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The construction of Sami identity, health, and old age in policy documents and life stories

A discourse analysis and a narrative study

—

Bodil Hansen Blix

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I've looked at life from both sides now
From win and lose and still somehow
It's life's illusions I recall
I really don't know life at all
I've looked at life from both sides now
From up and down, and still somehow
It's life's illusions I recall
I really don't know life at all

(Joni Mitchell: Both sides now (1969))[1]

To Alfred, Signe, and Bendik

[1] Mitchell, J. (1969). Both sides now. Retrieved 2013-08-06, from http://jonimitchell.com/music/song.cfm?id=83.

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English Abstract

During their lifetimes, the current cohort of elderly Sami in Norway witnessed tremendous social changes regarding the situation of the Sami people. These individuals experienced a historical period characterized by public assimilation policies and stigmatization and one characterized by ethnic revitalization and changing minority policies. Furthermore, they currently live in a historical period where contrasting public narratives on the Sami co-exist and are articulated to various extents.

The overall aim of the study was to explore how elderly Sami's experiences of health and identity in old age are worked and expressed in the stories they tell about their lives.

The thesis is based on a discourse analysis of Norwegian policy documents regarding healthcare services for elderly Sami and a narrative analysis of the life stories of nineteen elderly Sami as related in the context of qualitative research interviews. Through the discourse analysis, I sought insights on the discursive landscape in which the elderly Sami told their life stories. Policy documents were considered both as products of and contributors to contemporary discourses. Through the narrative analysis of the elderly Sami's life stories, I explored their perceptions of health and how they were working their identities.

The documents reflected a close association between Sami culture and personal identity. The image of Sami culture constructed in the documents was dominated by symbols associated with certain aspects of Sami culture. The Sami were presented as either Sami-speaking or bilingual, and never as monolingual Norwegian speakers. Furthermore, the elderly individuals were referred to as either Norwegian or Sami, and more fluid and ambiguous identities were excluded. There was a strong focus on healthcare providers' cultural and linguistic competence in the documents. Competence in Sami language and culture was considered a precondition for understanding the Sami patient. The discourse analysis demonstrated a high degree of discursive continuity throughout the documents.

The narrative analysis of three women's life stories demonstrated that rather than being a passive condition, being healthy is an active process in which resistance plays a central role. The women's life stories were perceived as narratives of resistance. The women could not change the historical and social settings of their life stories, and they could not change the fact that they

experienced health problems such as asthma, congenital handicaps, walking difficulties, and blindness. Nonetheless, they did control the role that these settings and health problems played in their stories. In their stories, the women challenged established “truths” about what is considered healthy and the perception of the Sami people as victims of Norwegianization.

In the thesis, I also explored the relationship between elderly Sami’s individual life stories and two contrasting public narratives on the Sami. The narrative analysis of four life stories demonstrated that rather than *having* an established Sami identity, the elderly Sami were actively *identifying* through the stories they told about their lives. All four life stories reflected contrasting public narratives on the Sami, but the individual stories varied with respect to which of the public narratives dominated. They also varied with respect to the extent to which they actively challenged these public narratives. The study demonstrated that identifying is an ongoing process that continues throughout life.

The insights from this study provide reasons to nuance existing assumptions regarding the strong relationship between elderly Sami and the image of “the Sami culture” constructed in the policy documents. The current cohort of elderly Sami represents one of the generations most strongly affected by assimilation policies. However, they also experienced the Sami awakening. Rather than expressing a particular Sami perspective, the elderly Sami were negotiating the impact of their Sami heritage on their life stories.

This study demonstrated that elderly Sami’s life stories are sources of insights regarding their experiences of identity and health in old age, both as subjective conditions and influenced by historical and social contexts. Each individual’s story is framed by a unique combination of broader narratives and political discourses. The theoretical framework of this study made it possible to contextualize this subjectivity.

Sami Abstract - čoahkkáigeassu

Otná vuorrasat sámit leat eallán historjjálaš áigodagas gos sámi álbmoga dilli vásihii stuorra sosiála rievdadusaid. Sii leat vásihan historjjálaš áigodaga man guovddážis lei assimilašuvdnapolitihkka ja stigmatiseren, ja sii leat vásihan áigodaga etnalaš ealáskahttimiin ja unnitlogupolitihka rievdamiin. Dál sii ellet historjjálaš áigodagas gos iešguđege mearrideaddji narratiivvat ("public narratives") sámiid birra gávdnojit bálddalagaid ja unnit eanet artikulerejuvvojit.

Dán dutkosa váldomihttomearrin lei guorahallat mo sámit, sin iežaset eallima muitalusaid bokte, buktet ovdan ja gieđahallet sin boarisvuođabeivviid dearvvašvuođa- ja identitehtavásáhusaid.

Dutkosa vuođus leat diskursaanaliisa norgga almmolaš dokumeanttain, mat gieđahallet dearvvašvuođa- ja fuolahusbálvalusaid vuorrasat sámiid várás, ja narratiiva analiisa ovccinuppelohkái boarrásat sámiid eallingeardejearahallamiin. Diskursaanaliisa bokte ohcen ipmárdusa dan diskursiivva oainnus man siskkabealde dát vuorrasat sámit muitaledje iežaset ealligeardehistorjjáid. Almmolaš dokumeanttat dárkojuvvojedje sihke diskurssaid buvttan ja diskurssaid oassin. Eallingeardehistorjjáid narratiiva analiissas guorahallen mo dat vuorrasat sámit bukte ovdan dearvvašvuođa ja identitehta.

Almmolaš dokumeanttat čájehedje lagas assosiašuvnna sámi kultuvrra ja persovnnalaš identitehta gaskkas. Stuora oassi sámi kultuvrra govain, mat bohte ovdan dokumeanttain, ledje symbolat maid sáhttá assosieret sámi kultuvrra erenomáš osiiguin. Sámit ledje sámegielhállit dahje guovttegielalaččat, muhto eai goassige ovttagielat dárogielhállit. Viidáset de vuorrasat ledje juogo sámit dahje dážat, ja viidát ja mearritmeahttun identitehtat eai lean namuhuvvon. Dokumeanttat čalmmustahtte dan mearkkašumi mii lea dearvvasvuođabargiid kultuvrralaš ja gielalaš gelbbolašvuođas. Gelbbolašvuohta sámegielas ja kultuvrras lei gehččon eaktun ipmirdit sámi buhcciid. Diskursaanaliisa čájehii buori muddui ahte dokumeanttain lei diskursiivva kontinuitehta.

Golbma nissonolbmo eallingeardehistorjjáid narratiiva analiisa čájehii ahte dearvvašvuohta ii lean passiiva dilálašvuohta, muhto aktiiva proseassa man guovddážis lei vuosttildeapmi. Nissoniid eallingeardehistorjját ipmirduvvojedje vuosttildanmuitalussan. Nissonat eai sáhttán

rievdadit sin iežaset eallingeardehistorjjáid historjjálaš ja sosiálalaš diliid eaige sáhttán rievdadit dan duohtavuođa ahte sii váivašuvve dearvvašvuođain nu go ástmáin, doaibmahehttejumiiguin riegádeami rájes, vázzinváttuiguin, ja čalmmehisvuođain. Dattege nissonat ollásit nákcejedje hálddašit dan ahte man olu dát dilálašvuođat ja dearvvašvuođaváivvášumit galge leat mearrideaddjin sin historjjáin. Historjjáideaset bokte sii hástaledje sajáiduvvon "duohtavuođaid" dearvvasvuođa birra ja sii hástaledje dan oainnu ahte sámit leat dáruiduhttima oaffarat.

Dutkosis lean maid guorahallan oktavuođaid gaskal vuorrasat sámiid eallingeardehistorjjáid ja guokte goabbatlágan mearrideaddji narratiivvaid sámiid birra. Njealji eallingeardehistorjjá narratiiva analiisa čájehii ahte vuorrasat sámit, dan sadjái go ahte *sis lea* sámi identitehta, aktiivvalaččat *meroštedje* iežaset muitalusaideaset bokte. Buot njeallje analyserejuvvon eallingeardehistorjjá reflekterejedje iešguđetlágan mearrideaddji narratiivvaid sámiid birra. Individuála historjját dattege molsašudde dan vuođul guđe mearrideaddji narratiivvas lei stuorámus váikkuhus. Man olu vuorrasat aktiivvalaččat hástaledje daid mearrideaddji narratiivvaid sin iežaset muitalusain, molsašuttai maiddái. Guorahallan čájehii ahte meroštallan lea proseassa mii lea jođus olles eallinagi.

Guorahallan čájehii ahte sáhttá leat dárbu addit máŋggabealat gova dan jáhkus ahte lea nana oktavuohta gaskal vuorrasat sámiid ja dan gova "sámi kultuvrras" mii lea ráhkaduvvon almmolaš dokumeanttain. Otná vuorrasat sámit gullet daidda buolvvaide maidda assimilašuvdnapolitihkka eanemusat lea váikkuhan. Sii lea maid vásihan sámi "morráneami". Vuorrasat sámit ledje aktiiva iežaset sámi duogáža ektui go sii muitaledje sin eallima birra, muhto dattege eai čájehan makkárge vissis sámi perspektiivva .

Eallingeardehistorjjáid vuolggasadji rahpá vejolašvuođaid guorahallat vuorrasat sámiid boarisvuođabeivviid identitehta- ja dearvvašvuođavásáhusaid subjektiivvalaš vásáhussan. Viidáset de rahppojuvvojit vejolašvuođat oaidnit dáid vásáhusaid stuorát historjjálaš ja sosiála oktavuođain. Ovttaskasolbmuid eallingeardehistorjjáid birastahttá stuorát muitalusaid ja politihkalaš diskurssaid erenoamáš kombinašuvdna. Dán guorahallama teorehtalaš vuolggasadji rabai vejolašvuođa subjektivitehta kontekstualiseremii.

Norwegian Abstract – sammendrag

Dagens eldre samer har levd sine liv i en historisk periode preget av store sosiale endringer når det gjelder situasjonen til det samiske folk. De har opplevd den historiske perioden preget av assimilasjonspolitikk og stigmatisering og de har opplevd perioden med etnisk revitalisering og endringer i minoritetspolitikken. Videre lever de nå i en historisk periode hvor ulike dominerende narrativer ("public narratives") om samene eksisterer side om side og i varierende grad artikuleres.

Det overordnede målet for denne studien var å utforske hvordan samer, gjennom fortellinger om sine liv, uttrykker og arbeider med sine opplevelser av helse og identitet i alderdommen.

Avhandlinga er basert på en diskursanalyse av norske offentlige dokumenter vedrørende helse- og omsorgstjenester for elder samer og en narrativ analyse av livshistorieintervju med nitten eldre samer. Gjennom diskursanalysen søkte jeg innsikt i det diskursive landskapet som de eldre samene fortalte sine livshistorier innenfor. Offentlige dokumenter ble betraktet som både produkter av og bidrag til diskurser. I den narrative analysen av livshistoriene utforsket jeg de eldre samenes uttrykk for helse og identitet.

De offentlige dokumentene uttrykte en nær assosiasjon mellom samisk kultur og personlig identitet. Bildene av den samiske kulturen som ble konstruert i dokumentene var dominert av symboler som assosieres med spesielle deler av samisk kultur. Samene ble enten presentert som samisktalende eller som tospråklige, og aldri som enspråklige norsktalende. Videre ble de eldre omtalt som enten samiske eller norske, og mer flytende og tvetydige identiteter var ikke omtalt. Dokumentene fokuserte på betydningen av helsearbeideres kulturelle og språklige kompetanse. Kompetanse i samisk språk og kultur ble betraktet som en forutsetning for å forstå den samiske pasienten. Diskursanalysen viste stor grad av diskursiv kontinuitet i dokumentene.

En narrativ analyse av tre kvinners livshistorier viste at helse ikke var en passiv tilstand, men en aktiv prosess hvor motstand spilte en sentral rolle. Kvinnenes livshistorier ble oppfattet som motstandsfortellinger. Kvinnene kunne ikke endre de historiske og sosial omstendighetene for sine livshistorier, og de kunne ikke endre det faktum at de opplevde helseplager som astma,

medfødte handikap, gangproblemer og blindhet. Like fullt tok kvinnene kontroll over hvilken rolle disse omstendighetene og helseplagene fikk spille i historiene deres. Gjennom sine historier utfordret kvinnene etablerte "sannheter" om helse og de utfordret oppfatningen av samene som offer for fornorskning.

I avhandlinga har jeg også utforsket forholdet mellom eldre samers livshistorier og to ulike dominerende narrativer om samene. En narrativ analyse av fire livshistorier viste at de eldre samene, snarere enn å *ha* en samisk identitet, aktivt *identifiserte* seg gjennom historiene de fortalte. Alle de fire livshistoriene som ble analysert reflekterte ulike dominerende narrativer om samene. De individuelle historiene varierte imidlertid med tanke på hvilket dominerende narrativ som hadde størst innflytelse. Hvorvidt de eldre aktivt utfordret de dominerende narrativene i sine egne fortellinger varierte også. Studien viste at identifisering er en prosess som pågår gjennom hele livet.

Studien viste at det kan være grunn til å nyansere antakelsen om at det eksisterer et sterkt forhold mellom eldre samer og det bildet av "samisk kultur" som er skapt i de offentlige dokumentene. Dagens eldre samer er blant de generasjonene som er mest påvirket av assimilasjonspolitikken. De har også opplevd den samiske "oppvåkningen". De eldre samene forholdt seg aktivt til sin samiske bakgrunn i historiene de fortalte som sine liv, uten at de dermed uttrykte et bestemt samisk perspektiv.

Utgangspunktet i livshistorier åpner for en utforskning av eldre samers erfaringer av identitet og helse i alderdommen som subjektive opplevelser. Videre åpner det for å se disse opplevelsene i større historiske og sosiale kontekster. Enkeltpersoners livshistorier er innrammet av en unik kombinasjon av større fortellinger og politiske diskurser. Det teoretiske utgangspunktet for denne studien åpnet opp for en kontekstualisering av subjektivitet.

1.0 Introduction

This thesis is based on one of three separate studies[1] in the research project *Life stories, engagement and health problems of elderly persons in northern areas, with consequences for care services* (Normann and Elstad 2007)[2], funded by The Research Council of Norway. In the proposal for *the life stories project*, the preliminary title of this particular part study was *Engagement in life in context of Sami ethnicity, with special attention to health issues and aging*. This part study was initiated in February 2009.

As this is primarily a narrative study, I will allow myself to begin by telling two stories from an early phase of the study about incidents that occurred when I was attempting to recruit participants for the study. Both incidents have followed me throughout the process of conducting the study. I have spent a great deal of time considering these incidents, as they made me aware of some of my own presuppositions and touched upon some of the core issues discussed in this thesis.

The first story concerns something that happened when I first contacted managers of local nursing homes and home care services to inform them about the study and ask for assistance with contacting possible participants. In one of the municipalities, two home care services and nursing homes were located on opposite sides of a fjord. The manager of the nursing home and home care service on one side of the fjord applauded my intention to conduct a study on elderly Sami in the community, and she repeatedly stated that it was "about time someone attended to these issues". Consequently, I was quite confident when I made contact with the manager of the nursing home

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[1] The two other studies composing the overall project:

Study 1: Engagement in life of elderly persons with health problems, in a life-course context

Study 2: Muligheter for personer med demenssykdom som bor i sykehjem i Nord-Norge til å føre et meningsfylt liv ut fra sine tidligere interesser, aktiviteter og vaner [Opportunities of living a meaningful life related to previous interests, activities, and habits, for persons with dementia disease living in nursing homes in Northern Norway]

[2] Frequently referred to as *the life stories project*

and home care service on the other side of the fjord. However, she responded quite differently. Although asserting that she would be glad to help, she stated, "How are we supposed to know who are Sami and who are not?". I have returned to her question repeatedly throughout the course of this study, as it was a very intriguing question. How *are* we supposed to know who are Sami and who are not? Moreover, why do healthcare providers not know?

The second story concerns a meeting at a local senior association to which I was invited to announce my study and possibly recruit participants. I concluded my oral presentation on the study by placing information and consent letters in postage-paid envelopes on the small coffee tables in the assembly room, and I invited those who might be interested in learning more about the study to take an envelope at the end of the meeting. Shortly thereafter, one of the male members of the senior association began collecting the envelopes and handed them back to me, stating, "We don't have 'such' [Sami] in my family!". A woman stated, rather loudly, "Imagine, using tax money on such nonsense!". A man said, "I'm sick and tired of people coming from the University to tell us that there are Sami in this community!". I felt that the atmosphere in the room was quite unfriendly, as several of the others present also voiced their dissatisfaction. Therefore, I was rather surprised when one of the men stated loudly that he would like to participate in the study, as he thought, "it would be interesting". Immediately, one of the others exclaimed: "Huh! But *you* would participate in *anything*!". When I left the meeting, I had to sit in my car for a while, to "digest" what had just happened. I realized that, although I knew from previous experience and history that "Sami issues" can cause anger, I was not prepared for the directness and intensity of that anger. However, the most thought provoking part of this story is what happened afterwards, as three of the persons who had been quietly present at the meeting contacted me and wanted to participate in the study. Given the discomfort I felt during the meeting, I can only imagine how they must have felt when faced with the anger of their fellows.

Something else that made a significant contribution to the focus of this study was a wording that caught my attention while conducting the interviews. Several of the participants used the term "real Sami" while speaking about themselves or others, either to state that they themselves were "real Sami" or that someone else was a "real Sami", as opposed to themselves who were just "Sami". This wording triggered my curiosity; I began to wonder if this could imply that some

Sami were more “real” than others and, if so, what this “realness” implied. Two of the articles in this thesis are devoted to my explorations into this matter.

These stories illuminate some of the complexities regarding Sami identity in old age. The manager expressed something that is considered, to varying extents, in the literature on healthcare and the Sami; Sami identity is often not apparent. However, that it is not apparent does not necessarily mean that it is not significant. The starting point of this thesis is that it is not only appropriate, but possibly necessary, to begin with individuals’ life stories to obtain a nuanced picture of Sami identity, health, and old age. My intention is to give voice to some of the persons who constitute the heterogeneous group of “old Sami”. By using individual life stories as points of departure, I wish to illuminate multiple truths regarding being an old Sami. Furthermore, I wish to shed light on the broader contexts of the public narratives and discourses that frame the elderly Sami’s life stories.

1.1 Outline of the thesis

This thesis is organized into seven chapters. In chapter 2, I provide a historical account of the Sami. I also describe certain tendencies in the research and theoretical literature regarding indigenous peoples and healthcare. Furthermore, I present a review of the relevant academic literature. In chapter 3, I present the aims of the study. Chapter 4 outlines the theoretical framework of the study. In chapter 5, I describe the methodological approaches, including discourse analysis of policy documents and dialogical narrative analysis of life story interviews. This is followed by a presentation of the results in chapter 6. In chapter 7, I discuss the methods and results. In the final sections of the thesis, I suggest some possible implications for further research, healthcare services, and healthcare policies.

1.2 Project changes during the course of the study

This study was originally intended to be two studies, one based on interviews with elderly Sami (study 1) and one based on interviews with close relatives of elderly Sami residents in nursing homes afflicted by dementia (study 2). However, while conducting the study, I decided to deviate from the original plan. After conducting the interviews for study 1, and while analyzing the

extensive data, I realized that it was unrealistic to pursue study 2 within the confines of a PhD thesis. I discussed the matter with my supervisors, who supported my judgment on the matter. The decision to forego study 2 was made prior to recruiting participants for that study. The project changes were approved by the Regional Committee on Medical and Health Research Ethics (Appendix 2). Study 2 could undoubtedly have contributed important insights, but I considered it more ethically and methodologically problematic to conduct study 2 at the expense of a thorough analysis of the source material and the publication of the results of study 1. Hopefully, I will have the opportunity to complete study 2 in the future.

2.0 Background

2.1 The Sami – a historical account

As noted in Article 1 (Blix, Hamran, and Normann 2013a), the Sami are an indigenous people living in Norway, Sweden, Finland, and Russia. Estimates of the Sami population vary depending on the criteria considered, such as self-identification, first language, home language, and family history. However, the Sami population is often estimated to range from 50,000 to 80,000 individuals (Sámi Instituhtta Nordic Sami Institute 2008). The vast majority of Sami reside in Norway, where the Sami population is estimated at 40,000 (Statistics Norway 2010). This estimate does not include the Sami population residing south of Saltfjellet and in the larger cities in the south of Norway because Statistics Norway only provides statistical data on the Sami who live north of Saltfjellet. Thus, the number of individuals identifying themselves as Sami in Norway is likely higher than indicated in the statistical estimates. Historically, the Sami were reindeer herders, small-scale farmers, and fishermen. At present, approximately 10% of the Sami in Norway work in traditional occupations (Statistics Norway 2010). A report from the Sami Language Council estimated that there were approximately 25,000 Sami-speaking individuals in Norway in 2000 and approximately 50% of those who spoke Sami were literate in the language (Ministry of Local Government and Regional Development 2001).

Nations with Sami populations have made substantial efforts to assimilate them into the majority population. From the middle of the nineteenth century until World War II, "Norwegianization" was the official Norwegian minority policy (Niemi 1997: 75). Niemi has noted that "[t]he policy began with cultural education, directed at schools and the church. The main battle was over language and identity, the main battlefield was the classroom, and the rank and file soldiers were the school teachers" (1997: 73). From 1851 until early in the 1920s, annual allocations, termed "Finnefondet" [The Lapp Fund], were included in the national budget to promote the teaching of the Norwegian language in schools (Eriksen and Niemi 1981). The language regulation of 1880 stated that all pupils in Norwegian schools should learn to speak, read, and write the Norwegian language, and the Sami and Finnish languages could only be used as auxiliary languages when strictly necessary. This was further emphasized in "the Wexelsen decree" of 1898 (Eriksen and

Niemi 1981). After the Elementary School Act of 1936, the Finnish language was no longer permitted to be used as an auxiliary language in Norwegian schools (Minde 2003). Eventually, the School Law of 1959 permitted the use of the Sami language in schools if the Ministry of Education granted permission (Koskinen 1995). The current cohort of elderly Sami attended school prior to 1959, and many attended the residential schools that were important contributors to the Norwegianization of Sami children. The public assimilation policy was also enforced in other social arenas. The Land Act of 1902 stated that state land in Finnmark County could only be purchased by citizens capable of "speaking, reading, and writing the Norwegian language" (Ministry of Justice and Public Security 2001). This provision was not formally repealed until 1965. Assimilation processes at the societal level were paralleled by personal experiences of stigmatization, discrimination, and "everyday racism" (Minde 2003).

