding of the reactions and forms of resistance that Indigenous people employ. It is important to resist the temptation to view colonisation as a "monolithic force with consistent effects over time and across space" (Maxwell 2011, p. 8). Each Indigenous group has its own local histories and unique impacts of colonial engagement. If we view the hegemonic system that is colonialism as a singular force, it diminishes our understanding of how colonialism twists, adapts and continues to effect contemporary peoples, policies and practice as it has within the context of Sámi health.

In this article we acknowledge that colonialism in relation to Indigenous peoples is an ongoing process, and as such the concepts need to be situated in brackets: (present-)colonial in order to make readers contemplate how the 'colonial' makes itself visible in contemporary settings (Svalastog and Fur 2015a; Pye and Svalastog 2007). In the modern nation states in Europe, the plurality of Indigenous identities may be expressed through many cultural mediums, including art, literature, film, music, language, governance and generally throughout all aspects of life. But for Indigenous people, to express and embody an Indigenous identity in everyday life can also lead to exclusion and discrimination (Svalastog and Fur 2015b). Surveys have documented the relation between discrimination, ethnicity and the health of Sámi youth (Hansen et al. 2008; Hansen and Sørlie 2012). Sámi language is an important part in understanding the Sámi worldview, history, identity and memory. In the context of health issues, language is also inseparable from *life cycle* issues. The development of language and vocabulary in childhood, leads to development of concepts and cultural values in adolescence, and shapes the embodying values and ethics that define adulthood and belonging in the world. Language is also tied to *particular health related situations and processes* in later life where individuals who

suffer stroke or dementia may lose their second (or third) language, which for some Sámi is Norwegian (Skoglund and Bjorn 2015).

Although our focus is on the Sámi people, this paper also presents a history that is related to settler colonial projects outside of Europe. The present challenges for the health of Sámi people can perhaps be best understood in the context of Indigenous peoples experiences globally. In this context it is important to mention the important role that the Sámi have played internationally since the 1970s in promoting and establishing global venues and meeting places for Indigenous peoples. Sámi were crucial in the establishment of the now defunct World Council of Indigenous Peoples and the endeavours to shape the UN Permanent Forum for Indigenous Issues.

Just as Sami identity is complex and neither static nor uniform, it is also important that we acknowledge the great diversity among and within Indigenous peoples. As with all arguments, it is easier to demonstrate differences through making generalizations. In our case, while it is not our intention to create one big pan-Indigenous group, we contend that many Indigenous peoples share a similar onto-epistemological view of reality that is relational (Wilson 2008). The cultural embodiment of this reality is vastly different between Indigenous peoples, yet many also share in using a double perspective.

Part two: introducing the concept of double perspective

When communicating across cultures, one may expect to find sets of meanings that are discernible to the outsider plus a whole extra set of restricted or underlying meanings that are only accessible for those people who have the cultural knowledge to discern them. These different sets of meanings embody a double perspective. While consciously engaging a double perspective is an important tool of survival and resistance for Indigenous people, it also has the potential to cause confusion in interactions between Indigenous and dominating systems. This confusion becomes particularly problematic when Indigenous individuals try to access services that are provided by dominant (as defined by Wilson 2008) cultural institutions and systems, such as health, education, social and legal services. This is also the case for the Sámi.

Miscommunication and disparate power relations can lead to blaming poor Indigenous health on Indigenous culture and life choices. Thus, dominant system institutions and officials often sit in judgement of Indigenous people, rather than providing support. They generally do not recognize that the dominating systems and structures that they have in place actually give rise to or exacerbate the situation. In academic health research settings there is a well-intended, though deeply paternalistic and ethnocentric framing of research that sets out to document ‘the gap’ between Indigenous and dominant. Indigenous failure in education, health, addiction and life span expectancy is measured and then compared with non-Indigenous successes (in education, health, and longevity) (Stephens et al. 2006; Walter and Andersen 2013). This research is tied to policies that focus on ‘bridging the gap’ between Indigenous and non-Indigenous groups.

It is problematic that success is seen through a dominant system lens, assuming that Indigenous people share the same goals and want to become more like non-Indigenous people. In general, they are judged as deficient for not achieving goals or norms that are not their own to begin with (Walter and Anderson 2013).

Ethical considerations on method

As stated above, projects on Sámi health suggest that there is an implied normativity in present health and social services. Applying the same societal strategies and standards towards the Sámi people as others, both in the past and in the present, implies the majority society's ways of living as the ideal. Arguments for applying the same standards to everyone, will reflect some kind of bridging-the-gap argument. Depending on person and context, this can be most problematic.

Co-authors of this paper, Chenhall and Senior, have explored the complexity of the social determinants of health in remote Australian Indigenous settings and have argued how addressing problems without a thorough understanding of context and history may result in a new set of problems. An example from their work is a strategy to address problems of overcrowding and poorly maintained infrastructure by developing new housing. However, the new houses moved people in the village away from supportive relatives and undermined the way people looked out for each other and helped each other. So instead of helping, the new houses resulted in more isolation and less support from other adult women (Senior et al. 2017). Rather than attempting to provide nuclear-family style housing, a better approach would have been to ask Indigenous groups what they found to be key challenges and prioritize services based upon Indigenous values and desired outcomes, as per the Tri-Council Policy (Chenhall and Senior 2018; Canadian Institutes of Health Research 2014). The not so surprising answer for many would be supporting culture, land and language (Biddle and Swee 2012; King et al. 2009; Battiste 2016).

We argue that Sámi health needs to be understood as Indigenous health, rather than as *minority* health. (Present-)colonial and Indigenous studies help us to understand how identity and context, past and present, are all so tightly intertwined. The intertwining impacts on the health of Indigenous peoples in ways that are similar but also different than other minorities who have their own unique histories and present conditions. We put forward that Indigenous perspectives in relation to dominant culture can represent a double perspective, which can be used as an analytical concept we have observed in Sámi contexts.

Included in the double perspective is deliberate plurality of meanings. Communication may include ideas that are hidden or only referred to obliquely. These ideas are not meant to be understood by those in the dominant culture—they are hidden to ensure that people passing on this information are not met by blame, ridicule, exclusion, or punishment. This hidden form of communication is well-known among the Sámi. For example we find this in luohti and jojks, the traditional Sámi expressive narratives that can be with and without words, and with techniques that include particular sounds, expressive parts, and 'airi'—parts reflecting the Sámi languages phonemes and characteristics (Gaski 1987, 1999; Stoor 2007). As Sámi language and

culture were systematically attacked by Scandinavian policy, there usage gradually became a hidden cultural phenomenon, moved away from communal rituals and the group, and into secluded activities and solitude. The hidden meaning contains references to relations with the past and particular locations where one belongs and lives one's life. The ability to see this hidden meaning is a good example of the double perspective, where a person's understanding of the dominant culture is combined with a particular Indigenous understanding of history and life.

In the following sections, we will use the double perspective as a concept to analyse some health related examples. We will also relate this concept to Australian and North American Indigenous contexts, providing further examples of the explanatory value of the concept. Our assumption is that the understanding of dominant culture and the understanding of the double perspective together can be used (a) to create awareness of inclusion and exclusion of Indigenous people in everyday life situations, such as health care, (b) as a frame that public institutions and their staff can use to start listening and learning and to approach policy and planning to help overcome dominant narratives of blame and failure all being on the Indigenous side of Indigenous–dominant relations.

Our preferences and competence

Most conceptualization of *cultural complexity* and *discontinuity* has been an analytical, as well as a theoretical, challenge that has generated a variety of concepts like *habitus* (Bourdieu 2005), *elaborated codes* and *restricted codes* (Jones 2013). In this text, we put forward the concept of *double perspective* as a tool to understand how Indigenous people negotiate and operationalize insider and outsider knowledges.