Through first half of the twentieth century, the Sami were marginalized on the political agenda and in society generally; however, after World War II, a new governmental policy based on the principles of cultural pluralism and indigenous rights began to emerge (Niemi 1997). This period was characterized by increased international focus on the human and political rights of ethnic minorities, which implied new opportunities for "Sami self-organizing initiatives" (Eidheim 1997: 31-32). During the 1950s, a growing Sami movement began to articulate a Sami identity based on the "self-concept of the Sami as being a distinct people who had lived in the area before the present states came into existence" (Gaski 2008: 220). The recodification of the Sami minority culture played an important role in the ethnic revitalization process, for instance, by labeling the stigmatized Sami language the *mother tongue* (Eidheim 1992). The revival of the name *Sápmi* and the creation of the Sami flag were also important aspects of this process.

Establishing a general education based on the Sami language and culture was of critical importance to the Sami movement (Eidheim 1997). Increased educational attainment among the Sami led Sami individuals to begin filling positions in healthcare, the media, education, and other fields that were previously dominated by Norwegians. Education also contributed to the Sami's ethnic self-understanding by attracting individuals to the Sami movement.

During the 1970s and 1980s, there was an *aboriginalization* of Sami ethno-politics and self-understanding (Eidheim 1992; Thuen 1995). The Sami movement established contacts with organizations of indigenous peoples in other parts of the world, and "it became increasingly common for ordinary Sami people to view their existence and cultural survival in terms of an *indigenous people's perspective*" (Eidheim 1997: 37). The general rise in the standard of living and improvements in the welfare and healthcare systems in Norway during the 1960s and 1970s contributed to this process of ethnic revitalization. Although the Sami movement increased in strength during the 1960s and 1970s, their "dialogue" with the Norwegian State revealed what was perceived as a disparity between Norway's international involvement in the rights of ethnic minorities and indigenous peoples and the lack of such rights for the Sami in Norway (Eidheim 1997). Around 1980, this disparity became dramatically evident in "the Alta affair", the Norwegian government's decision to dam the Alta-Kautokeino river in the face of massive Sami protests that the dam would threaten grazing areas and calving sites used by Sami reindeer herders. Although the Norwegian government constructed the dam, "the Alta affair" was a crucial factor for changes in government authorities' perspectives on the Sami question, which in turn resulted in the Sami Rights commission (Selle and Strømsnes 2010). The Sami Act was passed in 1989 (Ministry of Government Administration Reform and Church Affairs 1987). The purpose of the Sami Act was, "to enable the Sami people in Norway to safeguard and develop their language, culture, and way of life" (Ministry of Government Administration Reform and Church Affairs 1987, Section 1-1). In 1990, the Norwegian government ratified ILO Convention No. 169 concerning indigenous and tribal peoples (International Labour Organisation 1989). In accordance with the Sami Act, the Sami Parliament was established in 1989. The Finnmark Act (Ministry of Justice and Public Security 2005) was passed in 2005 and gave the Sami Parliament substantial influence over the administration of land and natural resources in Finnmark County.

Defining the Sami is not a straightforward task. The history of the public assimilation policy, the co-existence of several ethnic groups (i.e., Sami, Norwegians, and Kvens, the descendants of the Finnish-speaking minority in Norway) in the same geographic area (Gaski 2008) and the history of interaction and intermarriage among the ethnic groups (Thuen 1989) produced a complex ethnic situation. An attempt at defining who is Sami is used to determine who is entitled to vote in the Sami parliamentary election. This definition involves both a subjective and a so-called

objective criterion (Selle and Strømsnes 2010). The subjective criterion is that the person regards herself or himself as Sami. The other criterion, frequently termed objective, concerns the Sami language; the person must speak Sami or have parents, grandparents, or great-grandparents that speak or spoke Sami. According to Selle and Strømsnes (2010), an estimate of the Sami population based on these criteria would result in a considerably higher number than 40,000. Furthermore, the term "Sami" represents several official groups (in Norway: Northern Sami, Lule Sami, and Southern Sami) and is used in several "unofficial" terms, such as reindeer-herding Sami and sea Sami (Evjen 2009).

In Norway, the rights of the Sami people with respect to healthcare and other care services are based on both national legislation and international conventions. The most significant acts and conventions are described in Article 1(Blix et al. 2013a).

2.2 Culture and healthcare

While conducting research in the field of indigenous people and health, one frequently encounters a distinct tendency in the empirical and theoretical literature: the view that "cultural competence" is highly significant in interactions between healthcare providers and "minority patients". This view has been described as an emerging "mantra of contemporary nursing practice" (Dreher and MacNaughton 2002: 181). According to DeSantis and Lipson (2007), this focus on the cultural dimensions of care can be traced back to Florence Nightingale. However, terms such as *culture* and *cultural competence* gained traction in the nursing literature in the 1960s (Vandenberg 2010). The International Council of Nurses (ICN) has stated that "nurses should be culturally and linguistically competent to understand and respond effectively to the cultural and linguistic needs of clients, families and communities in a health care encounter" (2013). In particular, Madeleine Leininger's *Theory of Cultural Care Diversity and Universality* (Leininger and McFarland 2006), and the concept of *culturally congruent care*, has dominated the literature. Leininger defined culturally congruent care as the "culturally based care knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully fit the cultural values, beliefs, and lifeways of clients" (Leininger and McFarland 2006: 15). Leininger defined culture as "the learned, shared and transmitted values, beliefs,

norms, and lifeways of a particular culture that guides thinking, decisions, and actions in patterned ways and often intergenerationally" (Leininger and McFarland 2006: 13). Furthermore, culture "can be viewed as the blueprint for guiding human actions and decisions" (Leininger and McFarland 2006: 13). The ICN has stated that, "The way a client perceives illness, the specific disease and its associated symptoms are tied to the client's underlying cultural values and beliefs" (2013).

This dominant trend in the theoretical literature has been criticized for failing to recognize the assumptions underpinning its conceptualizations of culture (Vandenberg 2010) and being based on an essentialist view of culture (Dreher and MacNaughton 2002; Anderson, Perry, Blue, Browne, Henderson, Khan, Kirkham, Lynam, Semeniuk, and Smye 2003; Gray and Thomas 2006; Sobo 2009). This implies that individuals are assumed to possess particular attributes or traits by virtue of belonging to a cultural group (Vandenberg 2010). Critics have claimed that this perspective inherently defines culture in narrow, prescriptive terms and privileges the values, beliefs, customs, and practices of certain ethno-cultural group members (Browne and Varcoe 2009). Culture tends to be regarded as "a relatively static set of beliefs, values, norms, and practices attached to a discrete group sharing a common ethnic background" (Reimer-Kirkham and Anderson 2002: 3-4), "a thing that pre-exists its description" (Allen 1999: 229), or "as bounded, coherent, things-unto-themselves" (Sobo 2009: 113). Attention is focused on practices such as "the customs, food preferences, and artistic works of ethno-cultural groups who are perceived to be different from the cultural norm" (Browne and Varcoe 2006: 159), and culture "has become a widely used metonym for 'difference'" (Reimer-Kirkham and Anderson 2002: 5). Furthermore, there are implicit assumptions in this perspective regarding a close association between culture and individual identity (Gustafson 2005) and that individuals act in particular ways because of their culture (Browne and Varcoe 2009).

Nonetheless, this perspective has informed policy documents (e.g., US Department of Health and Human Services Office of Minority Health 2001; Romanow 2002; Joint Commission on Hospital Accreditation 2008), the education of healthcare providers (e.g., Ring, Nyquist, and Mitchell 2008; Like 2011; Mancuso 2011), and research regarding healthcare for minority patients in general (cf. Jirwe, Gerrish, and Emami 2006; Capell, Veenstra, and Dean 2007) and minority

elderly in particular (e.g., Heikkilä and Ekman 2000; Heikkilä, Sarvimäki, and Ekman 2007; Parker and Geron 2007; Andrews 2012).

This thesis is based on a quite different set of assumptions concerning the impact of 'culture' on individuals' everyday lives and the significance of 'cultural competence' in healthcare encounters. I provide an outline of these assumptions in the chapter entitled *Theoretical framework*.

2.3 Literature review

2.3.1 Health, healthcare and the Sami population

Research on health issues among the Sami has primarily been quantitative and focused on health behavior (e.g., Hermansen, Njølstad, and Fønnebø 2002; Spein, Sexton, and Kvernmo 2004; Spein 2008; Nystad, Melhus, Brustad, and Lund 2010a), disease risk (e.g., Edin-Liljegren, Hassler, Sjölander, and Daerga 2004; Hassler 2005; Nystad, Utsi, Selmer, Brox, Melhus, and Lund 2008b; Nystad, Melhus, Brustad, and Lund 2010b), and causes of death (e.g., Hassler, Johansson, Sjölander, Grönberg, and Damber 2005; Soininen and Pukkala 2008; Brustad, Pettersen, Melhus, and Lund 2009; Ahlm, Hassler, Sjölander, and Eriksson 2010). Based on an ethnographic study conducted in the early 1980s involving 120 individuals in the community of Skoganvarre in Finnmark County, the Norwegian physician Fugelli (1986, 1991) concluded that the Sami population visited the doctor less often than the non-Sami population in the community. He attributed the differences between the Sami and the non-Sami populations to factors such as linguistic barriers, long traveling distances, the effort of making appointments, and the use of traditional medicine among the Sami population. Furthermore, the study demonstrated a higher incidence of diseases and reading and writing difficulties among the Sami population. More recent research suggests that the Sami do not face the same health-related challenges as indigenous peoples in Canada, the United States, Russia, or Greenland (Symon and Wilson 2009). Many health problems experienced by indigenous peoples in the circumpolar region, such as increased risk of diabetes, cardiovascular diseases, infectious diseases, and lung cancer, are not prevalent among the Sami (Hassler, Kvernmo, and Kozlov 2008). Life expectancy at birth is virtually identical for Sami and non-Sami individuals, and mortality rates for specific conditions

are similar (Hassler et al. 2005; Brustad et al. 2009). Some researchers (Gaski, Melhus, Deraas, and Førde 2011) have attributed the apparent absence of health differences between the Sami and Norwegian populations to the assimilation process, as if the lack of differences were a positive side effect of assimilation. However, the causal effects are likely more complex. In Norway, health services are largely public, which might contribute to higher levels of access to health services than in other countries (Hassler et al. 2008), and living standards are generally high.

Regardless of statistics indicating minimal health differences between the Sami and the majority population, the literature has identified several health-related challenges. Sami-speaking patients are less satisfied with the services provided by the municipal general practitioners than other patients (Nystad, Melhus, and Lund 2008a). However, research has demonstrated that there were no ethnic differences in overall frequency of health service use between Sami and non-Sami youth (Turi, Bals, Skre, and Kvernmo 2009). The study suggested that Sami youth are capable of coping with cultural differences in their help-seeking process. A study of mental healthcare found that Sami patients were less satisfied with treatment, contact with staff, and treatment alliance than Norwegian patients (Sørlie and Nergaard 2005). Similarly, confidence in primary healthcare and psychiatry was significantly lower among the reindeer-herding Sami than a non-Sami control group in Sweden (Daerga, Sjölander, Jacobsson, and Edin-Liljegren 2012). The researchers suggested that a reason for the limited confidence in healthcare services was that the Sami perceived healthcare staff to be poorly informed about reindeer husbandry and Sami culture, resulting in unsuitable or unrealistic treatment suggestions.

A study has demonstrated that self-reported health is poorer among the Sami than the Norwegian majority population (Hansen, Melhus, and Lund 2010). The difference was most significant for Sami women residing outside the Sami language administrative district[3]. Similarly, the

[3] The Sami language administrative district. Originally, the municipalities of Karasjok, Kautokeino, Kåfjord, Nesseby, Porsanger, and Tana were included in the district. More recently, the municipalities of Tysfjord, Snåsa, and Lavangen were added to the district. Ministry of Government Administration Reform and Church Affairs (1987). Lov om Sametinget og andre samiske forhold [Act of 12 June 1987 No. 56 concerning the Sameting (the Sami parliament) and other Sami legal matters (the Sami Act) as subsequently amended, most recently by Act of 11 April 2003 No. 22.] Text in English: http://www.ub.uio.no/ujur/ulovdata/lov-19870612-056-eng.pdf (accessed 2012-03-19).

abovementioned study on the use of health services by Sami and non-Sami youth suggested that Sami residing in more assimilated ethnic contexts used general practitioners more frequently than the non-Sami (Turi et al. 2009). Another study also suggests that Sami youth residing in Sami-dominated areas have better mental health than peers in residing in marginal Sami areas (Kvernmo 2004). However, a recent study found no significant effects of acculturation on self-reported health among Sami in Norway (Eliassen, Braaten, Melhus, Hansen, and Broderstad 2012). Sami individuals are more likely to experience discrimination and bullying than the general Norwegian population (Hansen, Melhus, Høgmo, and Lund 2008), and discrimination is closely associated with elevated levels of psychological distress (Hansen and Sørlie 2012). These findings suggest that merely considering statistics on life expectancy, mortality rates, and disease incidence may be insufficient when grappling with health and healthcare issues among the Sami.

I was unable to locate numerous qualitative studies exploring experiences of health and illness among Sami people. However, I will mention three studies from The University of Tromsø that are of particular relevance to the topic. In her PhD thesis, Bongo (2012) explored understandings of health and illness in Sami societies based on qualitative interviews with 21 Sami-speaking Sami in Finnmark County in Norway. Her findings indicated that the Sami in her study did not discuss health and illness. Health and illness were approached in silent and indirect ways, and there were strong norms of coping and not showing weakness. Care and help should not be requested or offered directly. Closeness and silence were regarded as proper communication styles and a means of protecting one's own and others' feelings. The insights from Bongo's study are in line with the insights from Dagsvold's (2006) Master's Thesis. In her study, Dagsvold delved into how cancer is discussed, and not discussed, in Sami societies. Based on a qualitative interview study, she illuminated how having cancer can be experienced from a Sami perspective. According to Dagsvold, being silent could be a "natural" (Dagsvold 2006: 59, original quotation marks) way of coping with cancer for some Sami patients. Furthermore, she discussed the contrasts between this silent approach and the ideals of open and direct communication featured in Norwegian healthcare services. An important insight from Dagsvold's study is that just as Sami patients are culture carriers, so are the healthcare services. In her PhD thesis, Nymo (2011) explored how Sami woodland parish dwellers in northern Nordland County and southern Troms County in Norway organized their everyday lives with respect to the challenges of disease and

health matters. Based on field studies and interviews, she found that interactions within collectives, such as kinship and among neighbors, were of substantial importance when individuals experienced illness or death. Collective experiences generated collective solutions, and communities of kinship and neighbors operated as safety nets for the woodland dwellers. Furthermore, the woodland dwellers combined Western and traditional medical treatment. To many, faith in God was of considerable importance. Furthermore, humor was a significant strategy for coping with difficulties. The insights from Bongo's, Dagsvold's, and Nymo's studies are relevant to my study, particularly to Article 2 (Blix, Hamran, and Normann 2012), in which I discuss how narratives concerning healthy selves can be perceived as acts of resistance.

2.3.2 Cultural competence and healthcare

A considerable amount of research on minority elderly populations stresses the importance of 'culturally competent care'. Burchum stated that because "culture is inseparable from the person and because nursing incorporates a wholistic [sic] perspective, cultural competence has important implications for nursing practice, education, administration, and research" (2002: 14). Knowledge of individuals' cultural backgrounds has been conceptualized as a cornerstone of "effective and safe nursing" (Tervo, Muller-Wille, and Nikkonen 2003: 168). Spira and Wall emphasized the importance of cultural competencies "because they are a means to achieve an effective approach to healthcare for the older adults and their families" (2009: 120). Garroutte, Kunovich, Jacobsen, and Goldberg (2004) found that American Indian older adults who rated themselves highly on measures of American Indian ethnic identity reported reduced scores on their satisfaction with healthcare providers' social skills and attentiveness, relative to those who rated themselves lower. Parker and Geron (2007) stated that because "cultural issues" pervade care for aging persons, organizational cultural competence is necessary. According to Shaw, "After linguistic access, ethnic resemblance between minority patients and their healthcare providers is the most frequently cited aspect of culturally appropriate health care in the public health policy and advocacy literature" (2010: 524). Iliffe and Manthorpe (2004) argued that the experiences of individuals with dementia and their carers demonstrate that the important issues for healthcare providers to consider are language, religious beliefs, cultural practices, including food and personal care practices, and social support. However, they argued that these issues are

significant for all individuals with dementia, independent of apparent ethnicity. Healthcare providers should therefore recognize the diversity of patients to provide person-centered care, rather than to develop specialized services for defined ethnic groups. From a 'cultural competence' point of view, Iliffe and Manthorpe could be criticized for having an excessively strong focus on the individual and for leapfrogging the influence of culture on individual preferences.

Several scholars have emphasized the value of being cared for by members of one's own ethnic group (Ekman, Wahlin, Norberg, and Winblad 1993; Emami, Torres, Lipson, and Ekman 2000; Betancourt, Green, Carrillo, and Ananeh-Firempong II 2003; Heikkilä and Ekman 2003; Møllersen, Sexton, and Holte 2009). Cultural congruency, "based on the residents' mother language, a shared ethnic background with the staff, and shared customs", is assumed to create "a common ground for communication and understanding", which in turn, "enables caring relationships" and "increases the residents' well-being" (Heikkilä et al. 2007: 354). However, other researchers have noted that the extent to which minority elderly prioritize distinct provision of care services for their own culture as opposed to inclusive provision for all vary (Jones 2006; Holland and Katz 2010). Stordahl (1998) distinguished between 'cultural competence' and 'cultural understanding'. 'Cultural understanding' is understood as the insight required to work analytically within multicultural and mono-cultural contexts. 'Cultural competency' is understood as the knowledge, and the bases for action and judgment acquired through growing up in a particular culture, whereby one "qualifies for participation in a specific moral and cultural community" (Stordahl 1998: 13)[4]. However, Stordahl acknowledged that this distinction is not straightforward in clinical practice.

2.3.3 Sami elderly and healthcare

Efforts have been made to "find culture-specific features of the Sámi experience of well-being to use that information in the development of social and health care services" (Tervo and Nikkonen 2010: 13). Although stating that their findings should not be generalized to "the whole ethnic

[4] My translation

group", Tervo and Nikkonen suggest that "the Sámi population's well- being is inseparable from traditional livelihoods and lifestyle based on ecological, organic living" and "the natural environment" (2010: 13). According to Hanssen, communication and interaction with institutionalized elderly Sami suffering from dementia is influenced by the Sami "original culture" (2012: 1), "[t]raditional Sami cultural aspects" (2012: 2) such as "a common language" (2012: 2), "traditional clothes" (2012: 5), "the traditional 'gamme' and 'lavvo'" (2012: 5), "traditional foods" (2012: 3), "the rhythm of life" (2012: 3), "spirituality" (2012: 4), and "Sami singing traditions" (2012: 4). Elsewhere, Hanssen has emphasized the importance of the traditional Sami music, *yoik*, in the care of elderly Sami suffering from dementia (Hanssen 2011). These studies could be criticized for their essentialist representations of Sami culture. Furthermore, they could be criticized for equating Sami identity with personal identity, at the cost of other aspects of life that are significant for identity and well-being, such as gender, religion, and class, as well as the intersections of such factors. Other research has demonstrated that being female and being Sami are both relevant to "the art of being old" (Alèx, Hammarström, Norberg, and Lundman 2006).

A study of elderly South Sami's experiences with old age concludes that the elderly are satisfied with their healthcare services (Ness and Hellzen 2011). As a consequence of assimilation, the South Sami are bilingual, and their elderly reported no problems communicating with healthcare service providers. The report concluded that even if national guidelines require culturally accommodated healthcare services, the elderly South Sami wish to be treated equally to elderly Norwegians. The researchers related this to the fact that several of the participants in the study had experienced discrimination in their childhoods and were satisfied with being treated equally with other citizens in late adulthood. Furthermore, the researchers argued that throughout their lives, the South Sami elderly had learned to be thankful and not to demand special treatment. However, in a more recent publication based on the same material, Ness, Enmarker, and Hellzèn (2013) argued that the South Sami population is exposed to on-going and subtle colonization. They argued that the South Sami's "loss of traditions is the main problem for the interviewees" in their study (2013: 4). Furthermore, they contended that "it is important to prepare and teach nurses who work in the South Sami area in cultural care, traditional values and beliefs specific to

the South Sami population […] because such awareness is seen as the gateway to cultural competence" (Ness et al. 2013: 5).

3.0 Aims

In the proposal for the main research project, *the life stories project*, the preliminary title of this particular component study was *Engagement in life in context of Sami ethnicity, with special attention to health issues and aging*. In my opinion, there were four key elements in the preliminary title: Sami, engagement in life, health, and aging. The noun 'engagement' has several feasible meanings. Engagement could be related to the capacity to attract and hold someone's attention, as in, "The lecturer was engaging", or to involve oneself or become occupied, as in, "She was engaged in the conversation". I acknowledge that engagement in activities is a central aspect of engagement in life.[5] However, this was not the meaning of engagement that I wished to pursue in my study. Rather, I conceived of engagement as an attachment, a connection, or a sense of belonging. Engagement in life is an attachment to life, and it is a connection between life in the present, the past, and the future. In this sense, engagement is closely associated with identity, a concept that is elaborated further in the *Theoretical framework* section. Based on these reflections and the methods selected, I revised the title of the study to *The construction of Sami identity, health, and old age in policy documents and life stories. A discourse analysis and a narrative study*.