The ideas that we are presenting are the result of critical reflection on over 150 years of combined experience in working with Indigenous communities. The authors of this article combines experience with Sámi people in particular (Authors D and A), with expertise in Indigenous methodologies (D and B), and Indigenous health (B, C and E). The authors have worked with Indigenous peoples on three continents, Europe, Australia and North America, which has provided experience in a number of Indigenous contexts.

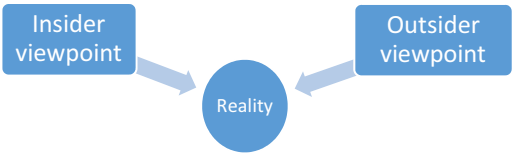
As we approach our material (which includes academic publications, government documents, ethnographic data and personal reflection), we discuss stories that explain, exemplify and illuminate the double perspective. Our understanding of double perspective will follow two paths. The first will focus on culturally constituted and experienced worlds, and secondly will focus on the way these worlds are shaped by, and in turn, shape power relations.

Me, you and the other: how ethics and methods intertwine

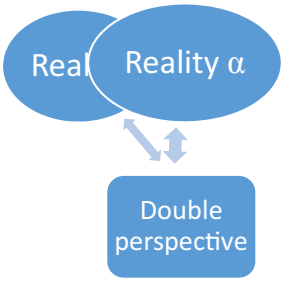
There is a long history of analysing 'the other' in sociology and anthropology. Various discipline specific strategies have been employed to understand culture and cultural differences, often through emphasising the value and autonomy of different cultures. Discussions of difference between insider and outsider perspectives have

been established as key themes for securing high ethical standards in method and analysis (Holloway and Galvin 2016). In the field of social work, the concept of *dual perspectives* emphasises the process of perceiving the values, attitudes and behaviour of individuals and families, within those of larger social systems (Norton 1978). For example, the Policy Ethics and Life Sciences (PEALS) Research Centre in Newcastle, UK, views the communication between health institution professionals and patient groups as an encounter where both parties need to be understood as representing cultures (Chenhall et al. 2014). In this light, cultural differences are perceived as different worldviews (Beine 2010; Carroll 2010).

In these understandings of difference of worldviews, it is implied that we share the same underlying reality. Cultural variety is just due to the symbolic wrapping that varies between cultures in their making meaning of this singular reality. In a postmodern framing, the social shaping of experiences, and one's sociality, emphasise that people have different epistemological frameworks and experiences of the social and natural world. As humans we share the same time and space; however, we use it and perceive it differently. So different cultures (and groups within society) will therefore have divergent viewpoints, as described by standpoint theory. Whether described as double vision or a double perspective (or multiple, intersectional perspectives), both views are looking at the *same thing*:



We do not intend to argue the philosophical complexities of ontological difference, but simply describe another stance: Indigenous peoples 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. A double perspective is simultaneously looking at *two separate things*:



The double perspective is part of an individual's worldview, but it is also much more than that. At the same time as an Indigenous person can be walking and

interacting within a dominant reality and its systems, it also sees the reality where stories and lives connect the individual Indigenous person to the future and past, and to Country.[1] In (present-)colonial culture, the understanding of time, space and place are greatly different. (Present-)colonial perspectives start with the history of those people and the events that led to the creation of the nation state and its borders. By contrast, Indigenous history starts with the beginning of creation, to the appearance of the People in their Country, through colonization and well into the future. The Country itself relates with the tribes' history and livelihood, and guides interaction with other tribes and peoples (Fjellheim 1994; Yunkaporta 2019).

In addition to a specific understanding of time and space, the colonizers brought their own agents—gods, angels, rituals, priests and Science to the territory (Dwyer and Nettelbeck 2017) while the Indigenous people lived in accordance with the local agency of Country, which remains unknown to the colonizers. Positivist Science requires one to choose the best possible description of a singular reality. A double perspective embodies an inherent epistemological understanding of the existence of multiple, interrelated realities (Wilson and Hughes 2019).