The overall research question for the study was as follows:

How are elderly Sami's experiences of health and identity in old age worked and expressed in the stories they tell about their lives?

The thesis is based on three articles that address the overall research question from different perspectives.

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[5] The significance of engagement with activities is explored in the two other component studies in *the life stories project*. See, for example, Drageset, I., Normann, K. and Elstad, I. (2012). Familie og kontinuitet: Pårørende forteller om livsløpet til personer med demenssykdom [Family and continuity: Next of kin tell about the lifespan of persons with dementia disease]. *Nordisk tidsskrift for helseforskning* 8(1): 3-19.

Article 1:

The aim of this article was to seek insights on the discursive landscape through which the elderly Sami expressed their life stories. Drawing on Foucault’s notion of governmentality (Foucault 1991; Neumann and Sending 2003), we considered policy documents that were of particular interest. On the one hand, policy documents “govern” because they determine political, educational, and research priorities. On the other hand, these documents express the “mentalities” operating in a particular society. Policy documents were considered both as products of and contributions to contemporary discourses. The research questions for this article were as follows:

- How are elderly Sami represented in Norwegian policy documents? (“The old Sami” – who is he…?)
- How are appropriate healthcare services for elderly Sami represented in the policy documents? (… and how should he be cared for?)
- Which contemporary discourses are represented in the documents?

Article 2:

The aim of this article was to explore the life stories of elderly Sami as sources of insights regarding their perceptions of health. The research question for this article was as follows:

- How are health experiences represented in the life stories of elderly Sami?

Article 3:

The aim of this article was to explore how elderly Sami were working their identities in the stories they told about their lives and how the individual life stories were framed and shaped by broader historical and social contexts. The research questions for this article were as follows:

- How are elderly Sami working their identities in their life stories?

- How are elderly Sami negotiating contrasting public narratives about the Sami in their individual life stories?

4.0 Theoretical framework

In the following section, I will provide an account of the theoretical framework of this thesis. First, I will describe the perspective on *discourse* applied in this study. Next, I will discuss relevant *narrative theory*, including the central concepts of *life story* and *public narratives*. Then, I will present the perspectives on *narrative identity* applied in this study. I will also provide an account of *narrative gerontology* and perspectives on *aging* inherent in this field of theory and research. Furthermore, I will briefly describe the perspective on *health* applied in this thesis. Finally, I will provide an account of the perspective on *culture* applied in this study, including a brief presentation of *post-colonial theory* and *critical cultural perspectives*.

4.1 Discourse

In the literature, the term 'discourse' is used by a variety of disciplines and in different ways (cf. Wood and Kroger 2000). A common element of the various approaches is the study of language in use, while another is the study of human meaning-making (Wetherell, Taylor, and Yates 2001). According to Foucault, discourse is the production of meaning through language. It is "the group of statements that belong to a single system of formation" (Foucault [1972] 2002: 121), "a group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment" (Hall 2001: 72). Discourse is a system of representation that constructs topics and governs how we discuss and conceive of those topics (Foucault [1972] 2002). Foucault described discourse as

> Relations between statements (even if the author is unaware of them; even if the statements do not have the same author; even if the authors were unaware of each other's existence); relations between groups of statements thus established (even if the groups do not concern the same, or even adjacent, fields; even if they do not possess the same formal level; even if they are not the locus of assignable exchanges); relations between statements and groups of statements and events of a quite different kind (technical, economic, social, political) (Foucault [1972] 2002: 32).

Thus, discourse never consists of a single, isolated statement; rather, it appears across a range of texts and actions within society (Hall 2001). Texts are both products of and produce discursively based understandings of reality (Cheek 2004).

According to Foucault ([1972] 2002), nothing has any meaning outside of discourse. This does not imply that he denied the material existence of things in the world, but rather that they "take on meaning and become objects of knowledge within discourse" (Hall 2001: 73). The Foucauldian notion of discourse is broader than 'language'. As Foucault stated, "a statement is always an event that neither the language (*langue*) nor the meaning can quite exhaust" (Foucault [1972] 2002: 31). Because a statement is "not a unit but a function" (Garrity 2010: 201), it cannot be reduced to language. Because all social practices entail meaning and meanings shape and influence conduct, all practices have discursive aspects (Hall 2001). Consequently, the Foucauldian notion of discourse includes both how topics are meaningfully discussed and reasoned and how these ideas are put into practice and used to regulate the conduct of others (Hall 2001). As noted by Garrity, "discourse crosses the theory-praxis divide by understanding (discursive) knowledge as a social practice – as doing something" (2010: 202).

Foucault also emphasized the historicity of discourses and the dependence of truths on specific historical contexts. According to Foucault, "[e]ach society has its regime of truth, its 'general politics' of truth" (Foucault and Gordon 1980: 131). These regimes of truth are sustained by the discursive formations that are produced by the relationships among statements. Discourse, knowledge, and power are interdependent. Knowledge both constitutes and is constituted through discourse as an effect of power (Carabine 2001). According to Carabine, discourses "convey messages about what is the norm and what is not" (2001: 277).

Statements do something, and discourse analysis (DA) explores what is done. The intention of DA is not to reveal the true meaning of what is said, or "rediscovering the unsaid" (Foucault [1972] 2002: 135); rather, the intention is to illuminate how truths and meanings are created by describing the world in one way or another, or in Rapley's words, "what is made available and what is excluded by describing something this way over an alternative way" (2007: 2). Texts are both *products of* and *produce* understandings of aspects of the social world (Cheek 2004). This has been referred to as the counter-hegemonic potential of DA (Traynor 2006). Garrity has noted that DA can analyze "what social practices or individual behaviors are required from specific subjects or individuals in order for them to be included within the social mainstream or cultural group" (2010: 202). From this perspective, DA was a suitable approach for my study of policy

documents regarding care services and elderly Sami. This study explored how "the old Sami" was constituted in policy documents regarding care services and, furthermore, how these documents were situated within dominant, contemporary ethno-political and healthcare discourses. The Foucauldian notion of discourse is useful for illuminating how categories that may be taken for granted are produced within historical discourses.

4.2 Narrative, life story, and public narratives

Several scholars have shed light on "the narrative turn" that has been taking place in the human sciences over the last four decades (e.g., Atkinson 1997; Elliott 2005; Bamberg 2007a; Spector-Mersel 2010). The interest in narrative theorizing and empirical inquiry has penetrated a wide range of disciplines, such as medicine, nursing, psychology, anthropology, sociology, history, cultural studies, communication, law, linguistics, gender studies, and gerontology. This vast interest in narratives has been referred to as a "narrative boom, or *frenzy*" (Bamberg 2007a: 1). Bamberg (2007a) identified two strands of narrative theorizing and inquiry: the *person* or *subjectivity-centered approach* and the *social* or *plot orientation*. The former approach focuses on narratives as personal means of imposing order on life and experience, and it is based on an assumption that life and experience are storied. The second approach focuses on the communal principles, master narratives, or dominant stories that are handed down from generation to generation and are assumed to guide the thoughts and conduct of individuals. In this thesis, I have taken advantage of insights from both strands of narrative theorizing.

Scholars employ the term 'narrative' in a variety of ways. In disciplines such as social history and anthropology, the term can be used to refer to an entire life story constructed from various sources, such as interviews, observations, and documents (Riessman and Quinney 2005; Riessman 2008). In the fields of psychology and sociology, the narratives subject to analysis are typically developed through individual or multiple interviews (Riessman and Quinney 2005; Riessman 2008). Among socio-linguists, the term 'narrative' refers to "a discrete unit of discourse, an extended answer by a research participant to a single question, topically centered and temporally organized" (Riessman 2008: 5).

Narrative can be defined as "discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insight about the world and/or people's experiences of it" (Hinchman and Hinchman 1997: xvi). Three key features of narratives are emphasized in this definition; they represent *sequences* of events, they are *meaningful*, and they are *social*. Chase (2011) has noted that, in much contemporary research and theorizing, narratives are perceived as conditioned by social context, discursive resources, and communicative circumstances.

Scholars in the multitudinous field of narrative inquiry study various properties of narratives. Coffey and Atkinson (1996) distinguished between narrative analyses that focus on form or function. Formal narrative analysis focuses on the structure and sequences of narratives, for example as suggested by the socio-linguist Labov (1982). According to Labov, a "fully formed" narrative includes an *abstract* (summary / point of the story), *orientation* (to time, place, characters, situation), *complicating action* (the event and turning point), *evaluation* (the narrator's comments), *resolution* (the outcome), and *coda* (ending the story and returning the action to the present). Narrative analyses focusing on function emphasize that individual narratives are situated within interaction and within social, cultural, and institutional discourses, and the analysis is focused on the effects (intended or unintended) of the narrative (Coffey and Atkinson 1996).

Holstein and Gubrium (2012a), Chase (2011), and Riessman (2008) have described different approaches in narrative inquiry based on the degree to which emphasis is placed on the 'whats' and 'hows' of narrative production. Analysis focusing on the relationship between individuals' life stories and their experiences primarily focus on the 'whats', the content, of personal narratives. Language is regarded as a resource for telling the story, rather than as the topic of inquiry (Riessman 2008). According to Holstein and Gubrium (2012a), narrative psychologists who focus on the relationship between narratives and identity development are typically interested in the 'whats' of narratives. However, in approaches focusing on the 'hows' of narrative production, the emphasis is on narrative practice, the act of storytelling. According to Chase (2011), in these approaches, narration is the practice of constructing meaningful selves, identities, and realities. Such analyses focus on "how narrators make sense of personal experience

in relation to cultural discourses", and narratives are perceived as "a window to the contradictory and shifting nature of hegemonic discourses" (Chase 2011: 422). Holstein and Gubrium (2012a) describe as a third approach that focuses on the reflexive interplay between the 'whats' and 'hows' of storytelling. From this perspective, stories and storytelling shape and are shaped by their circumstances, and "the analytic goal is to shift the focus to capture the interplay between the *whats* and *hows* of narrative production and its environments" (Holstein and Gubrium 2012a: 9). Further, Riessman highlights the possibilities inherent in a narrative analysis that interrogates intention and language, how and why incidents are storied: "For whom was this story constructed, and for what purpose? Why is the succession of events configured that way? What cultural resources does the story draw on, or take for granted? What storehouse of plots does it call up? What does the story accomplish? Are there gaps and inconsistencies that might suggest preferred, alternative, or counter-narratives?" (Riessman 2008: 11). Gubrium and Holstein (2009) uses the term *narrative reality* to capture both the *substance* of stories and the *activity* of storytelling, the texts and the contexts. They note, "If stories in society reflect inner lives and social worlds, society has a way of shaping, reshaping, or otherwise influencing stories on its own terms. The texts of accounts are important for narrative analysis, but so are the contexts, which we take to extend from interactional to institutional environments" (Gubrium and Holstein 2009: 15). Furthermore, they argue in favor of "narrative ethnography" as "a method of procedure and analysis involving the close scrutiny of circumstances, their actors, and actions in the process of formulating and communicating accounts", which "requires direct observation, with decided attention to story formation" (Gubrium and Holstein 2009: 22).

In this study, both the 'whats' and 'hows', the texts and the contexts, of storytelling are the subjects of interest. On the one hand, the individual life stories are perceived as sources of insight into the elderly Sami's experiences of health and identity in late life. On the other hand, I focus on how the individual life stories are framed and shaped by broader historical and social contexts and how various narrative resources are applied in the process of telling. I focus both on what is being told, the *content*, and on what occurs as a result of the telling, its *effects*. The formal features of the narratives, perceived as the structural and sequential ordering of narratives, as suggested by Labov (1982), have not been analyzed in this thesis. In this study, the analytical lens primarily focuses on what has been conceptualized as the macro- and meso-zoom, rather than on

the micro- and interactional-zoom (cf. Pamphilon 1999; Karlsson 2006). The macro-zoom focuses on the socio-cultural dimensions of individual narratives, for example the impact of dominant discourses and historical contexts. The meso-zoom focuses on the individual dimensions of the personal narratives, such as themes, what is told, and what is not told. This is what Riessman has conceptualized as the "macro contexts" – "connections between the life worlds depicted in personal narratives and larger social structures – power relations, hidden inequalities, and historical contingencies" (Riessman 2008: 76). The micro-zoom focuses on the oral dimension of the narratives, and the interactional-zoom focuses on the interaction between the interviewer and the interviewee. These zoom levels are analogous to what Riessman has conceptualized as "local context" – "audience, where a specific utterance or written narrative appears in a longer account, or the relational dimensions that produced it" (Riessman 2008: 76). The zoom metaphor illustrates that the choices a researcher makes with regard to analytical focus or perspective have consequences for what she or he is able to see.

This study likely falls under the category of research criticized by Bamberg for undertheorizing or dismissing the "groundedness of sense of self and identity in sequential, moment-by-moment interactive engagements" (2011: 10) and only crediting "life as reflected" and discrediting "life as lived" (2011: 14). The analytical focus of this study is primarily on the dialogue between the interviewees' personal stories and the broader stories available to them, rather than on the dialogue between the interviewees and me (the interviewer). The choice of analytic focus was guided by the research questions of the study and the theoretical perspectives on identity and old age applied in it (see below). Moreover, the influence of post-colonial and critical cultural perspectives (see below) substantially contributed to the adjustments to my analytical zoom. I realize that other perspectives, or other adjustments to the zoom of my analytical lens, would have resulted in other interpretations and discussions.

There are a variety of data sources for narrative inquiry: diaries, letters, autobiographies, and field notes on naturally occurring conversations (Chase 2011). Nevertheless, interviews are the most common data source in narrative inquiry (Riessman 2008). However, some have critiqued the "striking consensus" regarding the types of data on which narrative research is based (Georgakopoulou 2006). In recent years, there has been a debate on the differences between 'big'

and ‘small’ stories: stories derived from interviews, autobiographies, and the like, and stories derived from everyday social interaction, respectively. Part of this debate occurred in a series of articles first published in *Narrative Inquiry* 16(1), 2006 and later included in *Narrative – State of the Art* (Bamberg 2007b). Bamberg (2006) and Georgakopoulou (2006) have argued in favor of devoting greater attention to ‘small’ stories in narrative research. These ‘small’ stories are “tellings of ongoing events, future or hypothetical events, shared (known) events, but also allusions to tellings, deferrals of tellings, and refusals to tell” (Georgakopoulou 2006: 123). According to Bamberg, the point of departure for many “traditional narrative researchers” is what the narratives are *about* (2006: 140). In contrast, a narrative analysis of ‘small’ stories focuses on “narrating as an activity that takes place between people [... and] the present of ‘the telling moment’” (Bamberg 2006: 140). According to Georgakopoulou, ‘small’ stories “can enable the shift from the precious lived and told to the messier business of living and telling” (2006: 129). Freeman (2007), however, justified the interest in ‘big’ stories in narrative inquiry. ‘Big’ stories “entail a significant measure of reflection on either an event or experience, a significant portion of a life, or the whole of it” (Freeman 2007: 156). Precisely, he noted that the reflection inherent in ‘big’ stories, “entails a *going-beyond* the specific discursive contexts in which ‘real life’ talk occurs” because it is “a *meaning-making*, an act of *poiesis*, in which one attempts to *make sense* of some significant dimension of one’s life” (Freeman 2007: 157). Freeman dismissed the claim that ‘big’ stories represent “life on holiday”, a distance from everyday reality, by contending that reflection is indeed an aspect of life itself. Freeman argued for the importance of focusing on both ‘small’ and ‘big’ stories in narrative inquiry. Neither has privileged access to “the truth”; rather, they represent different aspects of life. In one respect, the personal narratives in this study could be conceptualized as ‘big’ stories, as they are produced in the contexts of planned research interviews. The interviewees knew in advance what my research interests were, and they had the opportunity to plan what stories they wished to present as their life stories. However, interviews are dialogues, and the interactional nature of dialogues makes them difficult to plan. Consequently, the interview material in this study consists of both ‘big’ stories that might well represent the interviewees’ reflections on life as a whole, and significant episodes in life, and of ‘smaller’ stories that the interviewees spontaneously “broke into telling” during the course of the interviews.

In the research literature, the term ‘narrative’ is used when referring to texts at several levels: stories told by research participants, interpretive accounts from researchers based on interviews and fieldwork observations, and the narratives constructed by the reader when engaging with the participants’ and researchers’ narratives (Riessman 2008). The comprehension of meaning as constructed through social interaction is fundamental to narrative inquiry. This applies to both research participants and researchers: “Meaning is generated by the linkages the participant makes between aspects of the life he or she is living and by the explicit linkages the researcher makes between this understanding and interpretation” (Josselson 2011b: 225). Some scholars draw a distinction between ‘stories’ and ‘narratives’, as Riessman did in her earlier works, stating, “Not all narratives in interviews are stories in the linguistic sense of the term” (Riessman 1993: 18). Frank has also, with reference to Harrington, distinguished between stories and narratives; stories being understood as “living, local, and specific”, referring to “immediate, concrete events, people, scientific findings, and more”, and narratives as “the resources from which people construct the stories they tell and the intelligibility of stories they hear” (2010: 14 and 121). Others use the terms interchangeably, as Riessman does in her later works (Riessman 2008), as “a consistent distinction between narrative and story is difficult to sustain in usage” (Frank 2010: 14). In this thesis, the terms ‘narratives’ and ‘stories’ are used interchangeably, and my use of the notion ‘narrative resources’ seems to overlap with Frank / Harrington’s notion of ‘narrative’.

‘Life stories’ are defined as the stories individuals tell about their lives in the context of the qualitative research interview. The plural form, “stories”, is used intentionally, to emphasize both that an individual has many life stories and that the stories he or she tells do not necessarily constitute one continuous and coherent life history. Life stories are not merely considered representations of or metaphors for “real life”. Stories *are* the way the world is for us, “they represent human reality, reality as it is for a situated, embodied, and self-creating being” (Kenyon 1996: 25). “Stories are representations not so much of life as it is, but of life as it is imagined, with that imagination shaped by previous stories. Storytelling is a dialogue of imaginations” (Frank 2012: 50). Consequently, individuals do not *have* one life story; we are *many* stories. “We are private or economic stories, inner stories, public stories, physical stories, family stories, emotional stories, and cultural stories” (Kenyon 1996: 26). The stories we are do not necessarily

merge into an overall, coherent life story. The term 'life stories' covers both the overall stories interviewees tell about their lives in a more or less continuous form and "topical" stories (Bertaux 1981; Pérez Prieto 2006) focusing on particular episodes or aspects of the interviewees' lives. Life stories are dynamic and changing. Several scholars have emphasized the intertwinedness of past, present, and future in life stories. For example, Riessman has noted that "we revise and edit the remembered past to square with our identities in the present" (2008: 8). Moreover, Randall has noted that "as our present changes, plus our expectations for the future, so will our perceptions of the past. No reading of any part of it is therefore ever final, impervious to further reinterpretation" (2011: 23).

Yet, we cannot become whatever story we wish. Stories are always told in social, historical, cultural, and interpersonal contexts that limit what is possible in storytelling. Riessman has noted that "stories must always be considered in context, for storytelling occurs at a historical moment with its circulating discourses and power relations" (2008: 8). From this perspective, life stories are indeed subjective accounts, but the discourses and power relations impact what can and cannot be told in the individual stories. Thus, the stories that are difficult to tell, stories that resist telling, might provide an opening for insights into the contexts, public narratives, and circulating discourses and their influences on individuals' narrative identities. Personal stories are framed and shaped, facilitated and inhibited, by the broader stories available in a particular socio-historical context.

A brief outline of the notion of 'public narratives' is required, while the perspectives on discourse applied in this study are described above. According to Somers, public narratives are "those narratives attached to cultural and institutional formations larger than the single individual, to intersubjective networks or institutions" (1994: 619). Loseke has used the term 'formula stories' about the "collective representation of disembodied types of actors […] stories producing such categorical identities associated with families, gender, age, religion, and citizenship" (2007: 663). These "collective representations" are narrative resources for individual storytelling. Elliot stated that "while each person has the capacity to produce a narrative about themselves that is creative and original, this narrative will take as its template existing narratives which each individual has learned and internalized" (2005: 127). Frank noted that "Humans' very real sense of selfhood is

constrained by the resources we have available to tell our own story, as well as by the stories that are told about people like us, group categorizations depending on the circulation of particular stories" (2012: 36). It is precisely the stories "about people like us", the "collective representations", that are conceptualized as 'public narratives' in this thesis. Although public narratives might remain stable over periods of time, they have the capacity to change. A dialogical relationship between individual stories and public narratives implies that individual stories have the capacity to shape and revise public narratives. As Holstein and Gubrium have noted,

> What is or is not properly tellable in a particular locale is never completely distinct from the ongoing construction of narratives. New narrative resources develop and are reflexively employed both to story selves and to revise expectations about the acceptability of accounts. All of this serves to diversify the resources available for constructing identity (2000: 116).