Part three: Indigenous experiences and health examples, and discussion

Indigenous peoples' lives continue to be colonized, and colonialization has brought not only change, but also discontinuity. This discontinuity has been forced upon Indigenous peoples by different means including forced movement from the land where Indigenous peoples have had their livelihood, local knowledge, history, cultural obligations and traditions (Allen 2002; Tuck et al. 2014). Culture and language are contextual and for Indigenous people are tied to Country. The forced moves of the Indigenous peoples—whether in the Americas, Australia or the North of Europe—lead to consequences that are well known (Anderson et al. 2006; Stephens et al. 2006).This part of Indigenous history is also at the heart of present Indigenous political struggles, and aims at regaining Indigenous governance over formerly lost and stolen land and water.

Loss of land (and understanding of Country) is an area of discontinuity that is closely linked to the discontinuity of religion and language. Land continues to be taken by force, and language and religions have been forbidden and their usage punished by law. In addition, in many colonial contexts children were removed from their parents in efforts to forcibly assimilate them into the colonial culture (Huuki and Juutilainen 2016; Minton 2019). For many of these stolen children, there is a profound discontinuity with their traditional land, Country and culture. This

[1] Though not generally used outside of Australian contexts, we use *Country* for emphasis here, as the term encompasses particular sea/sky/landscapes that carry law and knowledge in a way that common usage of the word *land* does not include. For many Indigenous people Land and Country would be synonymous, but for clarity we will continue to use Country when referring to the broader concept, and land when simply referring to a piece of real estate.

disconnection has had a direct and devastating impact on health (Juutilainen et al. 2014). Colonial restrictions of Indigenous languages and religion is a complex story involving marginalization, law and state punishment that continues to the present day (Svalastog 2011; Wenger 2009).

Sámi and other Indigenous peoples' ethnicity is not fixed in an either/or dichotomy of say, Norwegian or Sámi, but is reconstructed in specific contexts in contemporary society (Dankertsen 2014). We want to underline the hegemonic and almost invisible relations between social groups and their unequal access to different sorts of power—power to define and to direct actions and control access to resources, but also to define knowledge. Utilizing a double perspective may become strategic when it allows Indigenous people to hide some of the knowledge that they do not want the dominant system to take away from them.

It needs to be remembered that for the Sámi there is much to be lost in relations with (present-)colonial society. Due to the power difference, "We Sámi's always have to adapt ourselves" (Hedlund and Moe 2010) rather than the (present-)colonial system and individuals adapting their own behaviour. When faced with dealings with dominant health systems, Indigenous people sometimes have to make a difficult choice: (a) don't adapt and therefore don't 'fit in' with services and suffer loss of health, or (b) adapt to the non-Indigenous culture and suffer loss of cultural meaning, with its inherent potential for loss of history and loss of relations and community. Thus, it is not surprising that Sámi culture has developed alternatives to this stark binary, which is to hide aspects of their worldview that will bring them into conflict with the (present-)colonial system.

Two worlds at the same time

Internationally, 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, Australia. 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 a much more complex and secret level of the story that may only be revealed to initiates (Morphy 1989). In Sápmi, multiple understanding can also be seen in the example of joik-texts, where one layer of meaning is easy to reach for most listeners. But the joik-text also carries one or more layers of implied meaning only visible to those familiar with aspects of Sámi culture. The layers of meaning are hidden so as not to be understood by non-Sámi authorities (Gaski 1987; Stoor 2007; Svonni 2015).

These examples point towards a situation where a person is living in a (present-) colonial 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 and/or resistance). While living in these two parallel worlds, an individual may lack the vocabulary to describe the second world, but that does not make it any less real. Power dynamics come in to play when the (present-)colonial culture uses language

and policy to negate the physical reality of the parallel world as being an imaginary figment of Indigenous imagination.

In the following our aim is to gain a better understanding of communication in settings where Indigenous people interact with the dominant culture. 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 strategies to narrow the gap in health outcomes for Indigenous people fail, they have the potential to create frustration, shame, or even anger.

Plurality of meaning: time

The perception of time has been most important in colonial ideology, as the colonial occupation of land is followed by an eradication of Indigenous presence, which also results in an occupation of time (Rifkin 2017). Time carries historic ties and relations. Settler colonial time represents a unidirectional progress expressed through worldly achievements, production, rationalization and accumulation of wealth. This colonial perception of time and development is an organizing principle for education and health care, dominated as they are by schedules and appointments (Burbank 2006).

In Indigenous Australia, people joke about the fluidity of "Aboriginal time", but in fact dominant institutions have a far less relaxed view. When services are only available occasionally (a doctor or dentist visiting a community every 2 weeks or once per month) a missed appointment means a long wait. In addition to the problems with delaying treatment for any disease, it can also have a large financial impact when services apply penalties for missed appointments and/or clients fall out of eligibility for services for 'non-compliance'. The rigidity of schedules causes a great deal of anxiety.

We think that time plays an essential part in the differences between (present-) colonial and Indigenous viewpoints and is thus an essential quality of the double perspective. In the (present-)colonial culture, time is thought of and expressed as a chronology. Time is a process with only one direction and in limited supply, so it needs to be governed and planned. While how individuals perceive time is more complex, whether or not they are Indigenous, dominant institutional structures produce a particular view of history, as exemplified in official documentation like medical reports and health policy. When related to a person's health and well-being, the chronology will start at birth and progress up until the present day. An individual's life is structured by phases of development from infancy through old age, and is affected by crisis and challenges. Disruption from the chronology and its expected developmental phases will be understood as illness. To achieve health and well-being, support and cure are represented by strategies that are intended to straighten out the disrupted chronology and reinforce direction. Within the dominant system, any person's life story is reduced to its own individual life, and the body will carry the history of that life only. The (present)-colonial understanding is that the life story

can—or even should—be changed by choices made by the individual alone, which step by step will lead to progress, health and prosperity.[2]

In a double perspective, perceptions of time might play out in different ways. An Indigenous person's life starts at a different point, back to the days before the (present-)colonial society even existed. This history is carried by this person's body and is integral to their wellbeing. So, for example, the narratives of the good and bad experiences of grandparents, parents and other family members within the health care system carry memories that will reoccur in situations where the experiences are repeated or relived. As such, time will be integrated and cyclical in its character.

In an Indigenous perception, time will stretch back to a time before colonization. A person's embodiment of health and well-being will include incidents from their individual life, incidents from the lives of close relatives, and carries with it the good and bad consequences of the actions of previous generations. Time is tied to embodiment of a world outside of the defined realities of (present-)colonial institutions.

Plurality of meaning: history

Of course many non-Indigenous people also have different views of time than the one enforced by dominant institutions. Indigenous peoples' experiences of time are also intertwined with a colonial history that includes violation and misuse of power to enforce the removal of children, the loss of land, language, livelihood, traditions and religion. In the dominant discourse, these violations are a part of the story of the past, from a former period of time. While this history may be used to maintain the victim/deficit status behind close-the-gap narrative, the history is easily and conveniently forgotten in policy decisions. The present is a separate situation, a new stage with its own challenges. Questions or conflicts regarding land loss, language retention or culture are supposed to be solved by negotiations and cooperation with the post-colonial, non-Indigenous society of today. However, we do not live in a post-colonial society. In reconciliation processes set up by the dominant system, Indigenous people are encouraged to engage within the guidelines (under threat of sanction) defined and ratified by the non-Indigenous society (Wilson et al. 2019). For Indigenous people there has been change, but not a new phase where relations are different, nor the violations stopped. That the past is still present is difficult to absorb or include in a linear historiography, where time is a process forward (progress!) that gets further and further away from what happened in the past (Rifkin 2017). So while Indigenous people and many researchers have attempted to move discussion beyond simple dichotomies of traditional/savage or civilized/modern, dominant society continues to either delegate Indigenous people to romantic relics