4.3 Narrative identity

Numerous scholars employ the concept of narrative identity in various ways. Despite differences among scholars, a common point of departure seems to be the acknowledgment of identities as "multidimensional and connected to social, historical, political and cultural contexts" and "constituted via narratives in and through time" (Smith and Sparkes 2008: 7). In a perspicuous article, Smith and Sparkes (2008) provided an outline of contrasting perspectives on narrative identity. The theoretical perspectives applied in this study are situated among those perspectives conceptualized by Smith and Sparkes as *dialogical* and *storied resource perspectives*. From the storied resource perspective, narrative identity is perceived as something individuals do, rather than something they have. The focus is on "how larger and local understandings shape identities, selves and biographical work" (Smith and Sparkes 2008: 18). Narrative identities are not perceived as purely individual expressions, but also as social. Individuals employ the narrative resources available to them to construct narrative identities. Taylor (2006) and Taylor and Littleton (2006) are representatives of the storied resource perspective, as they perceive personal narratives as "a version of the speaker's ongoing identity work across different interactions" and a "situated construction, produced for and constituted within each new occasion of talk but shaped by previously presented versions and also by understandings which prevail in the wider

discursive environment, such as expectations about the appropriate trajectory of a life" (Taylor and Littleton 2006: 23). Elliot conceptualizes narrative identity as "a product of an interaction between the cultural discourses which frame and provide structure for the narrative, and the material circumstances and experiences of each individual" (2005: 127). These broader cultural discourses are resources that frame and shape the individuals' personal stories. Thus, a person "draws upon established and recognizable larger narrative resources to construct an identity and sense of self, but in ways that are unique to the circumstances of a particular life" (Smith and Sparkes 2008: 20). Closely related to the storied resource perspective is the dialogic perspective on narrative identity, largely inspired by the works of the Russian literary critic and philosopher Mikhail Bakhtin. According to Bakhtin (cf. Smith and Sparkes 2008: 20f), individuals exist through their relations with others, and these constitutive relations are characterized by "unfinalisedness, openendedness and indeterminacy". One representative of the dialogical perspective is Hermans (2001, 2002), who challenges both the idea of a core, essential self and the idea of a core, essential culture. He conceives of self and culture as "a multiplicity of positions among which dialogical relationships can be established" (Hermans 2001: 243). There are many I-positions that can be occupied by the same person, and the dialogical self is always tied to a particular position in space and time (Hermans 2001: 249). Furthermore, the dialogical self is social in the sense that other persons occupy positions in the self; "I'm able to construe another person or being as a position that I can occupy and as a position that creates an alternative perspective on the world and myself" (Hermans 2001: 250). Another representative of the dialogical perspective is Frank (2010). With reference to Alasdair MacIntyre's philosophical account of narrative identity, Frank states that the narrative of one's life "is part of an interlocking set of narratives" (Frank 2010: 199). We learn from the stories that culture makes available to us, which identities are available to us and, more fundamentally, what identity is. Narrative identifying is a reciprocal process of narratives making available possible identities and individuals identifying themselves through narratives (Frank 2010). Both the storied resource and dialogical perspectives provided a suitable framework for grappling with the complex interplay among individual identity work, social and historical contexts, and broader discourses and public narratives.

4.4 Aging and narrative gerontology

During the 1990s, the growing field of social gerontology lead to an increasing awareness of the relationship between socio-economic and cultural factors and personal narratives as influences on social identity in later life (Phillipson and Biggs 1998). According to Grenier, there is a growing tendency in the field of critical gerontology to "combine insights on structured conditions with lived experience in order to better understand the complexities of ageing" (2012: 23). Critical gerontology's potential for "including elements of social structure and the discourses arising from it, seen through the humanizing lens of personal experience" is also emphasized by Biggs (2004: 44). From the stories individuals tell, we can learn about personal experiences of aging and the social nature of aging (Phoenix and Smith 2011). Narrative gerontology (NG) conceptualizes life as storied (cf. Kenyon and Randall 1999). The assumption that "life is a biographical as much as a biological phenomenon" is fundamental to NG (Randall 1999: 12). A core assumption in NG is that identity development does not stop at any age, but continues throughout life (Kenyon, Clark, and deVries 2001; Bohlmeijer, Westerhof, Randall, Tromp, and Kenyon 2011). Narrative development is a potentially infinite process (Bohlmeijer et al. 2011). Kenyon and Randall (1999) provided an outline of the ontological and epistemological levels of discourse reflected in NG. On the ontological level, human beings are perceived not only to *have* stories, but also to *be* stories. On the epistemological level, life stories are perceived to have personal, interpersonal, sociocultural, and structural aspects, which are interrelated. Furthermore, Kenyon and Randall note that life stories are "made up of both facticity and possibility" (Kenyon and Randall 1999: 2). The facticity of stories refers to the story we are or live at any point in time, whereas possibility refers to the elements of a life story that are subject to change or restorying. Individuals do not *have* a life story; we are *many* stories, and the stories we are do not necessarily merge into an overarching, coherent life story. Yet, as noted above, we cannot become whatever story we desire. Stories are always told in social, historical, political, cultural, and interpersonal contexts. According to Holstein and Gubrium, narratives of the self exist in the space between *discursive practice*, "the interactional articulation of meaning with experience, centering on the artful procedures through which selves are constituted", and *discourses-in-practice*, "the discursive possibilities for, and resources of, self construction at particular times and places" (2000: 94). Acknowledging that our stories are told, sustained and transformed by public

narratives, social structures, and discourses is crucial in NG. Thus, storytelling is both actively constructive and locally constrained (Holstein and Gubrium 2000). Narrative gerontology is concerned with exploring the dynamic between inner personal meaning and external possibilities and constraints. Thus, NG provides a suitable framework for this thesis, which focuses on how elderly Sami's life stories, including their narratives regarding health and identity, are framed and shaped by broader historical, social, discursive and narrative contexts.

4.5 Health

In this thesis, I employ the terms 'health' and 'well-being' interchangeably. I regard health as something other than the absence of disease or a state of total well-being. Partly, I rest my assumptions regarding health on the philosopher van Hooft's writings on the topic (van Hooft 1997, 2006). According to van Hooft (1997), health is an experience and a condition of subjectivity. The material dimension of health refers to all of the processes of the organism that are necessary for biological life, such as respiration, circulation, and metabolism. The pragmatic dimension of health comprises the everyday practical concerns and activities in which we engage. The conative dimension of health concerns our "reaching out of subjectivity towards the world and others" (van Hooft 1997: 25) through care and desire. Finally, the integrative dimension of health entails striving for meaning, the "need to give our lives a structure analogous to the narrative form of a history" (van Hooft 1997: 26). The interest in individuals' life stories as sources of insight into perceptions of health is consistent with the notion of health as a condition of subjectivity, as espoused by van Hooft. Life stories reflect all four dimensions, the integrative being the most obvious. In addition to imposing life structure, the life stories are *about* something: everyday life, care, and desire. Furthermore, life stories are embodied; they concern bodies and they are told through bodies.

However, by exclusively focusing on health as a subjective condition, we risk ignoring the impact of broader "external" factors on individual health. The social, economic, historical, and cultural positioning of individuals intersect and have an impact on individual health (Browne and Varcoe 2009). In this thesis, I argue that it is necessary to combine micro and macro perspectives when grappling with issues regarding health and elderly Sami. Macro perspectives demand a

contextualization of interpersonal encounters. Health is not a passive state; rather, it is an active process. Health is both a subjective experience and a socially constituted phenomenon. Within social, historical, economic, and cultural frames, individuals actively negotiate health in the stories they tell about their lives. I argue that regarding health as an active engagement with history allows for a broader understanding of issues regarding health and elderly Sami.

4.6 The notion of culture from a critical cultural perspective and post-colonial theorizing

Browne and Varcoe claimed, with reference to Razack, that there is a strong tendency in Western society to regard culture as "something fixed or static, and as primarily comprising the beliefs, values, behaviours, and customs inherent among ethnocultural group members" (2006: 158). Many definitions of culture tend to "erase the complexity and shifting nature of culture" (Browne and Varcoe 2009: 35) and "make invisible the processes whereby culture is created and recreated on an ongoing basis" (Gray and Thomas 2006: 77). In this thesis, culture is considered relational, shifting, and changing over time. I follow Allen, who has argued that culture is created through discursive acts, a "series of conversations or texts that are organized around a similar topic or discursive object" (1999: 228). A consequence of viewing culture as a socially mediated process, rather than as a set of traits (cf. Gustafson 2005; Vandenberg 2010), is the necessity to focus on the historical and social contexts that shape the construction of 'cultural groups'. From a critical cultural perspective, culture is "located in a constantly shifting network of meanings enmeshed within historical, social, economic and political relationships and processes. It is not therefore reduced to an easily identifiable set of characteristics, nor is it a politically neutral concept" (Anderson and Reimer-Kirkham 1999: 63).

A core assumption in post-colonial perspectives is that a collective history, such as histories of colonization and assimilation, has effects at the individual level (cf. Adelson 2005). Post-colonial theory draws attention to the impact of historical and socio-economic factors on individuals' lives but forestalls attempts to represent these as issues of "cultural difference" (Browne, Smye, and Varcoe 2005). It is crucial to consider indigenous peoples as actively responding to their (post)colonial situation, rather than simply as passive victims (Adelson 2005).

Critical cultural perspectives do not imply that individuals are not carriers of values, customs, or practices or that individuals' values and practices are insignificant in healthcare contexts. Rather, from these perspectives, individuals' values, customs, or practices are regarded as highly significant, as they intersect with broader social determinants of health (Browne and Varcoe 2009). For example, rather than explaining individuals' health-related practices as determined by their culture, in critical cultural perspectives values and behaviors are perceived to be equally influenced by social factors such as income, education, and geographical location. Instead of viewing individuals as "products" of their culture, these perspectives also call attention to other aspects of life that are significant for identity, such as gender, religion, class, and rural or urban living conditions. Scholars positioned in post-colonial and critical cultural perspectives have noted the importance of recognizing variations in individual experience while acknowledging the shared histories of marginalization that have affected particular groups (Browne, Varcoe, Smye, Reimer-Kirkham, Lynam, and Wong 2009). In these perspectives, "cultural competence" does not involve learning a constant, coherent body of knowledge inherent to any given "culture", e.g., "the Sami culture", but rather acknowledging that each individual's personal narrative is framed by a unique combination of personal, social, and political discourses (Keddell 2009). The perspectives direct attention towards how experiences of being part of a minority or marginalized group might affect individual experiences of health and well-being. This involves being "informed not-knowers" (Keddell 2009: 237); in a sense, this implies being informed about social, political, and historical processes while simultaneously realizing that it is impossible to know what these processes imply in the lives of particular individuals. In this sense, post-colonial and critical cultural perspectives provide sensitivity to the needs of individuals' whose "cultural" identities are fluid or ambiguous as a consequence of colonization and assimilation. Furthermore, a critical cultural perspective challenges the notion of culturally "neutral" or objective healthcare services. Healthcare providers are regarded as being influenced by social, cultural, historical, and geographical contexts. Healthcare providers are encouraged to reflect on how their own social, cultural, economic, and professional backgrounds have shaped their assumptions about the individuals they encounter.

5.0 Methods

This thesis is based on two separate but thematically interrelated studies: a discourse analysis of policy documents regarding care services for elderly Sami and a narrative analysis of the life stories of nineteen elderly Sami as related in the context of qualitative research interviews. In the following, I will provide separate accounts of the two methodological approaches.

5.1 Discourse analysis of policy documents regarding care services for elderly Sami

In the early phases of my PhD work, I did what most researchers do while working on research protocols and preparing to conduct studies: I read a considerable number of research articles, books, and policy documents related to my topic of interest. Whereas I was new to this research field, I did not, at that point, question this literature, and it significantly contributed to my pre-suppositions regarding Sami elderly and healthcare services. In particular, one document was referred to frequently in the literature concerning Sami and healthcare services. This was the *NOR 1995:6 Plan for health and social services for the Sami population in Norway*[6] (Ministry of Health and Social Affairs 1995). This massive document was the first policy document to address health and social services for the Sami population in Norway and the first public articulation of the needs of the Sami population in this regard. At that point, I did not consider the document representative of contemporary Sami political discourse and dominant theoretical perspectives in healthcare, but a representation of the current knowledge base regarding the Sami population and healthcare. It was not until after I had conducted the interviews that, while working on the analysis of the interview material, I began to critically reflect on the literature I had been reading. After much thought on and discussion of the issue with my supervisors and research fellows, I decided to pause and return to the literature. I spent most of the spring and autumn of 2010 re-reading a sample of this literature and conducting a discourse analysis of four policy documents concerning the public care services provided to elderly Sami in Norway.

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[6] NOU 1995:6 Plan for helse- og sosialtjenester til den samiske befolkning i Norge. Text exclusively available in Norwegian.

Discourse analysis is an approach rather that a method. As highlighted by Potter and Wetherell, “there is no method to discourse analysis in the way we traditionally think of an experimental method or content analysis method. What we have is a broad theoretical framework concerning the nature of discourse and its role in social life, along with suggestions about how discourse can best be studied” (1987: 175). Nonetheless, as a researcher I must provide an account of the “decision trail” (Cheek 2004) regarding the analysis I conducted. Such a trail involves explicating the theoretical understandings of discourse and DA upon which the analysis is based, as I did in section 4.1 *Discourse*. Furthermore, I will have to describe which texts were analyzed, why they were chosen, and how they were generated (Cheek 2004). This will be pursued in the following section.

5.1.1 Choosing policy documents for analysis

For this study, I searched for documents initiated and published by the Norwegian government that addressed healthcare and social services for elderly Sami. The four documents included in the study are displayed in Table 1 in Article 1 (Blix et al. 2013a).

The *NOR 1995:6 Plan for health and social services for the Sami population in Norway (NOR 1995:6)* (Ministry of Health and Social Affairs 1995) was the first Norwegian policy document to comprehensively address health and social services for the Sami population in Norway. I focused my attention exclusively on chapter 7, *Care for the elderly in Sami areas* [7] and the introductory / background chapters 1 – 4. In 2001, the Ministry of Health and Social Affairs published a follow-up action plan to the NOU 1995:6, *Diversity and equality. Action plan for health and social services for the Sami population in Norway, 2001-2005*[8] (Ministry of Health and Social Affairs 2001). I focused my attention on chapter 1, *Equality as a challenge in the health and social sectors,*[9] and section 3.7.1, *Care for the elderly*[10]. Because of the lengthy period since these two

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[7] Eldreomsorg i samiske områder

[8] Mangfold og likeverd: regjeringens handlingsplan for helse- og sosialtjenester til den samiske befolkningen i Norge 2002-2005. Text available in the North-Sami and Norwegian languages

[9] Likeverd som utfordring for helse- og sosialsektoren

documents were published, I wished to include more recent policy documents on the topic. *Report no. 25 (2005-2006) to the Parliament. Long-term care. Future challenges. Care plan 2015*[11] (Ministry of Health and Care Services 2006b) and *Report no. 47 (2008-2009) to the Parliament. The Coordination Reform. Proper treatment – at the right place and the right time*[12] (Ministry of Health and Care Services 2009) addressed issues in Norwegian health and care services in general, with only limited discussions of the Sami population and elderly Sami in particular. I focused my attention on the sections specifically addressing issues regarding the Sami population: section *5.1.2, The Sami*[13]*,* in *Report no. 25* and *Chapter 11, Special challenges of the Sami population*[14]*,* in *Report no. 47*.

Other policy documents from the period were considered, e.g., *National Health Plan (2007-2010)*[15] (Ministry of Health and Care Services 2006a) and *Dementia Plan 2015*[16] (Ministry of Health and Care Services 2007). These documents mentioned issues concerning Sami and healthcare services but not to an extent that would have made it meaningful to include them in the study. *National Health and Care Plan (2011-2015)*[17] (Ministry of Health and Care Services 2011) was not yet published when the analysis was conducted. I did, however, read the document in the late phases of writing the article based on this study. To the extent that elderly Sami were

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[10] Eldreomsorg

[11] St.meld. nr. 25 (2005-2006) Mestring, muligheter og mening. Framtidas omsorgsutfordringer. Document available in Norwegian. Parts of the document are available in English, but not the sections included in the analysis.

[12] St.meld. nr. 47 (2008-2009) Samhandlingsreformen. Rett behandling – på rett sted – til rett tid. Document available in Norwegian. Parts of the document are available in English, but not the sections included in the analysis.

[13] Samene

[14] Særskilte utfordringer for den samiske befolkning

[15] Nasjonal helseplan (2007-2010)

[16] Demensplan 2015

[17] Nasjonal helse- og omsorgsplan (2011-2015)

mentioned, this policy document did not contribute significantly different perspectives from the documents analyzed in this study.

5.1.2 Conducting the discourse analysis

Initially, I read all of the documents several times to obtain an overall impression. I took notes to record the thoughts and questions occasioned by the readings. Then, I scanned the documents purposefully to identify statements on the topic of interest: elderly Sami and care services for elderly Sami. In this phase of the analysis, I used QSR N'Vivo 9 software (QSR International 2010) to manage and maintain order in the texts. I applied key words, so-called "free nodes", to passages in each text to highlight statements that appeared relevant. Finally, I compared the identified statements to identify similarities, differences, or contradictions among statements that occurred in the same or different documents. This process was conducted in close collaboration with my supervisors, with whom I continually discussed the identified statements and my interpretations.

None of the analyzed policy documents were published in their entirety in English. Consequently, I was forced to translate the sections cited in the article based on this study. Although I strived to ensure that the translations were as close to the original texts as possible, there is no guarantee that this process did not generate slight changes in the texts. I, along with the co-authors, take the full responsibility for the translations of all quotations from the documents presented in the article based on this study.

In this study, I adopted a Foucauldian notion of discourse. Consequently, my intentions were not to reveal the original agendas or "true" meanings of the policy documents. The focus was not on describing what statements *say*, but what they *do*. Thus, my purpose was to explore what the statements in the documents contributed to the discursive formations characterizing elderly Sami and care services. The special status of the *NOR 1995:6* soon became evident. This document was far more comprehensive than the other documents included in the study, and it formed the basis for the other three documents. I initiated my analysis by exploring how elderly Sami and care services were constructed in the *NOR 1995:6*, and I continued the analysis by exploring how statements from the other three documents augmented, nuanced, or challenged statements in the

NOR 1995:6. Furthermore, the analysis focused on how the discursive formations in the four documents related to contemporary ethno-political and healthcare discourses, as only when "[t]he same discourse, characteristic of the way of thinking or the state of knowledge at any one time […] appear across a range of texts, and as forms of conduct, at a number of different institutional sites within a society […] they are said by Foucault to belong to the same discursive formation" (Hall 2001: 72f).

5.2 Dialogical narrative analysis of life stories related in the context of qualitative research interviews

5.2.1 Choosing municipalities

As noted above, the Sami population is heterogeneous. Some geographic areas were more affected by the assimilation policies than others. Moreover, the co-existence of several ethnic groups in the same geographic area and the long history of interaction and intermarriage among the ethnic groups produced a complex ethnic situation. I wanted this study to reflect some of the complexities of the Sami population. Consequently, I sought to interview both elderly Sami residing in a municipality where the Sami constituted a considerable proportion of the population and elderly Sami residing in a municipality where the Sami were a small minority. The municipality where the Sami were a small minority was located in Troms County, the other municipality was located in Finnmark County. Both municipalities had ethnically diverse populations. My intentions were not to compare elderly Sami living in the two municipalities, but rather to represent some of the diversities of the Sami population.

5.2.2 Participants and recruitment

The focus on <u>identity</u> and <u>health</u> in <u>old age</u> was reflected in the inclusion criteria used in the study. The participants in the study should be over 67 years old[18], consider themselves Sami, and

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[18] This particular inclusion criterion reveals one of my presuppositions concerning old age. Prior to the study, I had not considered the large age range in the group of elderly from 67 years and older. I had rather tended to perceive the elderly as *one* age group. However, the elderly are heterogeneous, including with respect to age. The age range of the participants was nearly 30 years. I was struck by this realization when one of the oldest participants actually

experience health problems of some sort. All participants should be able to provide informed consent.

The participants were recruited in two ways: through managers of local nursing homes and care services and through local senior associations. After receiving formal approval from the Regional Committee for Medical and Health Research Ethics (Appendix 1), I sent an informational letter regarding the study to managers of local nursing homes and home care services in the municipalities (Appendix 3). After a period, I contacted the managers on the telephone to provide further information on the study. All managers generously offered to help in the recruitment of participants. I sent informational letters and consent forms in the Sami and Norwegian languages (Appendix 4), and postage-paid envelopes to the mangers, and they distributed these letters to persons they believed would meet the study's inclusion criteria. I also made telephone contact with leaders of senior associations in the Troms municipality and informed them of the study. I was invited to the meetings of three different senior associations. At these meetings, I described the study and distributed informational letters and consent forms in postage-paid envelopes. Due to the substantial geographical distances and limited economical resources, I did not attend the meetings of senior associations in the municipality in Finnmark County. Thus, the participants from the municipality in Troms County were recruited both via nursing homes / home care services and local senior associations, while the participants from the municipality in Finnmark County were exclusively recruited via nursing homes / home care services. This might have contributed to differences among participants from the two municipalities with respect to age and general functioning. The participants from Finnmark were, on average, 8.5 years older than the participants from Troms. However, the majority of participants from both municipalities lived at home with or without help from home care services. As we did not intend to compare participants from the two municipalities, we had no concerns about these differences. The small number of participants living in nursing homes / assisted living facilities can likely be ascribed to difficulties in identifying potential participants able to give informed consent in nursing homes. It is estimated that over 80% of the patients living in Norwegian nursing homes / assisted living

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encouraged me to interview her son because he, in her words, had "a far better memory". Furthermore, her son could have participated in the study, as he was 70 years old at the time.

facilities suffer from dementia (Selbæk, Kirkevold, and Engedal 2007; Sosial- og helsedirektoratet 2007).

Persons who were interested in receiving additional information about the study and possibly participating sent their written consent in postage-paid envelopes. After receiving the consent letters, I made telephone contact with the individuals to provide additional information about the study and possibly make appointments for interviews. A small number of the persons I contacted chose not to participate after learning more about the study. I was initially surprised by such responses, but I thanked the person for showing interest in the study and for taking the time to discuss it with me. However, when this problem began to recur, I grew concerned that there was something wrong with the way I had presented the study, or worse, that something about the study was fundamentally flawed. I discussed the matter with my supervisors, and they encouraged me to inquire into the matter, if it happened again. They suggested that I should ask, in a gentle manner, why the person did not wish to participate after hearing more about the study. I had the opportunity to do so on three occasions. On all of these occasions, the persons expressing second thoughts about participating were women. One of the women responded that she was so inspired by our talk that she had actually decided to write her own story and consequently did not wish to "give it away for free" to me. However, the two other women stated a quite different reason for changing their minds. They both expressed concerns that their life stories would not be interesting because they had "not accomplished much" in life, as they had spent most of their lives "in this little village", "at home with the children". They encouraged me to interview persons who had "more exciting stories to relate". When I assured these women that the stories about life in "the little village", "at home with the children", were the types of stories I was interested in, they reconsidered and chose to participate. I chose to mention these incidents in my thesis for two reasons. First, they caught me by surprise because of my presupposition that the narrative nature of the study (sitting down, telling another person about your life) would appeal to women. Second, because they became a strong reminder for me of the potential inherent in narrative research to give voice to stories that are not often heard in the public discourse. It could, of course, be a coincidence that all those hesitating to participate in this particular study were women, but I do not believe that we should disregard the impact of gender. According to Sangster, women's narratives are often characterized by "understatements,

avoidance of the first person point of view, rare mention of personal accomplishments and disguised statements of personal power" (1994: 7, citing Etter-Lewis).

Initially, twenty-two persons agreed to participate in the study. Three persons were excluded due to doubts about their ability to provide informed consent. When I met these three persons face to face, I came to have doubts concerning their comprehension of the situation. It gradually became obvious to me that the persons did not understand who I was and why I wanted them to tell me their stories. Upon recognizing this, I turned off the recorder and terminated the interview in a gentle manner, allowing it to fade into an ordinary conversation. The sound files from these interviews were deleted immediately.

Eventually, nineteen persons were interviewed: ten persons residing in the municipality in Troms County and nine persons living in the municipality in Finnmark County. Eleven of the interviewees were women, and eight were men. The youngest interviewee was 68 years old, and the oldest was 96. There were two married couples among the interviewees. Based on their wishes, one of the couples was interviewed together and one separately.

Table 1: Participants

Participants	**Municipality in Troms County**	**Municipality in Finnmark County**
n	10	9
Women	4	7
Men	6	2
Married couples	1	1
Range of birth years	1924 - 1941	1913 – 1936
Nursing home / assisted living facility	1	2
Living at home with or without help from home care services	9	7

5.2.3 Interviews

The interviews were conducted during the period from fall 2009 until early winter 2010. All interviews were conducted either in the homes of the interviewees or in the nursing home / assisted living facility in which they lived. Several of the interviews occurred in the homes of the interviewees, which proved to be of substantial importance. Photographs and objects in the homes were often incorporated in the stories, and the interviewees often situated their stories and reflections by pointing out the window at houses of neighbors or at mountains, the sea, and the river. The interviews lasted between 45 and 150 minutes and were digitally recorded. In addition to the interview with the married couple that wished to be interviewed together, there were other persons present during three of the other interviews. In the interviews with two men, their wives were present in the kitchen while the interviews were conducted in the living room. In both cases, the wives commented on what was said during the interviews. In an interview with one woman, her daughter in law was present in the kitchen while the interview was conducted in the living room. In this case, I offered to return at a later time to conduct the interview. The interviewee, however, insisted that the daughter in law's presence in the kitchen was unproblematic. The interviewee even stated that daughter in law "would not hear a word of what we said" because she was hearing impaired. In one instance, the interview was interrupted, as unexpected visitors arrived at the interviewee's door. We then terminated the interview and made an appointment for a new interview the following week. In another instance, the interviewee, after finishing the interview, invited me to return to continue the conversation at a later occasion, which I did.[19]

A thematic interview guide was used during the interviews (Appendix 5). Prior to starting the digital recorder, I noted basic data, such as age, place of birth, marital status, and prior occupation. The interview guide consisted of a broad and open introductory question, followed by several bullet points that suggested possible themes for the interviews. All of the interviews began with me inviting the interviewee to speak about her or his life in a manner of her or his choosing. I wanted to let the interviewees speak as freely as possible and therefore attempted to

[19] The second conversation was not digitally recorded, and no notes were taken.

not interrupt their stories unnecessarily. The interviewees varied in the manner in which they told their stories. Some of them spoke almost unsolicited and continuously, while others needed assistance, including more or less specific prompts to help them continue with their stories. Originally, I intended to conduct two interviews with each interviewee, one focusing on their life stories and one focusing on their experiences of aging and health. This option was delineated in the informational letter sent to the participants. The reason I suggested the option of conducting two interviews was that I was concerned that one long interview could be tiring for some of the participants. However, all of the interviews were ultimately conducted in a single session. One reason for this was that I never had the impression that any of the interviewees became fatigued during the interviews. Another reason was that the interviews were never structured into one part on the interviewees' life stories and another on their experiences of aging and health. Rather, the interviews varied thematically among stories about the past, reflections on the present, and thoughts about the future. There were substantial variations among the interviews with respect to form. While some of the interviewees easily "broke into storytelling", others did not. Consequently, some of the interviews consisted of many stories in succession, while other interviews consisted of fewer stories but rather what has been termed descriptions and argumentations (cf. Spector-Mersel 2011).

Towards the end of the interviews, all interviewees were invited to elaborate on how they had experienced being interviewed in this manner. All the interviewees expressed appreciation for being interviewed. For some of the interviewees, having the opportunity to "talk about themselves" to someone interested in listening was a rare but appreciated experience. Some were concerned that they had not "given" me what I wanted. Some had difficulties seeing how their "small stories" about "everyday life" in "this little village" could be of any interest to anyone. While others were confident that they, by telling their stories, contributed important knowledge on healthcare and encouraged me to use their stories for "whatever they were worth".

Unfortunately, I do not speak the Sami language. All interviews were conducted in Norwegian. Norwegian was the first language of nine of the interviewees from Troms County, while Sami was the first language of all other interviewees. When I, upon receiving the letters of consent, made initial contact to make interview appointments, three persons voiced concerns regarding

whether they would be able to express themselves satisfactorily in Norwegian. I then suggested to use an interpreter, but they all chose to conduct the interviews in Norwegian. Seven of the interviewees reported speaking Norwegian fluently and maintained that it was not problematic for them to be interviewed in Norwegian. Nonetheless, in retrospect, I realized that I should have suggested to use an interpreter in all interviews with Sami-speaking interviewees. Further implications of conducting interviews in Norwegian will be discussed in section 5.2.5 *Ethical considerations*.

5.2.4 Dialogical narrative analysis

Immediately after the interviews, I wrote field notes about how I initially established contact with the interviewee, the course of the interview, and whether other persons were present during the interview, as well as other general comments about the interview, unresolved matters, and general thoughts. I used these field notes several times during the research process, both while transcribing the material and in further analysis.

I transcribed the digital sound files. This was not a straightforward task, as "a transcript is a translation from one narrative mode – oral discourse – into another narrative mode – written discourse" (Kvale and Brinkmann 2009: 178). I chose to transcribe the interviews verbatim, retaining the dialects of the interviewees and myself, as well as pauses, laughter, crying, sighs, emphasis in intonation and raised and lowered voices. However, irrespective of how detailed the transcriptions, there will always be details and nuances that cannot be "captured" in written text. Whether such a detailed transcription procedure was necessary in this study is an open question. However, when I made the transcriptions, I had not decided what type of narrative analysis I would apply in this study. Narrative analysis can take a wide array of forms, with varying focus on content, themes, or structures. While thematic narrative analysis interrogates "what" is told, structural forms of narrative analysis focus on "how" stories are told (Riessman 2008; Holstein and Gubrium 2012b). By making detailed transcriptions of the interviews, my aim was to preserve the opportunity to conduct either a thematic or structurally oriented narrative analysis of the material.

Following the transcription, I listened to the tapes again and re-read the transcribed texts. I wrote summaries of every interview. These summaries were condensed accounts of the life courses of the participants. Kvale and Brinkmann (2009) describe such a process as constructing a narrative from the many episodes spread throughout an interview. Following this phase, I returned to the transcribed interviews and began searching the material for specific stories. I worked with one interview at a time in a process involving a purposeful search for stories. I had noticed some stories during the interviews, and some became evident during the transcription process. However, more subtle stories, some of them amounting to only a few sentences, grew out of this purposeful engagement with the material. At this point, I presented the material to my supervisors and discussed it with them regularly.

As noted by Riessman (2008), the stories in a text often lack clear-cut borders, and the researcher participates in the creation of stories, rather than "finding" them in the interviews, by deciding what to present as stories. Furthermore, my participation in the creation of the stories could be described as "reconstructing the told from the telling", in which I "reconstruct an order of the told from the telling(s) [which] becomes the 'narrative' for further analysis" (Mishler 1995: 95), as was the case for the condensed summaries of the interviews. Thus, the 'narratives' analyzed in this study were both 'reconstructions of the told from the tellings' and shorter 'topical' life stories (Bertaux 1981; Pérez Prieto 2006) concerning specific incidents in the lives of the interviewees. Thus, the interviewees and I co-created the narratives in this study. I participated in the creation of the narratives at several levels: through formulating the research question, as co-creator of the interview contexts, and as the writer and reader of the texts for further analysis (cf. Josselson 2011a). The translation of the narratives from Norwegian to English added yet another level to this participation, as did the changes I had to make to the texts to protect the confidentiality of the interviewees. As Josselson noted, "What we are analyzing are texts, not lives" (2011a: 37); furthermore, "Every aspect of narrative work is interpretive, as everything implies meaning. […] We, as researchers, 'coproduce' the worlds of our research. We don't simply 'find' these worlds. Truth is primarily a matter of perspective…" (2011a: 38). According to Frank, "Dialogical research requires hearing participants' stories not as surrogate observations of their lives outside the interview but as acts of engagement with researchers" (2005: 968). I consider narratives as neither direct representations of historical events nor direct reflections of the identities of the

participants. The life stories in this study grew from my dialogue with the interviewees and through my dialogue with the texts. It is important in dialogical research to not terminate the interviewees' "struggles of becoming" (Frank 2005) through the establishment of finalizing categories.

It was crucial for the analysis to avoid fracturing the life stories into thematic categories and instead treat each story as a whole (cf. Riessman 2008). In this respect, narrative analysis differs from a "traditional" theme-oriented method of analyzing qualitative material (Chase 2011). Rather than constructing themes across the different life stories, I "listened to the voices within each narrative" (cf. Chase 2011: 424). Given the scope of the study, exploring how elderly Sami individuals' are "working" their health and identities within broader socio-historical contexts while relating their life stories, a dialogical narrative analysis (DNA), as suggested by Frank (2005; 2010, 2012), appeared to be a suitable approach. Dialogical narrative analysis "studies the mirroring between what is told in the story – the story's content – and what happens as a result of telling that story – its effects" (Frank 2010: 71). Frank is careful to present DNA as a heuristic guide rather than procedural guidelines. Dialogical narrative analysis would never claim to have the final word about what a story means or represents. Like stories themselves, DNA can only "look toward an open future" (Frank 2005: 967). Dialogical narrative analysis is not a matter of locating themes as finalizing descriptions of or statements about the research participants. Rather, it concerns representing "individual struggles in all of their ambivalence and unfinalizability" (Frank 2005: 972). Dialogical narrative analysis is not a matter of interpreting stories but of treating stories as actors. The analysis is narrative not because narratives are the data but because we study how stories act.

The texts analyzed in this study, consisting of both the transcribed interviews and the condensed life stories, amount to hundreds of pages. Only a limited number of the entire set of life stories is discussed in the articles in this thesis. Thus, selecting stories for focused attention is a crucial task in DNA. The stories were not selected because they were representative but because of their particular distinctness with respect to the issues discussed in the particular articles: experiences of health and identity work in late life. Choosing stories for focused attention is, according to Frank, based on "practical wisdom gained through analytic experience" (2012: 43). In practice, this

means, “the analyst’s cultivated capacity to hear, from the total collection of stories, those that call out as needing to be written about” (Frank 2012: 43). This judgment was based on what I learned throughout the research process. From this perspective, the analysis and discussion of the life stories presented in the articles are informed by insights I gained through engagement with the life stories of all of this study’s participants. According to Frank, choosing stories for focused attention is a craft, “an iterative process of hearing stories speak to the original research interest, then representing those stories in writing, revising story selections as the writing develops its arguments, and revising the writing as those stories require” (2012: 43). Thus, in DNA, writing is not something one does after completing the analysis. Dialogical narrative analysis is practiced through writing.

Frank proposes several questions to make such an analysis moving, to call attention to what the stories do (2010, 2012). Each question has a different utility with respect to different stories. In particular, three types of questions were pertinent to the analysis in the articles in this thesis. Resource questions are questions regarding which narrative resources are available to whom (Frank 2012: 44). Identity questions pertain to how stories teach individuals who they are and how individuals explore who they might become by telling stories (Frank 2012: 45). Questions concerning what is at stake focus on how the storyteller holds her or his own in the act of telling the story and in the way that it is told (Frank 2012: 46). What is at stake for whom? How do the story and the particular way it is told define or redefine those stakes, raising or lowering them?

In DNA, there is a strong commitment to unfinalizability. This manifests itself at several levels in the research process. First, I must accept that the life story each interviewee told me is one of many possible life stories. “People tell stories in order to revise their self-understanding, and any story stands to be revised in subsequent stories” (Frank 2012: 37). Next, I must admit that I could have chosen other stories for focused attention, which would have yielded different analyses. Finally, I could have asked other questions to make the analysis moving, which could have allowed other aspects of the life stories to emerge.

> Narrative analysis gives increased audibility to some stories, recasts how other stories are understood, and necessarily neglects many stories. But one analyst’s neglect is another’s

possibility – less cause for criticism than for appreciation. The dialogue always continues (Frank 2012: 50).

5.2.5 Ethical considerations

The study was approved by the Regional Committee for Medical Research Ethics (Appendix 1 and 2). Interviewees were limited to persons capable of providing informed consent. As mentioned above, I chose to terminate the interviews with three persons based on concerns regarding their abilities to provide informed consent. Participants were informed about their right to withdraw from the study without stating a reason, but none of the participants did.

The participants were assured confidentiality. As an individual's life story will contain names, places, and other information that can identify her or him, I had to re-write the stories substantially to protect the anonymity of the storyteller and others appearing in the stories. It was a challenging task to rewrite the stories to protect the interviewees' anonymity without changing significant characteristics of the stories. The character of some stories made this impossible, e.g., stories about large accidents and deaths. I chose not to include these stories in any of the publications comprising the study. Only one of the interviewees voiced concerns regarding the possibility of being identified through one of the stories she told. That particular story was of a nature that she might have been identified if it were published. Consequently, this story was one of the stories I chose not to include in the publications comprising the study. One might, of course, ask why someone, in an interview situation, would tell a story that could potentially threaten her or his anonymity. However, in an interview situation, one word often leads to another, and the interviewees can find themselves relating stories they did not intend to tell. As noted by Kvale and Brinkmann, "the openness and intimacy of much qualitative research may be seductive and can lead participants to disclose information they may later regret having shared" (2009: 73). Because of this, Josselson has suggested that we should request informed consent both at the beginning and at the end of interviews (2011a). I did not do so. Upon reflection, I wish that I had asked, rather than quietly assume that the interviewees would have used their right to withdraw from the study.

Only one of the interviewees asked for the opportunity to read through the transcribed interview. Although I was concerned that he would find the transcripts unintelligible or embarrassing due to the differences between oral and written language, I complied with his wish and sent him a copy of the transcript. Prior to sending him the transcript, I spoke with him on the telephone and prepared him for the differences between oral and written language. He assured me that he only wanted to read the transcripts "out of curiosity", and that he thought "it would be interesting to see the interview in print". I invited him to contact me if he had any questions after reading the transcripts, but he never did.

As noted above, all interviews were conducted in Norwegian. Again, in retrospect, I realized that I should have suggested to use an interpreter in all interviews with Sami-speaking interviewees. I have reflected on how interviews not conducted in the first language of the interviewees may have affected the interview situations and the material. This shortcoming may have influenced *how* the interviewees told their stories, as one's first language is typically richer in detail and nuance than languages acquired later in life. It may also have influenced *what* was told in the interviews. As a Norwegian-speaking researcher, I may have been perceived as a representative of the majority society, which may have contributed to distancing me from the interviewees. Prior to the interviews, I was concerned that this perception would prevent the interviewees from addressing issues such as assimilation and minority experiences. Although this problem may have occurred, interview material rich with descriptions and stories concerning these issues suggests that it may not have had a significant impact. The interview material indicated a great willingness among the interviewees to share their life stories. During or after the interviews, all of the interviewees expressed their appreciation for being interviewed in this manner.

6.0 Results

In the following section, I will briefly describe the results in the three articles published on the basis of this study.

6.1 Article 1

This article examined four policy documents published by the Norwegian government from 1995 to 2009 describing issues regarding the provision of public health services to elderly Sami in Norway. Adopting a Foucauldian discourse analytic approach, we explored how the statements regarding elderly Sami and care services in these documents were situated within contemporary ethno-political and healthcare discourses. Two major and interrelated trends were identified in the documents:

1. A predominant portrayal of the Sami and Sami culture.
   The documents frequently referred to specific representations of the Sami culture, such as reindeer herding, *kofte* (traditional clothing), *joik* (traditional singing), *duodji* (traditional handicraft), closeness to nature, and most notably, the Sami mother tongue. There were several references to "Sami tradition" or "Sami cultural tradition". The terms "tradition" and "traditional" seemed to have at least two related but distinct meanings. The terms were used when describing the past and the ways things had always been done. The terms were also closely associated with the concept of authenticity; Sami tradition was considered an authentic object that, if not attended to, might be lost. Tradition was furthermore depicted as especially important to elderly Sami. The term "Sami" was frequently synonymous with "Sami-speaking". The Sami were presented as either Sami-speaking or bilingual and never as monolingual Norwegian speakers. The close association between "Sami" and "Sami-speaking" implied a relationship between Sami language use and Sami identity. Furthermore, the documents tended to treat ethnicity as a question of purity; the elderly individual was referred to as either Norwegian or Sami, and more fluid and ambiguous identities were excluded. To a large extent, Sami culture was described as shared by the Sami and closely related to personal identity.
2. A strong focus on the significance of linguistic and cultural competence.

> Cultural competence was characterized as the attitudes, communication skills, and practices required to meet the needs of elderly Sami in ways that were consistent with their culture. Competence in the Sami language and culture was considered a precondition for understanding the Sami patient. This competence could be attained either through the care provider's own Sami background or training.

Furthermore, the analysis demonstrated a high degree of discursive continuity throughout the four documents, with the image of the elderly Sami constructed in the earliest document reproduced to a large extent in the more recent documents.

Contribution: The article analyzed policy documents regarding health and care services for Sami elderly. It revealed that policy documents should be assumed to reflect not only prevailing ideas about culture in healthcare practice and research, but also the contemporary ethno-political discourse in Norwegian society.

6.2 Article 2

This article was a dialogical narrative analysis of the life stories of three Sami women: Inga, Laila, and Marit. The article explored the elderly women's experiences of health, as expressed through their life stories, and their active engagement with colonial history in the telling of their stories.

The legacy of colonialism was evident in the women's life stories, for example in their stories about residential schools and being forbidden to speak their mother tongue. Experiences of belonging to a stigmatized group were evident in tellings concerning being constantly conscious of one's conduct to prove that Sami are not inferior and expressions of indignation with Sami claiming "special rights". However, the women's life stories demonstrated that they were not passive victims of the legacy of colonialism. On the contrary, their stories were expressions of agency. The three women's life stories were narratives of resistance. Resistance was expressed by ridiculing Norwegians who go to the gym to row, dismissing the whiteness and cleanliness of modern maternity care, and indignation with "special rights" for Sami people. Resistance was expressed in the women's narrations of their *healthy selves*. Despite suffering from chronic illness, blindness, walking difficulties, and congenital handicaps, the women narrated themselves

as healthy. Being healthy was not only associated with not being sick and giving birth to many children, it was also closely associated with participation. Thus, being able to communicate in one's own language and being included by one's peers was essential to being healthy. The women's Sami heritage occupied a central place in all three stories and was closely associated with their experiences of health, not necessarily because being Sami implied that the women had certain cultural traits in common, but because being Sami in this particular historical period may have produced experiences that persons from the majority group would not have.

Contribution: The article illustrated that a narrative approach to issues concerning health and the Sami people unveils "truths" other than those described in statistics on mortality rates and disease incidence, or in studies focusing on cultural traits. The article demonstrated that rather than being a passive condition, being healthy is an active process in which resistance plays a central part.

6.3 Article 3

This article was a dialogic narrative analysis of the life stories of four elderly Sami: Johan, Anders, Selma, and Svein. Its purpose was to explore the relationship between elderly Sami's individual life stories and two contrasting public narratives about the Sami: the public narrative about Sami inferiority and the public narrative about Sami unity and pride.

All the life stories reflected the contrasting public narratives, but the individual life stories varied with respect to which of the public narratives dominated. They also varied with respect to the extent to which they actively challenged the public narratives. Johan's story was strongly dominated by the pride narrative. His life story possessed many of the central idioms of the pride narrative, such as the Sami language, reindeer herding, and Sami handicrafts. The pride narrative was a narrative resource for his individual life story. His story, however, echoed traces of the inferiority narrative. Johan's life story challenged the public narratives only to a limited extent. His story concerned *being* a Sami and *belonging* to the Sami community. Selma's story was the most dominated by the inferiority narrative. Rather than actively challenging the inferiority narrative in her story, she seemed to accept it. The pride narrative was not a narrative resource for her life story, which did not possess any of its central idioms. Selma's story was about *being* a Sami, but it was *not about belonging*. In Anders' and Svein's stories, the active negotiation

between the contrasting public narratives was more evident. Stories about ancestors, descendants, and engagement in the Sami political movement were narrative resources in their negotiations. Their life stories were *struggles of becoming* Sami through the use of various narrative resources. The interviewees made explicit reflections, to varying extents, on how the changing public narratives regarding the Sami had influenced their own lives. The storytellers' Sami heritage was significant, not because it implied that they necessarily had certain cultural traits in common, but rather because of the impact the shifting public narratives about the Sami had on their narrative identity work in late adulthood.

Contribution: The article demonstrated that identifying is an ongoing process that continues throughout life. Moreover, it demonstrated the insufficiency of assumptions pervading the literature on culturally competent care for the minority elderly concerning individuals having fixed identities and resolved relationships with their cultural heritage by the time they reach old age.