[2] That time might go even further back, incorporating conditions during the mother's own gestation and has only become pertinent through advances made in epigenetic research. For example, see Kaati et al. (2002). Cardiovascular and diabetes mortality determined by nutrition during parents' and grandparents' slow growth period. *European Journal of Human Genetics*: *EJHG*, 10, 682.

of the past (Huggan 2002) or tells them to forget the past and live only for today (Schiffer 2016).

For example, in 'peaceful' Norway, Finland and Sweden, where the Indigenous Sámi people have their own parliaments and have good physical health and education (UiT 2017), most people, and Scandinavian institutions in general, are largely unaware of the narratives of the Sámi people and their actual lives, history and present context. Individuals may have an awareness of the rights and regulations of Indigenous peoples in general, and laws and strategies that have been established to protect 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 (Svalastog 2014; Svalastog and Fur 2015b), as the power differentials inherent within the system means that they do not need to know more (nor to act based on greater knowledge if they do have it).

Of course, the rest of society also suffers, as all cultures including non-Indigenous ones, gain from exposure to, and understanding of, a variety of other cultures and peoples' stories. But the great differential in power relations means that in this relationship, it is always the Indigenous life and story that is framed by non-indigenous viewpoints. The ways in which we culturally experience our different worlds mean that, without understanding double perspective, these worlds are shaped by and in turn shape power relations in ways which may cause great harm. While the Sámi continue to utilize the double perspective in a resourceful way in order to engage with non-Indigenous systems, it is always a risky business with the potential for ridicule and rejection, punishment or denial of services if too much of your Sámi culture is showing.

Part four: resistance and resilience in cultural knowledge and strategies

The impact of (present-)colonialism on the health of Indigenous peoples worldwide has been well documented (Anderson et al. 2006; Stephens et al. 2006). The settler colonization process has at its core the elimination of Indigenous peoples in order to access the resources that they may control. Although the physical killing of Indigenous people is now less acceptable, the settler colonising society is quick to overlook modern examples of the genocide of Indigenous people (Verwimp 2011; Elmslie and Webb-Gannon 2013) or the continuous efforts to erase Indigenous cultures through forced assimilation (Wiessner 2009) so that Indigenous labour/bodies can more easily become another resource to exploit. So it is no wonder that many aspects of Indigenous culture and worldview have had to go underground. They continue to be hidden from the colonizers' gaze in order to ensure their safety. As we will discuss below, utilizing a double perspective may have allowed Sámi to maintain their cultural traditions (in a hidden form) while going about their everyday business within the dominant society. This hiding of things in plain sight is a form of resistance that allows the culture to continue.

While this form of resistance is invisible to others, the need for hiding is reinforced by the continued subjugation and/or ridicule of those whose resistance is more visible. For example, if we draw from Australian research, we can see that Aboriginal Australians often face denigration for being alcoholics. The reality is far from this with a much higher number of Aboriginal people abstaining from alcohol than non-Aboriginal people (Australian Bureau of Statistics 2015). Excessive or 'binge' drinking is higher for Aboriginal Australians but this has to be understood in the specific colonial history of Aboriginal access to alcohol. For those small numbers of Indigenous people who do drink, addiction in itself has been described as a form of resistance (for example, see Senior et al. 2017). Addiction for some has become a way to make oneself 'useless' to the system that exerts its control over all (Sheehan et al. 2009). If the colonizer only values resource extraction, once settlers control the land, to be a 'visible' alcoholic removes the only resource that some Indigenous people still do control—their labour. Whether or not this is the case in the Scandinavian context may be worth further exploration. While we do know that the percentage of people that drink alcohol is lower in the Sami population, the underlying reasoning behind the decision to drink (for those that do) has not to our knowledge been examined.