7.0 Discussion

7.1 Discussion of methods

Traditionally, discussions of research quality have concerned concepts such as validity (truth, correctness, the strength of a statement, the extent to which a method is investigating what it is intended to investigate), reliability (consistency, reproducibility), and generalization (cf. Kvale and Brinkmann 2009). However, for several decades, scholars have noted that these concepts are inappropriate when applied to interpretive research (e.g., Mishler 1986; Smith 1990; Bailey 1996; Polkinghorne 2007; Chase 2011). Riessman has stated that the validity of a project should be assessed from within the perspectives and traditions that frame it (Riessman 2008). As Polkinghorne stated, "a statement or knowledge claim is not intrinsically valid; rather, its validity is a function of intersubjective judgment" (2007: 474). Furthermore, he has argued that narrative researchers (as well as other researchers) need to argue for the acceptance of the validity of "the collected evidence" and the offered interpretations (2007: 478). Although I find the notion of "collected evidence" problematic, I agree that it is my responsibility as a qualitative researcher to provide the reader with the sufficient information on the methodological choices I have made throughout the course of the study and the theoretical positions that influenced my research questions, guided my choice of methods, and on which I have based my interpretations. Some of the methodological considerations pertaining to this study were presented in the methods section. However, in this section, I will discuss a few overarching key methodology issues.

As stated above, this study is based on the understanding of meaning as constructed, whether in discourses or personal narratives. The focus of this study is on how Sami identity, health, and old age are constructed in policy documents and personal narratives. Thus, this study is not a quest for *the truth* about elderly Sami. This study is not based on the notion of truth as correspondence (cf. Riessman 2008). The "truthfulness" of the events in the personal narratives is not understood as the degree to which they correspond with other historical events. Similarly, the "truthfulness" of my interpretations cannot be assessed by the degree to which they "accurately represent the relevant facts of the matter" (Riessman 2008: 188 citing Hammersley). The "truths" sought in this study are not "historical truths", but rather "narrative truths" (cf. Polkinghorne 2007) and

"regimes of truth" (cf. Foucault and Gordon 1980). As noted by Elliott, "If the narratives produced by research respondents [sic] in interviews are to be understood as 'accomplishments' rather than unproblematic descriptive accounts, this suggests that the 'realities' reported by researchers should also be understood as accomplishments" (2005: 154). The same could be said about policy documents; if they are considered as accomplishments, so should the researcher's interpretations of the documents. In Denzin's words, "Representation, of course, is always self-presentation" (1994: 503). Rather than total relativism, or a crisis of representation, the consequence of these basic assumptions is a claim of reflexivity.

> We need to say who we are as interpreters who bring our own subjectivity to the topic or people we are writing about. Interpretive authority cannot be implicit, anonymous, or veiled. We have to come out from behind the curtain and say who we are who are claiming our authority (Josselson 2011a: 49).

Reflexivity is another way of saying "coming out from behind the curtain". Malterud stated that the researchers' "background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (2001: 483f) – in other words, the entire research process. I have devoted a considerable number of this thesis' pages specifying the theoretical positions that influenced my research questions, choice of methods, and on which I have based my interpretations. I strove to be explicit and honest about the methodological choices I made during the course of the study. However, a matter not addressed thus far is my own personal biography and, particularly, the question of where I place myself in relation to the complex question of Sami identity. In the following, I will "come out from behind the curtain" and attempt to say something about this matter.

Allow me to begin by stating that I identify as a Sami. However, the issues of my ethnic identity are far more complicated than that. My father is from a coastal Sami family who resided in an area where the Sami constituted a small minority. Although my grandparents spoke the Sami language, my father was never given the opportunity to learn the language, and consequently neither was I. My mother is not a Sami, and I spent the first 13 years of my life living in the south of Norway. The only recollection of the Sami I have from my childhood is the representations of the Sami as an exotic people in my schoolbooks and the hunger striking Sami on the news during

"the Alta-affair" in the early 1980s. During my childhood, my father never mentioned that my grandparents were Sami. My father's Sami heritage was a secret that he did not reveal to me until I was grown. As an adult, my ethnic identity is more a matter of "both-and" than "either-or". I, myself, find it unproblematic to consider myself both a Sami and a Norwegian. However, identity is relational, and to others my "both-and"-identity might be more enigmatic.

I am convinced that my ambiguous ethnic identity influenced all stages of the research process. It might have contributed to my interest in issues regarding Sami identity in the first place. It likely attracted my attention to the abovementioned use of the notion "real Sami", which in turn aroused my interest in the representation of the Sami in the public discourse as reflected in the policy documents. Furthermore, I am convinced that it had an impact on the interviews. It was obvious to all the Sami speaking interviewees that I had not mastered the Sami language, and some of them might have inferred that because I did not speak Sami, I was not a Sami. Some of the interviewees asked whether I was a Sami, while others never asked. When asked about my ethnic identity, I always answered as carefully and honestly as I could. However, given my ambiguous and fluid position in the Sami-Norwegian dichotomy, I do not believe that my responses necessarily settled the matter, as demonstrated in the following story from a particular interview situation.

The woman I was interviewing lived in an area where the Sami constituted a considerable proportion of the population, and Sami was her mother tongue. When we spoke on the telephone, prior to the interview, she voiced concerns about conducting the interview in the Norwegian language. I suggested using an interpreter, but she preferred to conduct the interview in Norwegian. In my field notes, made shortly after the interview, I wrote:

> After the interview, she asks about my Sami background. Am I a Sami? I tell her about my father's family, that his parents were coastal Sami and spoke the Sami language, but that neither my father nor I had been given the opportunity to learn the language. The lady comforts me and says that she thinks it will be easy for me to learn the language as I "have Sami blood in my veins". After the interview, as we are sitting in the living room drinking coffee and eating waffles, one of the lady's nieces steps in to give her aunt some

> fish. The niece asks where I am working (I guess she assumes that I am from the home care service). The lady tells her niece that I am a researcher and that I am interviewing elderly Sami. We chat for a while until the niece has to take off. Upon leaving the living room, the niece turns around and asks me whether I am a Sami. I tell her, as I had told her aunt, about my father and his family, and I apologize for not speaking the Sami language. The niece states that she assumes that the reason for my interest in these topics is that I am a Sami. Was this an acknowledgement of my partial Sami background? I don't know. The lady accompanies her niece to the hallway. From where I am sitting in the living room, I can hear the lady and her niece talking Sami in the hallway. The niece raises her voice and asks me whether I can hear what they are talking about. I answer that I can't understand what they are saying. The niece says that her aunt just said that she should be careful not to pick the wrong shoes and "take the Norwegian lady's shoes". There, all of a sudden, I was a Norwegian again! After the niece leaves, we continue the small talk, the coffee drinking, and waffle eating for quite a while. When I am about to leave, the lady wants me to try on some handmade jackets with a Sami design she had made herself. She says that she wants me to have a jacket like one of those so that I will have "Sami clothes to wear when I am giving lectures and such". I politely decline her kind offer, and she says that she understands. However, she repeats that I should have had some "decent Sami clothes to wear when giving lectures at the university". And suddenly I feel that my partial Sami background is acknowledged again! Why this switching back and forth?[20]

This story demonstrates that the interviewer's identity is continuously negotiated, unfinalized, and open-ended. I was identifying through the story I was telling about my father's family. However, as noted by Holstein and Gubrium (2000), storytelling is both actively constructive and locally constrained. The woman and her niece were free to consider me both "the Norwegian lady" and a person with "Sami blood in my veins". My ambiguous position in the Sami / Norwegian dichotomy made both options possible. They could consider me an insider or an outsider. Doubtless, my lack of skills in the Sami language, at least, made me an outsider. When

[20] Field note [2010-02-02]

the woman and her niece were speaking Sami to each other, I was “the Norwegian lady”, and there was no room for me in their Sami speaking community. Nevertheless, they had acknowledged the Sami blood in my veins, my Sami grandparents, my research interests, and my lack of something decent (Sami) to wear, had they not?

In recent decades, several scholars have argued in favor of an Indigenous methodology (cf. Denzin, Lincoln, and Smith 2008; Smith 2012). A central point in the Indigenous methodology is that “Indigenous research needs to reflect Indigenous contexts and world views” (Wilson 2001: 176). Scholars have, however, warned against assuming that a deep understanding of “a culture” can only be achieved by “members of that culture” and the potential for essentialism inherent in such an assumption (cf. Porsanger 2004; Evjen 2009). Evjen (2009) demonstrated that grasping who “the other” is in research on and with minorities is far more complex than simply assuming that “the insider” comes from the minority group and “the other” is a member of the majority group. According to her, who is “the other” is contingent on the historical context and theoretical and methodological frameworks. Denzin and Lincoln argued for the need to ground the “local” understanding in “the politics, circumstances, and economies of a particular moment, a particular time and place, a particular set of problems, struggles, and desires” (2008: 9). I strongly believe in the potential inherent in the theoretical and methodological frameworks applied in this study to avoid slipping into essentialist assumptions regarding “Sami culture”. The potential inherent in the combination of macro-perspectives represented by post-colonial and critical cultural theory and the perspectives of narrative theory will be further addressed when discussing the results.

As noted above, I realize that my lacking language skills, and in that sense my position as an outsider, might have prevented some of the interviewees from telling certain stories. However, I strongly believe that my ambiguous position might have created the potential for other stories to be told. Potentially, the stories about being a Sami but not a “real Sami”, the stories about the struggles of becoming a Sami, would have been more difficult to tell to someone considered a “real Sami”. Moreover, the stories about being ashamed or not being proud of one’s Sami heritage may not have been told to someone considered a “full-blooded” Sami. Stories are recipient designed (Riessman 2008), and *I* was the recipient. I am far more than my ambiguous ethnic identity. I hold that other aspects of me as a person might have had an equal impact on the

research process, my research interests, my interpretation of the policy documents, which questions I asked, which stories the interviewees chose to tell, my responses to their stories, my interpretations, and my writing. For example, compared to the interviewees, I was young. Chase (2011) has suggested, with reference to Amia Lieblich, that narrative interviewing requires emotional maturity, sensitivity, and life experience. I am likely not the proper person to judge whether I possess either of those virtues. I can only acknowledge that, compared to the interviewees, I had less life experience. I am also a woman, a fact that might have influenced how I approached the men and the women I interviewed, which stories the women and men chose to tell me, my responses to their stories, my interpretations, and so on. Some of the interviewees asked whether I was a mother, a fact that could, or could not, have contributed to some of the women's decisions to tell stories about the tragic loss of a child. I am also a nurse, a fact that likely influenced how I asked health-related questions, how the interviewees spoke about their health and illness experiences, how I responded to their stories, and how I interpreted the stories. Moreover, all interviewees were well aware that I was a researcher and the stories they told would be a part of a research project. The list of who *I* am is potentially infinite, and the aspects mentioned here are only a few examples. My point is that although my ethnic identity, as ambiguous and fluid as it might seem, undoubtedly influenced the interview situations, other aspects of me as a person were also significant, not only to the interview situations but to the entire research process, including the questions I asked, the data construction, the analysis, my interpretations, and my writing. Nonetheless, providing an exhaustive account of how I shaped my research is a "mission impossible". As stated by Mauthner and Doucet, there is "a limit to how reflexive we can be […] at the time of conducting [our research]" (2003: 415).

Several scholars have argued in favor of participant validation or "member checking" in qualitative studies (cf. Lincoln and Guba 1985; Mays and Pope 2000). Scholars within fields such as feminist community research (cf. Creese and Frisby 2011), critical pedagogy and indigenous inquiry (cf. Denzin and Lincoln 2008) have particularly emphasized collaborative, participatory inquiry, flexible and reflexive research designs that facilitate "power sharing […] in processes of collaborative knowledge construction" (Creese and Frisby 2011: 233). Gready stated that "[v]oice without control may be worse than silence" (2008: 147). Principally, it is difficult to disagree with that. Nonetheless, this type of collaborative knowledge construction was not

practiced in this study. As mentioned in the methods section, only one of the interviewees expressed a desire to read the transcribed interviews. However, I never offered the interviewees this opportunity. I also did not present and discuss any of my interpretations with the interviewees. I realize that this could be subject to criticism. Riessman noted that the practice of presenting our work to those who participated in our studies could embody an ethical research relationship, but this is not the same as establishing "validity" with member checks (Riessman 2008). According to her, the concept of a membership check has limitations. First, life stories are not static. Memories and meanings change as time passes. Next, our interpretations are based on a number of narratives and are therefore not necessarily comprehensible to the individual participant. Furthermore, our research is guided by theory that "may or may not be compatible (or even meaningful) to research participants" (Riessman 2008: 197). Ruthellen Josselson brilliantly examined the gap between the authority of experience (the participant's understanding of his or her life) and the authority of expertise (the researcher's interpretive analysis of that life) in a paper titled *'Bet you think this song is about you': Whose Narrative Is It in Narrative Research?* (Josselson 2011a). Josselson emphasized that "what we are analyzing are texts, not lives" (2011a: 37). Furthermore, she stated that "[t]he meanings we derive from a text were not always already there in the participant" and "[i]f we have done our work well, we are likely, in some ways, to offer a dissonant counterpoint to their self-understanding" (2011a: 39). Nevertheless, my interpretations could, of course, have been discussed with the interviewees, in which case the interviewees' reactions would have had to be included in the analysis. Interviewees' comments and reactions would likely have generated new questions and wonderings that could have driven the analysis further.

As Riessman noted, "Interview segments that include contexts of production (including audience) are generally more persuasive than quotations stripped of context, although the practice is rare in thematic narrative analysis" (2008: 191). In this study, I can be criticized for only presenting the "tidy", stripped of context, versions of the life stories in articles 2 and 3. In the presentations, I did not include relational dimensions, such as my own questions and responses, or information about the "local" interview contexts (cf. Riessman 2008). As I described in the preceding sections, my analytical lens has primarily focused on the macro- and the meso-zoom, rather than on the micro- and the interactional zoom (cf. Pamphilon 1999; Karlsson 2006). The dialogical

analyses concentrated less on the dialogue between the interviewees and me than on the dialogue between the individual life stories and the broader socio-historical contexts. Consequently, my own participation in the co-construction of the narratives during the interviews remains obscure. However, I found it excessively comprehensive to conduct analyses at all of the levels mentioned within the confines of a PhD thesis, and consequently, I had to make a choice. Based on the reflections I made early in the course of the study regarding the uses of the term “real Sami”, and the insights gained through the discourse analysis in Article 1, I chose to proceed with the inquiries on the impact of socio-historical contexts and dominant discourses on the individual life stories in greater detail. In this sense, the insights from Article 1 significantly contributed to the choices of focus in the following two articles. I realize that the decision to exclude my own questions and responses in the presentation of the life stories has consequences for the transparency of the analysis and the persuasiveness of my writing (cf. Riessman 2008). Nevertheless, I strove to provide detailed accounts in the methods section of how I worked with the life stories, the interviews, the audio-recordings, the transcripts, writing the condensed accounts of the life courses, the return to the transcribed texts and sound files, and so on.

Riessman contended that narrative research is more persuasive if “negative cases are included, and alternative interpretations considered” (2008: 191). In the discourse analysis, I searched differences, contradictions, and conflicts among statements, as well as similarities. The stories selected for focused attention in Articles 2 and 3 were chosen, not because they were considered particularly representative of the interview material as a whole, but rather because of their *diversity* and distinctiveness with respect to the phenomena to be explored. In this sense, both “positive” and “negative” cases were included. Furthermore, in both the discourse analysis and the narrative analysis, I strove to be explicit about alternative interpretations of the texts. For example, in Article 3, I considered how narratives other than the two contrasting public narratives about the Sami (such as the contemporary public narrative about “illegitimate children” and the Biblical parable about the prodigal son) were echoed in the interviewees’ personal narratives. Another example from Article 1 is the discussion of whether the scope of the documents was the elderly Sami population residing throughout Norway or the population residing a defined geographic area.

As discussed in the methods section, I was highly involved in the creation of the stories, both during the actual interviews, when deciding what to present as stories (cf. Riessman 2008), and while reconstructing the told from the tellings (cf. Mishler 1995). This also applies to the policy documents; I chose which documents to include in the analysis, I read the documents from a particular perspective, and I decided which quotations to present in my text. Consequently, I was careful not to present the results as "findings", but rather as interpretations. As Polkinghorne emphasized, "An interpretation is not simply a summary or précis of a storied text. It is a commentary that uncovers and clarifies the meaning of the text. It draws out implications in the text for understanding other texts and for revealing the impact of the social and cultural setting on people's lives" (2007: 483). I strove to be explicit regarding my interpretations in the articles' results sections to justify my interpretations to the reader (cf. Polkinghorne 2007). In Article 1, quotations from the documents and my interpretations were presented simultaneously. In Articles 2 and 3, I included a section devoted to my interpretations immediately after the presentation of each life story, ahead of the discussion section. These interpretations focused on the "social and cultural environment" that shaped the stories. My position is in line with what Polkinghorne has termed philosophical hermeneutics; "one cannot transcend one's own historical and situated embeddedness; thus, textual interpretations are always perspectival" (2007: 483). Consequently, I could never claim that my interpretations are the only ones possible. Rather, I argue that they are viable interpretations grounded in the policy documents and life stories I have studied. Frank has stated that an interpretation is valid when it is responsible, that is, "when it opens; when it creates links to more stories, anticipates effects, and asks why some stories affect judgments rather than others" (2010: 111). This has been my aim in this study, to make responsible interpretations of the elderly Sami's personal narratives by studying how they are linked to broader narratives and discourses, and socio-historical contexts. Hopefully, I have managed to present my interpretations in a manner that does not finalize the documents and the life stories, but rather allows them to remain open to new interpretations.

According to Kvale and Brinkmann, to validate is to question "whether an investigation investigates what it seeks to investigate" (2009: 251). I am confident that the methodological approaches and theoretical perspectives applied in this study have contributed to the construction of new insights about Sami elderly, identity, and health. Nevertheless, alternative approaches

were always possible. Other, and potentially broader, insights could have been created if other methodological approaches had been applied. For example, regarding the interview study, multiple interviews could have been conducted with each interviewee. Such an approach could have provided both the interviewees and myself the opportunity to attend to unresolved issues and general wonderings we could have arrived at after the first interview. Such an approach could also have given me the opportunity to study how life stories evolve over time. The insights from the discourse analysis could have been contested or enriched through other methodological approaches. The theoretical basis of the study was that discourses include both how topics are meaningfully discussed and reasoned and how these ideas are put into practice and thereby regulate individual conduct. Nevertheless, we cannot infer from this that the discourses represented in policy documents are reflected in everyday practices. This could have been studied further through participant observation in healthcare services or interviews with healthcare providers.

In concluding this discussion of methods, I am tempted to again quote the great artist Joni Mitchell: "Well, something's lost, but something's gained…" (Mitchell 1969). I prefer to think of those things "lost" as implications and inspirations for further research, rather than limitations of this study.

7.2 Discussion of results

At the outset of this discussion, I will return to the stories related in the introduction. In the first episode, I was rather perplexed by the question raised by the manager of the nursing home and home care service: *How are we supposed to know who are Sami and who are not?* Over the course of this study, her question has gradually made more sense to me, as has the interviewees' use of the notion of "real Sami". Even the anger of the members of the senior association has become more comprehensible. My insights regarding the complexities of Sami identity issues developed throughout the course of this study. The original overall research question, *How are elderly Sami's experiences of health and identity in old age worked and expressed in the stories they tell about their lives?*, turned out to be considerably more complex than I could have imagined at the outset of the study.

During their lifetimes, the current cohort of elderly Sami witnessed substantial social changes regarding the situation of the Sami people. These individuals experienced a historical period characterized by public assimilation policies and stigmatization and one that featured ethnic revitalization and changing minority policies. Furthermore, they currently live in a historical period where contrasting public narratives about the Sami co-exist and are articulated to various extents.[21] The elderly are, as is the case for any member of a society, more or less influenced by contemporary discourses, and this was expressed quite vividly by one of the interviewees in this study:

> We, who grew up with Norwegianization, ended up agreeing with those who denied us being Sami. 'Of course, we are no mountain Lapps!'[22] But the young people today, you see it all the time, they say it openly and honestly: 'Yes, of course, we are Sami!' That's a little odd to us, who have been in this conflict all this time. How come they are not ashamed? *I* don't think so, but there are many who say, 'They ought to be ashamed!' (Svein)

The elderly Sami in this study told their individual stories amid a landscape of discourses and public narratives. Throughout the study, I delved into both the discursive landscapes and the individual stories. In the following sections, I will discuss the insights provided by the study and draw some connections using the insights from the discourse analysis and the narrative study. The discussion will be structured around the key elements of the title of the study: "Sami identity", "Sami health", and "Sami old age". Furthermore, I will discuss the potential inherent in combining narrative and post-colonial theory.

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[21] An example of a situation in which the articulation of contrasting public narratives intensified was the debate that unfolded in reaction to the Tromsø town council's plan to apply for the incorporation of Tromsø into the administrative area for the Sami language in 2010. This issue was debated thoroughly, and rather fiercely, in the local media during the first half of 2011. The right wing parties promised to withdraw the application if they won the election in September 2011, and they did. This situation will not be discussed further in this thesis. The interviews in this study were conducted prior to these events. Nevertheless, I mention this conflict as an example of the type of situation in which contrasting public narratives about the Sami were activated and intensified. For a thorough analysis of the debate, see Hiss, F. (2013). Tromsø as a "Sámi Town"? – Language ideologies, attitudes, and debates surrounding bilingual language policies. *Language Policy* 12(2): 177-196.

[22] "Fjellfinna". An invective used against the Sami, even today.

7.2.1 “Sami identity”

The policy documents analyzed in this study repeatedly stated that, in addition to Sami language skills, an adequate understanding of their culture was necessary to provide appropriate care for elderly Sami. Cultural competence was characterized as the attitudes, communication skills, and practices required to meet individuals’ needs in ways that were consistent with their culture (cf. Duffy 2001). The documents frequently treated the Sami as a unitary group with a common culture, history, traditions, and needs. To a large extent, Sami culture was described as shared by the Sami and closely related to personal identity. Personal identity and Sami identity appeared to be synonymous, and Sami elderly were considered “reservoirs” of Sami culture. Basic to these descriptions was an understanding of both culture and identity as reified, essential, and static units. This understanding resonated with what Williams has termed a postpositivist paradigm, where “culture is understood as part of an identity that is common to members of a group and maintained in a continuous form because of its foundation in shared experiences” (2006: 211). The discourse analysis demonstrated that the policy documents operated within and contributed to a certain discursive formation regarding “Saminess”. The image of the Sami culture constructed in the documents was dominated by symbols associated with certain aspects of Sami culture, such as reindeer herding, traditional clothing, traditional music, traditional handicraft, closeness to nature, and most notably, the Sami language. Furthermore, the documents tended to treat ethnicity as “a question of purity” (Kramvig 2005); elderly individuals were presented as either Norwegian or Sami, and more fluid and ambiguous identities were excluded. The following quotation demonstrates the presumed association between the identities of the Sami elderly and Sami culture:

> The purpose of identity-preserving efforts must be to maintain a sense of self and strengthen the feeling of being respected with values other than those communicated by elder care services and the institution… [The efforts] must, however, be grounded in the local Sami culture, the patient’s background, and condition… (Ministry of Health and Social Affairs 1995: 240)[23]

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[23] My translation

The literature review presented in this thesis demonstrated that similar ideas have informed numerous studies on Sami elderly. Efforts have been made to find “culture-specific features of the Sámi experience of well-being” (Tervo and Nikkonen 2010: 13), and it has been suggested that “the Sámi population’s well-being is inseparable from traditional livelihoods” (Tervo and Nikkonen 2010: 13). Andresen used the term “the identity-tradition-culture-angle” to describe the “impression that Sámi identity is at the core of health promotion and, furthermore, that this identity is seen as intertwined with ‘traditional’ culture” (2008: 79). In much of the research on minority populations, including the Sami population, the importance of culturally competent care is grounded in the conviction that “culture is inseparable from the person” (Burchum 2002: 14). According to Gustafson, culture tends to be defined as “a composite of multiple differences producing individual identity” (2005: 3). Moreover, several other scholars have noted the tendency in the literature to lapse into culturalist discourses, in which stereotyped, popularized representations of culture are used as the primary analytical lens for understanding presumed differences between various groups of persons, and individual behaviors are explained in terms of cultural traits (cf. Duffy 2001; Taylor 2003; Gray and Thomas 2006; Gustafson 2008; Browne et al. 2009; Sobo 2009).

The narrative analysis of the life stories conducted in this study suggested a more complex relationship between identity and culture. The study demonstrated that identifying is an ongoing process that continues throughout life. Article 3 demonstrated that rather than *having a Sami identity*, the elderly were *identifying* through the stories they told about their lives (Blix, Hamran, and Normann 2013b). With inspiration from Frank (2005) and Yuval-Davis (2006), I conceptualized the elderly Sami’s life stories as individual *struggles of being and becoming* Sami. The study was informed by insights from dialogical and storied resource perspectives on identity (Smith and Sparkes 2008). These perspectives provided a suitable framework for grappling with the complex interplay among individual efforts at identification, social and historical contexts, and broader discourses and public narratives.

Stories are told in social, historical, political, cultural, and interpersonal contexts. As described in the *Theoretical framework* of this thesis, I perceive stories as subjective accounts told at a historical moment amid its circulating discourses and power relations (cf. Riessman 2008) and

storytelling as both actively constructive and locally constrained (cf. Holstein and Gubrium 2000). This study illuminated how contrasting public narratives about the Sami were echoed in the individual stories of the Sami elderly and how they influenced what could and could not be told in the individual stories. One such public narrative I termed *the public narrative about Sami inferiority (the inferiority narrative)*. This was the collective representation of the Sami as "a weak and dying race" that could only be "elevated to a higher level" (Eriksen and Niemi 1981: 56) by "Norwegianization". Alternatively, as stated by Jensen, the best course of action for the Sami and the Kven, who according to the contemporary opinion were primitive peoples, was to make them Norwegian, linguistically and culturally (2007: 17). This was the public narrative on which the public assimilation policies and the stigmatization of and discrimination against the Sami were based. I termed the other public narrative *the public narrative about Sami unity and pride (the pride narrative)*. The pride narrative originated in the Sami movement and certain academic circles and was gradually adopted by ordinary Sami and society in general. The public narrative about Sami unity and pride corresponds to the discursive formations of "Saminess" and the images of Sami culture that were constructed in the policy documents.

According to Frank, "Stories provide an imaginative space in which people can claim identities, reject identities, and experiment with identities" (2012: 45). Public narratives could provide such an imaginative space. This study demonstrated that the elderly Sami applied various narrative resources in the processes of constructing their narrative identities. The pride narrative was a narrative resource for some of the elderly Sami. Possessing central aspects of the pride narrative, such as the Sami language, reindeer herding, and traditional handicrafts, facilitated the elderly Sami's ability to identify as "a real Sami" or "full-blooded". Furthermore, holding the pride narrative was a resource for opposing the inferiority narrative. For others, for whom the pride narrative was not as immediate a narrative resource, the demystification and reconstruction (Freeman 2010) of the inferiority narrative was essential in their struggles to participate in the pride narrative. According to Freeman, becoming aware of the stories that one has internalized is a process of demystification, and making the narrative unconscious conscious is a process of reconstructing the past (2010: 139f). I would claim that the very existence of the pride narrative made this process of demystification and reconstruction possible. New discursive landscapes and public narratives entail possibilities of regarding earlier phases of life anew and make it possible

to draw connections that could not have been drawn earlier in life within other discursive landscapes and while other public narratives were dominant. "New narrative resources develop and are reflexively employed both to selves and to revise expectations about the acceptability of accounts" (Holstein and Gubrium 2000: 116). In this sense, the pride narrative was a narrative resource. Yet, the study also demonstrated that for some, the stronghold of the inferiority narrative was too substantial to overcome.

New public narratives entail new narrative resources. As stated by Frank, "Collective narrative identifying is effective because it engages and develops individual narrative identifying" (2010: 62). However, this study has also demonstrated that dominant public narratives can narrow the imaginative space in which individuals can claim identities. Yuval-Davis indicated that "any construction of boundaries, of a delineated collectivity, that includes some people – concrete or not – and excludes others, involves an act of active and situated imagination" (2006: 204). Narrow discursive formations about "Saminess", such as those found in the policy documents, will exclude those who were most strongly affected by the assimilation policies, those who do not possess or identify with symbolic expressions of a collective "Saminess", such as the mother tongue, clothing, music, or reindeer herding. In this sense, the pride narrative was indeed a narrative resource, but it was also an impediment. "[T]he stories that people know set the parameters of what they can imagine as their own to hold" (Frank 2012: 46). Based on some of the life stories in this study, I would claim that the pride narrative has made it more difficult for some elderly Sami to hold their own. The study has demonstrated what Frank has termed "the dark side of narrative imagination, which is its exclusivity" (2010: 159). The stakes were high for those telling Sami life stories from the margins of the public narrative about Sami unity and pride. Claiming a Sami identity made them vulnerable to the risk of being judged as "second-rate Sami" (cf. Eidheim 1997). I have referred to some life stories as *struggles of becoming Sami*. Various narrative resources were employed in such struggles of becoming, both from within the pride narrative and the teller's more or less conscious "inner library" (cf. Frank 2010: 55). Yet, struggles of becoming were not the only response to the narrowness of the pride narrative. The study also demonstrated that stories about not being proud of one's Sami heritage are difficult to tell in a social setting dominated by the pride narrative.

This study is in line with other studies that have argued in favor of a more dynamic and relational understanding of Sami identity. For example, Olofsson's (2004) PhD thesis focused on the identity of individuals with mixed parentage (Sami / Swedish and Inuit or Indian / Euro-Canadian) who had chosen to self-identify as indigenous. Olofsson demonstrated that identity can change over the course of a lifetime. She used the terms ascribed, experienced, aspired, and recognized identity to describe the tensions between, on the one hand, wishing to identify with an ethnic group, and on the other hand being accepted as a member of that ethnic group, as well as having that identity ascribed by others (Olofsson 2004: 337). Her study demonstrated the impact of major life events, such as the death of a relative or the birth of a child, and political events on identification. Another example is Dankertsen's (2006) study on Sami residing in Oslo. She argued in favor of a more dynamic approach to Sami identity to describe additional aspects of modern Sami society. Furthermore, she argued that because many individuals in Sápmi have mixed heritages (Sami, Norwegian, and Kven) and feel that they belong in many different categories (ethnic and others), "the Grey zones" might be more interesting and relevant regarding identity questions than "cultural heritages" and "ethnic borders" (Dankertsen 2007).

In this study, discourses are understood as systems of representation that construct topics and govern how we speak and think about those topics (Foucault [1972] 2002), and they appear across a range of texts and actions within society (Hall 2001). Public narratives are understood as collective representations (Loseke 2007), group categorizations that depend on the circulation of particular stories (Frank 2012). This study has demonstrated that policy documents concerning healthcare services for elderly Sami are situated within contemporary ethno-political and healthcare discourses. Furthermore, the study has illuminated how the individual life stories of elderly Sami are framed and shaped by the dominant public narratives about the Sami. This study has not explored the extent to which these discourses and public narratives influence everyday life and practices beyond the policy documents and individual life stories. Nonetheless, the stories I related at the outset of this thesis could suggest that they have an influence. The manager's timely question, "How are we supposed to know who are Sami and who are not?", could be considered an expression of the tendency observed in the documents to treat ethnicity as a question of purity; individuals are either Norwegian or Sami. The nursing home and home care service she managed was located in a municipality where the Sami constituted a small minority,

an area where the population was strongly affected by the assimilation policies and fewer people speak the Sami language and possess visible cultural traits that distinguish them from the Norwegian population. Her question could imply that she was so influenced by the predominant portrayal of the Sami that she was incapable of seeing Sami who did not possess any of the visible cultural traits. In other words, she was so "caught up in one story, [that] a story that does not fit the same narrative parameters may be 'recorded' but will remain unheard" (Frank 2010: 79). However, her question could equally well have been an expression of her experiences with the complex issues of Sami identity. Was what she attempted to tell me that when the history of Norwegianization is taken into consideration, there is no reason to assume that "not obvious" means "not significant" with respect to Sami identity? In any case, her question demonstrated that I was caught up in dominant discursive formations about the Sami. When asking managers of nursing homes and home care services for assistance contacting Sami elderly, I had not considered that it might not be obvious to them who were Sami and who were not. The anger expressed by the members of the seniors' association could also be regarded as a response to dominant discourses. In light of the predominant portrayal of the Sami, the seniors' anger seems reasonable. It is unsurprising that they are "sick and tired of people coming from the University" to tell them that there are Sami in the community if the individuals in the community do not resemble the public image of the Sami.

7.2.2 "Sami health"

The policy documents analyzed in this study emphasized "competence in Sami language and culture" as "a precondition for understanding the patient" (Ministry of Health and Social Affairs 1995: 249)[24], and that language and culture were associated with the patient's "need for safety and well-being" (Ministry of Health and Social Affairs 1995: 74)[25]. The policy documents indicated an association between health and Sami traditions, as stated in the following quotation:

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[24] My translation

[25] My translation

> Among the elderly Sami, the understanding of the body and mind is still strongly related to the old Sami cultural traditions, which are not always in accordance with Western medical understanding (Ministry of Health and Social Affairs 1995: 253)[26].

The discourse analysis demonstrated that the understanding of "cultural competency" inherent in the documents was in line with the tendencies in the empirical and theoretical literature, namely, to consider cultural competence highly significant in interactions between healthcare providers and "minority patients". The focus on cultural competence in policy documents concerning healthcare is a component of a larger international trend. A national *Commission on the Future of Health Care in Canada* directed attention to the need for "training for non-Aboriginal health care providers [to] learn their [Aboriginal] particular needs and culture" (Romanow 2002: 220). Similarly, *The Office of Minority Health of the US Department of Health and Human Services* developed standards for culturally and linguistically appropriate healthcare services focused on improving cultural competence (US Department of Health and Human Services Office of Minority Health 2001). Andresen has argued that the focus on healthcare providers' competency in Sami culture and history "stems from the theory that culture and historical experiences influence sickness and health as well as the communication and interpretation of sickness and health" (2008: 73). As she also noted, "Policy documents leave a strong impression that Sámi identity is at the core of health promotion and, furthermore, that this identity is seen as intertwined with 'traditional' culture" (Andresen 2008: 79). Andresen's views are in line with the insights from the discourse analysis conducted in this study.

As mentioned in the literature review section of this thesis, a considerable amount of research has examined health issues among the Sami, such as health behavior (Spein et al. 2004; Spein 2008), disease risk (Hassler 2005; Nystad et al. 2008b), and causes of death (Hassler et al. 2005). Health-related parameters, such as life expectancy at birth and mortality rates for specific causes, suggest minimal differences between the Sami and the majority population (Brustad et al. 2009). Furthermore, research suggests that the Sami do not face the same health-related challenges as other, comparable indigenous peoples (Hassler et al. 2008; Symon and Wilson 2009). The

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[26] My translation

minimal health differences between the Sami and the majority population might have contributed to the following tendency identified by Andresen, "The recurring topic in current medico-political discourse is that Sámi health is threatened not by some specific disease or a particularly unhealthy Sámi lifestyle, but by a weakened Sámi identity" (2008: 76). The strong association between Sami identity and health issues is reflected in some of the research presented in the literature review. For example, research has focused on the association between living in assimilated ethnic contexts and health issues such as self-reported health (Hansen et al. 2010), the use of general practitioners (Turi et al. 2009), and mental health (Kvernmo 2004). The assumption that culture and historical experiences influence sickness and health, as well as the communication and interpretation of sickness and health, are reflected in Bongo's abovementioned study (2012) of understandings regarding health and illness in Sami societies. This is also the case for Dagsvold's (2006) study of how Sami speak, and do not speak, about cancer. Similar basic assumptions are reflected in Sørlie and Nergaard's (2005) study of mental health. For example, they argued, "Differences in the belief systems of western psychiatry and Saami tradition […] may have contributed to the observed differences in treatment satisfaction and therapist-patient agreement" (Sørlie and Nergaard 2005: 68). The close connection between identity and health is also emphasized by Nymo, who stated that when confronting problems, individuals in vulnerable situations who are concealing their Sami heritages might "find that their bodies announce who they really are" (Nymo 2007: 33)[27].

Rather than searching for health problems associated with being Sami, or a particular Sami understanding of health and illness, this study focused on elderly Sami's experiences of health, not merely as subjective conditions, but also as influenced by socio-historical contexts (Blix et al. 2012). The philosopher van Hooft's (1997) notion of health provided a perspective for studying health as a condition of subjectivity. A reading of three Sami women's life stories through the lens of van Hooft's theory identified elements of various dimensions of health. The material dimension of health was expressed in stories on shortness of breath and physical handicaps. The pragmatic dimension was expressed in stories about activities such as cooking, sewing, skiing,

[27] My translation

and rowing. The conative dimension was expressed in stories about being included. Finally, the integrative dimension was evident in the coherence of the stories. Van Hooft's notion of health contributed to this study because it promoted an understanding of health that did not exclusively focus on the absence of disease. However, a focus on health as a subjective experience has its limitations. I would argue that if we exclusively focus on health as a condition of subjectivity, the key to quality care lies in the relationship between patients and healthcare providers. From such a perspective, the call for cultural competence appears reasonable. Mishler has termed such a focus "micro-ethics", while raising the question, "Is ethics solely a matter of how, as practitioners, we treat our patients in our clinical encounters with them…?" (Mishler 2004: 98). Rather, he has encouraged "contextualizing the interpersonal encounters" (Mishler 2004: 104). In a macro-ethical perspective, interpersonal encounters are situated within "larger historical, socioeconomic, and cultural contexts" (Mishler 2004: 98). Post-colonial theory can provide a framework for such contextualizing. As noted in the *Theoretical framework* section, post-colonial perspectives call attention to the impact of historical and socio-economic factors on individuals' lives and forestall attempts to represent these as issues of "cultural difference" (Browne et al. 2005). A collective history of assimilation is assumed to impact the individual (Adelson 2005). However, I would argue that post-colonial perspectives also have their limitations. These perspectives could be criticized for the presumption of an essentialized, shared experience of historical processes, such as a history of assimilation (cf. Reimer-Kirkham and Anderson 2002; Browne et al. 2005). Furthermore, post-colonial perspectives could be criticized for overlooking the agency of "the oppressed" and for depicting individuals as passive victims of "the legacy of colonialism".

I would argue that there is no contradiction in perceiving elderly Sami as active and engaged while simultaneously acknowledging the impact of the history of Norwegianization on their lives. In that sense, this study falls within the category of research in which, according to Reimer-Kirkham and Anderson, "the language of identity politics has found a home within postcolonial discourse, resulting in a valorization of the formation of subjectivity, rooted in location" (2002: 6). In this study, three elderly Sami women's life stories were analyzed as narratives of resistance. Narratives of resistance are ways for individuals to control their own representation (Stone-Mediatore 2003). According to Frank, "the truth of stories is not only what *was* experienced, but equally what *becomes* experience in the telling and its reception" (Frank 1995:

23, original italics). The women could not change the historical and social settings of their life stories, nor could they change the fact that they experienced health problems such as asthma, congenital handicaps, walking difficulties, and blindness. Nonetheless, they did control what part these settings and health problems played in their stories. The women presented themselves as neither victims of Norwegianization nor sickness. Narratives of resistance can "destabilize ossified truths" (Stone-Mediatore 2003: 9) and thereby suggest that historical life might be more complex than it appears at first glance. In their stories, the women challenged established truths about what is considered healthy. One example was Inga's resistance to the standards of modern maternity care, "where everything is so white and clean". Another example was Marit ridiculing Norwegians who go to the gym to row. The comprehension of the Sami people as victims of Norwegianization was also challenged, as expressed in Laila's indignation with Sami claiming special rights.

Searching for a particular Sami perception or experience of health was not the purpose of this study. Nevertheless, I acknowledge that the interviewees' Sami heritages were significant in their experiences of health. The women's inclination to narrate themselves as healthy could be an expression of the Sami's silent and indirect way of communicating about health and illness described by Bongo (2012) and Dagsvold (2006). However, the analytical lens in my study focused on the socio-historical contexts of the elderly Sami's life stories. My choice of focus does not imply that I ruled out the impact of culture on the elderly Sami's experiences of health. It simply gave me an opportunity to seek other understandings. Being Sami in the particular historical period in which the lives of the current cohort of elderly Sami have unfolded produced certain experiences, for example experiences of being a member of a stigmatized minority group. Such experiences may have impacted their health in late adulthood. This study demonstrated that the elderly Sami actively engaged with both socio-historical contexts and perceptions of health in their life stories. Consequently, I suggest that the "cultural competence" required in encounters between health care providers and elderly Sami is an attentiveness towards current discourses and power-relations, knowledge about historical processes, and a sensitivity towards what these processes imply in the lives of particular individuals. This implies that healthcare providers should occupy the position of "informed not-knowers" (Keddell 2009: 237). Dreher and MacNaughton have argued that "cultural competence" is actually "nursing competence": "the

real issue in a clinical event is individualized patient care – the signature of contemporary nursing – which has been repackaged by the medical profession as 'culturally competent care" (2002: 185). They continue: "The contextualization of health and illness in relation to family and community is not a new concept in nursing. Indeed, it is one of our most fundamental principles. We must acknowledge that cultural information is, in fact, embedded in the illness events of all of our patients, not just our 'ethnic' patients" (2002: 185).

7.2.3 "Sami old age"

The discourse analysis of the policy documents revealed the assumption of a strong relationship between elderly Sami and "Sami language and culture", as expressed in the following quotation:

> The oldest Sami population has the most deeply felt and established relationship with Sami language and culture (Ministry of Health and Social Affairs 1995: 244)[28].

Furthermore, the elderly Sami were considered "reservoirs" of Sami culture:

> The oldest Sami generation, of course, is the strongest connection to Sami culture and language (Ministry of Health and Social Affairs 1995: 244)[29].

The literature review revealed that these assumptions are also reflected in research on elderly Sami. For example, Hanssen emphasized the influence of the Sami's "original culture" in communication and interaction with elderly Sami suffering from dementia (2012). Moreover, we have seen that the Sami population's well-being is considered inseparable from traditional livelihoods and lifestyle (Tervo and Nikkonen 2010). The close association between the elderly and culture is evident in much research on minority elderly. Parker and Geron have stated that "cultural issues" pervade care for aging persons (2007).

I would argue that the presumed strong relationship between elderly Sami and Sami culture reflects three basic assumptions. First, it reflects a tendency to perceive individuals as products of

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[28] My translation

[29] My translation

their culture, which in turn reflects rather static notions of both identity and culture. I am concerned that this tendency, combined with the narrow representations of Sami culture inherent in the policy documents and much of the literature on Sami elderly, will make many Sami and their needs less visible. This will raise the stakes on the identities of those Sami most strongly affected by the assimilation policies. This issue was addressed above, in the section on "Sami identity". Second, it reflects a tendency in developmental psychology, noted by Andrews (1999), to assume that by the time individuals reach old age, their development has ceased. Scholars in social gerontology have long contested this notion (e.g., Friedan 1993; Ruth and Kenyon 1996; Andrews 1999; de Lange 2011). For example, in *Beyond Nostalgia*, Ray argues that "identity formation occurs [...] well into old age" and is "fundamentally inseparable from the process of narrating the past" (2000: 27). Yet, the notion seems to persist as an underlying assumption in theorizing regarding minority elderly. Among some psychologists, ethnic identity is considered a component of the self, and the development of ethnic identity is regarded as a process associated with adolescence and early adulthood (Phinney 1993; Roberts, Phinney, Masse, Chen, Roberts, and Romero 1999; Syed and Azmitia 2010). For example, Phinney's three-stage model of ethnic identity development in adolescence depicts this development in stages, beginning with an unexamined identity, followed by a stage of searching for identity (moratorium), and ideally terminating in a stage where ethnic identity is realized that is characterized by "a clear, confident sense of one's own ethnicity" (Phinney 1993: 71). Third, the tendency to present elderly Sami as reservoirs of Sami culture reflects a rather backward-oriented comprehension of late adulthood, an understanding that is closely connected to the tendencies described above. Furthermore, the strong focus on Sami culture and tradition could lead to the neglect of other aspects of life that are significant for old age, such as gender, religion, and socio-economic factors, as well as the intersections of such factors. For example, Alèx et al. (2006) demonstrated that being female and being Sami are both relevant to "the art of being old".