Hiding of culture and hiding of health as interrelated

We like to link silence on health and violence to what we call 'cultural silence', which is the deliberate hiding of cultural knowledge that used to be explicit and vocal. Two key examples are the use of lyrics in Sámi joik songs, and the ceremonial use of the Sámi drum. In both cases their use was marginalized and forbidden. So both the lyrics and the drums were either taken away or hidden. Songs were replaced by songs and joiks with minimal lyrics, and the public ceremonies with drums and helpers were replaced by secluded ceremonies conducted in solitude that may have eventually been lost (Stoor 2007; Gaski 1993; Mebius 2003). As seen from this angle, silence on health in present Sámi society can be explained as a cultural silence which forces explicit and vocal expressions of Sámi culture into hiding.

Research on health and the Sámi people have identified significant differences between the Sámi and non-Sámi population. The SAMINOR 2 study has documented that both Sámi women and men report more personal experiences with violence and abuse than non-Sámi (Eriksen et al. 2015). Yet, several research projects that study Sámi health discuss Sámi silence. This silence is evident when relating to social services (Øverli et al. 2017) and is explained as a Sámi cultural characteristic (Bongo 2012). However, what may be seen as depression or melancholic silence in Sámi may be a necessary process of reflecting on the past. The complexity, plurality of meaning and experiences, including experiences of state violence, abuse and loss, need to be re-examined in light of the present day (Eng and Han 2000; Dankertsen 2014). Again returning to the Australian context, Sheehan goes one step further, and discusses addiction and suicide as expressing social resistance:

> Enduring extreme dominance embeds and conceals resistance deeply in social behaviour. Hidden resistance exists in relation to the power exercised so that

> the more menacing the power the thicker the social 'mask' that conceals resistance. Passive resistance is apparent to those exercising control over a population but it is not discernible as a clear and organised threat to control (Sheehan et al. 2009, p. 50).

Without diminishing the harm caused by self-destructive behaviour, it is important to clarify that behaviour that is identified as a cultural trait need to be critically examined, as Indigenous cultures are deeply affected by and imbedded in colonial experiences and power structures. Secondly, when the concepts of identity and health are defined and rooted in theories describing identity and health as relational, contextual and dynamic, colonialism needs to be included in this analysis.

Seeing with a double perspective on health includes individual and also relational knowledge. In northern Norway, the Sámi conception of *Sick Houses* is common in Sámi communities. A dead person is causing, or is, the sickness of the house. The spiritually sick house in turn makes the person living in the house physically sick. The Sámi healer or *guvllár* would have particular rituals to make the house healthy again. In research conducted by Jens-Eirik Nergård in Northern Norway, interviewees described how they could not go to the public health care system with their worries, because their concerns would be dismissed as irrational. For Nergård, sick houses became a key to understand how the Sámi perception was completely and essentially different from modern medicine and psychology. The Sámi understanding of this health problem was external to the individual who becomes sick, in contrast to modern medicine and psychology that identify sickness as inside (the mind of) the individual person (Nergård 2010, p. 89).

The colonial understanding and race in the present

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). This demand generated a large public and political controversy (Larsen 2009). The anger and demand for gene-testing was aimed at the Fjellheim family. Rune Fjellheim was the director of the Sámi parliament from 2008–2020. One famous picture of racist phrenology is of Rune Fjellheim's grandmother watching her mother getting her skull measured (Svalastog 2013). For dominant 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.

During recent years people have become aware of the high suicide rate amongst young Sámi men, in particular reindeer herders (Stoor et al. 2015; Sumarokov et al. 2014). From within the dominant society, the notion of a successful Sámi individual is ambiguous and difficult 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 the old binary of modern/traditional. So success should come either through economic

rationalization via assimilation into the mainstream or through exoticised traditional means. It is great that research projects are now being developed to obtain greater understanding of the interrelated issues that more closely relate to a double perspective: is the high suicide rate a matter of mental health and social climate, or a matter where life, economic prosperity and social acceptance is difficult to attain?

Utilizing a double perspective may in fact help to deal with these challenges through building resilience. More research is now coming out that supports that engaging in cultural activities is protective against the harmful impacts of colonization on individual health. We would extend this resilience beyond the individual, to the collective. There is a sense of belonging that is also extended through communal understanding and use of cultural shorthand. Being on the inside of the group engaged in double perspective offers a sense of belonging with hidden knowledge.

Conclusion and recommendations

Health is intimately related to the complex relation between identity and context, including living conditions, social relations and the presence of cultural systems of meaning. The colonization of the Nordic region has a long history. But it is also an ongoing process in the (present-)colonial times. Within this context a double perspective has supported Indigenous resistance. The Sámi people in Fennoscandia (Norway, Sweden, Finland and the Kola Peninsula in Russia) do not represent the majority of people in the four nation states that have colonized their lands. In this text, we begin with the assumption that to understand the health of the Sámi people, one needs to approach them as an Indigenous people surviving an ongoing colonial experience, and not reduce them to a minority in a majority society.

The colonial experience is something fundamental and specific that shapes peoples' relations to time and space, and to identity and memory. In holding a view on two different yet overlapping realities, a double perspective holds a unique way of understanding the power relations between colonizing society and Indigenous peoples. Non-Indigenous people do not need to fully understand Indigenous peoples' unique double perspectives, for if they did, the knowledge contained therein would be open to dominant system colonization. Indeed, our goal is not to ask individuals to increase their own understanding of the exotic Indigenous 'other'. Rather, we ask for recognition that the double perception exists and is a valuable cultural tool that has allowed Indigenous peoples' continued existence.

Recommendations

As literature surrounding inter-cultural practice and power relations in the health field has already demonstrated, there is a continuum from Unaware–Emerging awareness–Capable–Culturally competent–Culturally safe (Curtis et al. 2019; Victoria State Government 2019). In order to reach a place where health systems are culturally safe for Sámi and other Indigenous peoples, we recommend that individuals, organizations and health leadership need to promote capability in critical

consciousness, in order to challenge mainstream practice and systems. Rather than focussing on understanding each group of 'other' people, promoting critical self-awareness will allow for an examination of where health systems are continuing to promote the power systems of (present-)colonialism and work towards more equitable services for all. In order for health services to grow beyond tokenistic displays, such as including Indigenous artwork or decoration on practice walls and paperwork, we further recommend that Indigenous knowledge itself needs to underlie and be fully embedded in policy and practice frameworks (Parter and Skinner 2020). Of necessity, embedding this knowledge will require the guidance of the holders of this specific knowledge within each unique and living context. When this underlying knowledge is reflected in policy and procedure, then regardless of whether individual practitioners fully understand the double perspective, it will become embedded into their work.

We appreciate that a great deal of cultural variety exists within each culture as well as between cultures. Each culture is always interpreted by people who will look at things differently—this allows living cultures to be renewed and change. We ask others to also appreciate the great diversity of positions and contexts within Indigenous societies. So while we may have similar understandings of a double perspective, we will exhibit this differently.

We all need to respect the culture and story of the individual person we are dealing with. Understanding the concept of a double perspective in a health setting may help in changing the narrative of Sámi health. The concept emphasises the importance of context (time and space), and the particular complexities inherent in different locations. While each location and people are unique, we can still learn from Indigenous peoples in other lands in their own forms of resistance and double perspectives. A double perspective should be understood as holding the lived experience of Indigenous people. It emphasises survival and resistance. As an expression of survival and resistance, public institutions and their staff should respect and support a double perspective, rather than attempting to conquer it or deny it.

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, culture and history should become established in public institutions and in everyday encounters and life. A double perspective carries Sami resilience, and as such it should be understood as a key to support individual health, and also the collective wellbeing of a people living on their traditional yet colonized land.

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