The narrative analysis of the elderly Sami's life stories conducted in Article 3 (Blix et al. 2013b) provided a different image of Sami old age. First, it provided a reason to question the presumption of a strong relationship between Sami elderly and Sami culture. It also called into question the assumption that individuals have fixed identities and resolved relationships with

their cultural heritages by the time they reach old age. The study also demonstrated that late adulthood is not simply a matter of looking backwards, but also looking ahead.

Beginning with the last point, I acknowledge that crucial to telling one's life story is what Freeman has conceptualized as hindsight: "the process of looking back over the terrain of the past from the standpoint of the present and either seeing things anew or drawing 'connections' […] that could not possibly be drawn during the course of ongoing moments but only in retrospect" (2010: 4). However, the study demonstrated that "seeing things anew" and drawing connections were made possible by shifting contemporary discourses and public narratives, and it was practiced with reference to future generations. Randall and McKim's (2004, 2008) notion of *the poetics of aging* provided a framework for grappling with the active quality of growing old as a process of becoming, a process of "constructing and continually re-constructing the experience of aging" (Randall and McKim 2004: 237). The Greek verb *poiein* means to make or create. According to Randall and McKim, narrative imagination is crucial to the poetics of aging. Narrative imagination involves the process of transforming "the stuff of our lives into the stories of our lives" (Randall and McKim 2004: 242). This process works both retrospectively toward the past and prospectively toward the future. Individuals make sense of their pasts in light of their expectations regarding the future, and their anticipations of the future influence their reflections on past experiences. Furthermore, individuals' orientations toward the past and the future are affected by and affect their perceptions of the present. This "curious backward-forward process" (Randall and McKim 2004: 242) was clear in many of the life stories in this study. References to Johan's reindeer-herding parents, Anders' Sami father, and Svein's ancestors who wore *kofte*[30] and spoke the Sami language were examples of references to the past. References to "the new generations in universities and high positions", Svein's son wearing *kofte*, and "the young people today [who say they are Sami] openly and honestly" are examples of references to the future. Furthermore, Randall and McKim emphasized that we "do not employ our narrative imagination to compose our narrative identity in an existential void", rather, "we are immersed in a succession of overlapping, interpenetrating social environments" (Randall and McKim 2004: 249). They

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[30] Traditional Sami clothing

have described these environments as "larger stories", within which "we are coached in how to talk about (and read) our lives, how to transform events into experiences, and how to construe our reality" (Randall and McKim 2004: 250). This study demonstrated that the public narratives dominating the present provided opportunities for, but also restrictions to, making sense of past experiences.

This study provided reasons to question assumptions regarding a strong relationship between elderly Sami and a particular representation of Sami culture and the assumption that Sami elderly have fixed identities and resolved relationships with their Sami heritages. Given the historical context in which the lives of the current cohort of elderly Sami have unfolded, there are good reasons to question the notion that elderly Sami have "the most deeply felt and established relationship with Sami language and culture" (Ministry of Health and Social Affairs 1995: 244)[31]. Contemporary elderly Sami are among the generations most strongly affected by the assimilation policies. Many elderly Sami have strong experiences of stigmatization and discrimination. Many have experienced not being allowed to speak the Sami language in school. Others had parents with such experiences, who, driven by the best intentions, did not want their children to learn the language. Moreover, the elderly Sami experienced the Sami awakening. Many have looked with wonder at younger generations reclaiming their Sami identities. Rather than expressing a particular Sami perspective, the elderly Sami were negotiating the impact of their Sami heritages in their life stories. This negotiation involved the practice of hindsight, active engagement with contemporary discourses and public narratives, and a gaze toward the future.

7.2.4 Narrative and post-colonial theory: a possible escape from the culturalist quagmire?

I would argue that the study of elderly Sami's life stories allows for an examination of their experiences of identity and health in old age as both subjective conditions and influenced by historical and socio-economic contexts. The stories are indeed subjective accounts, but they are told at a historical moment characterized by particular discourses and power relations (cf. Riessman 2008). Each individual's story is framed by a unique combination of personal, social,

[31] My translation

and political discourses (Keddell 2009). I would claim that the theoretical framework of this study, discourse, narrative, and postcolonial theory, has made it possible to contextualize subjectivity. I follow Reimer-Kirkham and Anderson, who emphasized that beginning with individuals' stories is "essential to developing scholarship that does not continue to silence or render invisible the perspectives of the very people we are trying to 'give voice to'" (2002: 11). Equally important is the point they make about the importance of "situating human experience […] in the larger contexts of mediating social, economic, political, and historical forces" (Reimer-Kirkham and Anderson 2002: 11). I would argue that the combination of narrative and postcolonial theory applied in this study has enabled an understanding of the elderly Sami's life stories as both actively constituted and framed and shaped by broader socio-historical contexts. I agree with Ryymin and Nyyssönen (2012), who stated, with reference to historical research, that the application of a pure agency perspective can result in the neglect of the historical frames and contexts of actions, and consequently undervaluing the structural, asymmetrical power relations between minorities and majorities. They emphasized the importance of acknowledging the historical frames of individuals' choices and actions, but not in ways that *a priori* deprive the minorities of the possibility for action. I also agree with the points made by Taylor (2003) in a critical reflection on Anne Fadiman's book *The Spirit Catches You and You Fall Down*[32], a widely awarded and celebrated book used to teach "cultural competence" to future healthcare practitioners in the US and in courses in medical anthropology. According to Taylor, Fadiman presented a "hermetic vision of Hmong culture [that] becomes self-confirming" (2003: 166), i.e., the Hmong acted the way they did because they were Hmong. This reflected a view of culture "that leaves precious little room for its bearers to exercise any agency in the making of history" (Taylor 2003: 167). Drawing on theories of tragedy, Taylor argued that *The Spirit Catches You*

[32] Fadiman, A. (1997). *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. New York, Noonday Press.

The Spirit Catches You is the story of Lia Lee, a child of Hmong immigrants from Laos, born in California in 1982. As an infant, Lia began to suffer from seizures, which American doctors diagnosed as epilepsy, but her family perceived as evidence of "soul loss". Over the course of several years, the American doctors and Lia's parents struggled to combat her illness, but also fought with each other. Eventually, Lia became profoundly brain damaged. The confrontation between the American doctors and Lia's parents was, as reflected in the book's subtitle, perceived as a "collision of two cultures". In addition to relating the story of Lia's life and illness, Fadiman delves into Hmong folklore, religion, ethnomedicine, and history.

became so influential because it was a moving story; it was a moving story because it worked so well as tragedy; it worked so well as tragedy "precisely because of the static, reified, essentialist understanding of 'culture' from which it proceeds" (2003: 159). Towards the end of her critical reflection, Taylor warned: "If what we make of a book such as *The Spirit Catches You* is a set of stereotypes about what 'they' think, or a bunch of rules about how to deal with 'them', like so many specialized tools to be stashed in a briefcase and trotted out each time one of 'them' shows up, then we will certainly fail to keep alive the empathetic curiosity that allows one to be thoughtfully alert to difference" (Taylor 2003: 179). This is a concern that I share. I am concerned that the strong focus on particular cultural traits and the Sami language in policy documents and research will make many elderly Sami and their needs *less* visible, which I assume is at odds with the intentions of both policy documents and research. I believe that the theoretical perspectives applied in this study represent *one* feasible way of addressing the challenge in research regarding Sami in particular and indigenous peoples in general to "avoid essentialist viewing of indigeneity, renewing stereotypes, and accentuating juxtaposition" (Sarivaara, Määttä, and Uusiautti 2013: 152, with reference to Valkonen) and instead maintain the empathetic curiosity that allows us to be thoughtfully alert to difference (cf. Taylor 2003).

7.2.5 Implications

Insights from this study could have implications both for individual encounters between Sami patients and healthcare providers and at a systemic level.

The discourse analysis demonstrated a high degree of discursive continuity throughout the 15-year period in which the policy documents were published. I suggest that the time is ripe for the authorities to initiate a new public report based on current insights into the everyday experiences of the current cohort of elderly Sami and contemporary ethno-political and healthcare discourses. I also suggest that further research should be conducted on the elderly Sami's life experiences, aging, and health. The narrative study in this thesis is a modest contribution to the field.

The insights from this study have relevance beyond the elderly Sami. Several other populations of minority or marginalized elderly, both "ethnic" and "non-ethnic", have experienced profound social changes over the courses of their lives. I suggest that the study of the life stories of the

elderly in various marginalized groups is a fruitful approach to gain insights into the interplay between broader contexts and individual life stories, precisely because the life stories of the elderly unfold throughout lengthy and changing historical periods.

According to Frank, our inner library "predisposes attention to those stories that can be readily located; they sound like familiar stories. And conversely, the inner library predisposes disregard for stories that have no apparent location" (2010: 55). I have argued that dominant stories about "Saminess" represent potential resources for individual life stories. However, they can also cause individual stories that do not resemble familiar stories about the Sami to be disregarded. This thesis is a small contribution to the "library" of stories about the Sami that hopefully contributes to a remodeling of it. I sincerely hope that this thesis has done justice to the complex and heterogeneous nature of the Sami elderly. I can only hope that the thesis somehow facilitates the telling of Sami life stories that do not resemble familiar stories and raises awareness among healthcare providers of those stories that have been "off the radar" (cf. Frank 2010: 55) in the public discourse. This study does not make it easier for healthcare providers to tell "who are Sami and who are not", but it might call attention to the fact that, in regard to Sami identity, "not apparent" does not necessarily mean "not significant".

8.0 Concluding remarks

The overall aim of this thesis was to explore elderly Sami's experiences of identity and health in old age. The point of departure was the life stories of nineteen elderly Sami, as related in the context of qualitative research interviews. My main focus was how the elderly Sami worked and negotiated their identities and health in the stories they told about their lives. However, I soon realized the necessity of delving into the discursive landscapes in which the Sami elderly told their stories. Drawing on Foucault's notions of discourse and governmentality, I perceived policy documents as both contributors to and products of contemporary discourses. In this thesis, I have summarized and discussed the insights from the discourse analysis and the narrative study.

While the policy documents assumed a close relationship between elderly Sami's identities and Sami culture, and personal identity and Sami identity appeared as synonyms, the narrative analysis of the individual life stories suggested a more complex relationship between identity and culture. Rather than *having* a Sami identity, the elderly Sami were *identifying* through the stories they told about their lives. In these processes of identifying, the elderly Sami applied various narrative resources and actively negotiated contrasting public narratives about the Sami. The policy documents analyzed in this study suggested an association between Sami culture and tradition and health. Moreover, the narrative analysis of the life stories indicated that the elderly Sami's heritages were significant to their experiences of health in late life, not necessarily because they had certain cultural traits in common or possessed a particular Sami perspective on health. Rather, the study demonstrated that being a Sami in this particular historical period may have resulted in experiences that persons belonging to a majority group would not have had. In their stories, the elderly Sami challenged established truths about what is considered healthy. In their life stories, the elderly Sami resisted being passive victims of both Norwegianization and sickness. The study demonstrated that health is not a passive condition but an active process and being a healthy self can be an act of resistance. The discourse analysis revealed the assumption of a strong and established relationship between elderly Sami and Sami language and culture. The narrative analysis provided a motivation to nuance assumptions regarding the qualities of this relationship. Sami who are currently old are among the generations most strongly affected by the assimilation policies. Rather than having resolved relationships with their Sami heritages, the

elderly Sami were actively negotiating these relationships in the stories they told about their lives. This negotiation involved both orientations toward the past and the future and an active engagement with contrasting public narratives. In this thesis, I argued in favor of the potential inherent in the combination of discourse, narrative, and post-colonial theory for understanding life stories as both actively constituted and shaped by broader contexts.

My greatest fear, as I near the conclusion of this thesis, is that it will be read as a dismissal of the need for healthcare services to consider the concerns of the elderly Sami, or that it will be read as an argument for treating everyone the "same". On the contrary, my purpose was to raise awareness of the heterogeneity of elderly Sami. I forcefully acknowledge the need to safeguard the needs of the Sami-speaking elderly Sami for linguistically competent healthcare services, provided either by Sami-speaking healthcare providers or the use of adequate interpreter services. Moreover, I do not reject the notion that elderly Sami, like all people, are influenced by "culture". I concur with Sobo, who stated, "One cannot deny that some nongenetically acquired or learned values and habits of body or mind do co-occur in particular groups (at least for some periods of time) and 'culture' provides an efficient and effective shorthand for referencing these" (2009: 115). However, I have argued that culture is relational, shifting, and changing over time, and I have warned against using "culture" as the primary, and perhaps only, analytical lens to understand those who are considered "culturally Others". Furthermore, my purpose has been to direct attention towards those whose "cultural" identities are fluid or ambiguous.

In the *Afterword* of the recently published second edition of *The Wounded Storyteller*, Frank writes:

> This book is about different imaginations of illness and how these affect who ill people feel enabled to become. It is about how the stories that people hear shape the stories they tell about themselves. It is about people feeling submerged in stories they cannot change, and people trying to tell new stories that are part of a project of living differently. Ultimately it is about witness and testimony, as wounded storytellers seek to provide different imaginative conceptions of illness (Frank 2013: 187).

If I took the liberty of paraphrasing this citation, it would largely capture the essence of this thesis. This thesis concerns different imaginations of "Saminess" and how these affect who elderly Sami feel enabled to become. It is about how the stories that elderly Sami know shape the

stories they tell about themselves, and it is about elderly Sami being submerged in stories they cannot change and attempting to tell new and different stories. Ultimately, it is about how elderly Sami seek to provide different imaginative conceptions of “Saminess”.

Individuals’ lives and life stories are situated in socio-historical contexts. This study has demonstrated that individual life stories are framed and shaped by broader discourses and public narratives. A dialogical relationship between individual stories and the broader narrative and discursive contexts implies that individual stories have the capacity to shape and revise these broader contexts. With reference to Holstein and Gubrium (2000) and Frank (2010), I have suggested that the best way to facilitate this *narrative elasticity* is to *allow more stories to act*. As Frosh stated, “There are always ‘plentimaw fish’ in the sea of stories; power is marked precisely by its abolition of these plentimaws, by its insistence on pinning everything down” (2007: 642, with reference to Rushdie). I strongly believe that it is my responsibility to make available the “plentimaw” stories about being old and Sami.

References

Adelson, N. (2005). The Embodyment of Inequity. Health Disparities in Aboriginal Canada. *Canadian Journal of Public Health* 96(2): 45-61.

Ahlm, K., Hassler, S., Sjölander, P. and Eriksson, A. (2010). Unnatural deaths in reindeer-herding Sami families in Sweden, 1961-2001. *International Journal of Circumpolar Health* 69(2): 129-137.

Alèx, L., Hammarström, A., Norberg, A. and Lundman, B. (2006). Balancing within various discourses - the art of being old and living as a Sami woman. *Health Care for Women International* 27(10): 873-892.

Allen, D. G. (1999). Knowledge, Politics, Culture, and Gender: A Discourse Perspective. *Canadian Journal of Nursing Research* 30(4): 227-234.

Anderson, J., Perry, J., Blue, C., Browne, A., Henderson, A., Khan, K. B., Kirkham, S. R., Lynam, J., Semeniuk, P. and Smye, V. (2003). "Rewriting" Cultural Safety Within the Postcolonial and Postnational Feminist Project: Toward New Epistemologies of Healing. *Advances in Nursing Science Health Variables: Economics and Class* July/August/September 26(3): 196-214.

Anderson, J. and Reimer-Kirkham, S. (1999). Discourses on health: A critical perspective. *A cross-cultural dialogue on health care ethics*. H. Coward and P. Ratanakul. Waterloo, ON, Wilfrid Laurier University Press: 47-67.

Andresen, A. (2008). Health citizenship and / as Sámi citizenship: Norway 1985-2007. *Citizens, Courtrooms, Crossings. Conference Proceedings*. A. Andresen, T. Grønlie, W. Hubbard, T. Ryymin and S. A. Skålevåg, Rokkansenteret. Stein Rokkan Centre For Social Studies. Report 10 2008: 71-83.

Andrews, M. (1999). The seductiveness of agelessness. *Ageing and Society* 19: 301-318.

Andrews, R. A. (2012). Ango-Indian Residential Care Homes: Accounts from Kolkata and Melbourne. *Journal of Cross-Cultural Gerontology* 27(1): 79-100.

Atkinson, P. (1997). Narrative Turn or Blind Alley? *Qualitative Health Research* 7(3): 325-344.

Bailey, P. H. (1996). Assuring Quality in Narrative Analysis. *Western Journal of Nursing Research* 18(2): 186-194.

Bamberg, M. (2006). Stories: Big or small. Why do we care? *Narrative Inquiry* 16(1): 139-147.

Bamberg, M. (2007a). Introductory remarks. *Narrative - State of the Art*. M. Bamberg. Amsterdam, John Benjamins Pub. Co.: 1-5.

Bamberg, M. (2007b). *Narrative - state of the art*. Amsterdam, John Benjamins Pub. Co.

Bamberg, M. (2011). *Who am I?* Narration and its contribution to self and identity. *Theory & Psychology* 21(1): 3-24.

Bertaux, D. (1981). Introduction. *Biography and Society. The Life History Approach in the Social Sciences*. D. Bertaux. California, SAGE Publications Inc.: 5-15.

Betancourt, J. R., Green, A. R., Carrillo, J. E. and Ananeh-Firempong II, O. (2003). Defining Cultural Competence: A Practical Framework for Addressing Racial / Ethnic Disparities in Health and Health Care. *Public Health Reports (1974-)* 118(4): 293-302.

Biggs, S. (2004). Age, gender, narratives, and masquerades. *Journal of Aging Studies* 18(1): 45-58.

Blix, B. H., Hamran, T. and Normann, H. K. (2012). Indigenous Life Stories as Narratives of Health and Resistance: A Dialogical Narrative Analysis. *CJNR* 44(2): 64-85.

Blix, B. H., Hamran, T. and Normann, H. K. (2013a). “The Old Sami” – who is he and how should he be cared for? A discourse analysis of Norwegian policy documents regarding care services for elderly Sami. *Acta Borealia* 30(1): 75-100.

Blix, B. H., Hamran, T. and Normann, H. K. (2013b). Struggles of being and becoming: A dialogical narrative analysis of the life stories of Sami elderly. *Journal of Aging Studies* 27(3): 264-275.

Bohlmeijer, E. T., Westerhof, G. J., Randall, W., Tromp, T. and Kenyon, G. (2011). Narrative foreclosure in later life: Preliminary considerations for a new sensitizing concept. *Journal of Aging Studies* 25(4): 364-370.

Bongo, B. (2012). *"Samer snakker ikke om helse og sykdom." Samisk forståelseshorisont og kommunikasjon om helse og sykdom. En kvalitativ undersøkelse i samisk kultur ["Sami don't speak about health and illness." Sami horizon of understanding and communication about health and illness. A qualitative study in Sami culture]*. PhD thesis, University of Tromsø.

Browne, A. and Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. *Contemporary Nurse* 22(2): 155-167.

Browne, A. and Varcoe, C. (2009). Cultural and social considerations in health assessment. *Physical examination and health assessment by Carolyn Jarvis (1st Canadian Edition)*. A. J. Browne, J. MacDonald-Jenkins and M. C. E. Luctkar-Flude. Toronto, Elsevier: 35-50.

Browne, A. J., Smye, V. L. and Varcoe, C. (2005). The Relevance of Postcolonial Theoretical Perspectives to Research in Aboriginal Health. *Canadian Journal of Nursing Research* 37(4): 16-37.

Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J. and Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy* 10(3): 167-179.

Brustad, M., Pettersen, T., Melhus, M. and Lund, E. (2009). Mortality patterns in geographical areas with a high vs. low Sami population density in Arctic Norway. *Scandinavian Journal of Public Health* 37(5): 475-480.

Burchum, J. L. R. (2002). Cultural Competence: An Evolutionary Perspective. *Nursing Forum* 37(4): 5-15.

Capell, J., Veenstra, G. and Dean, E. (2007). Cultural competence in healthcare: critical analysis of the construct, its assessment and implications. *Journal of Theory Construction & Testing* 11(1): 30-37.

Carabine, J. (2001). Unmarried Motherhood 1830 - 1990: A Genealological Analysis. *Discourse as Data. A guide for analysis*. M. Wetherell, S. Taylor and S. J. Yates. London, SAGE Publications: 267 - 310.

Chase, S. (2011). Narrative inquiry: Still a field in the making. *The Sage handbook of qualitative research*. N. Denzin and Y. Lincoln. Thousand Oaks, CA, Sage: 421-434.

Cheek, J. (2004). At the Margins? Discourse Analysis and Qualitative Research. *Qualitative Health Research* 14(8): 1140-1150.

Coffey, A. and Atkinson, P. (1996). *Making Sense of Qualitative Data*. Thousand Oaks, CA, Sage Publications.

Creese, G. and Frisby, W. (2011). Reflections. Promises and Limits of Feminist Community Research. *Feminist Community Research. Case Studies and Methodologies*. G. Creese and W. Frisby. Vancouver, BC, UBC Press: 232-236.

Daerga, L., Sjölander, P., Jacobsson, L. and Edin-Liljegren, A. (2012). The confidence in health care and social services in northern Sweden - a comparison between reindeer-herding Sami and the non-Sami majority population. *Scandinavian Journal of Public Health* 40(6): 516-522.

Dagsvold, I. (2006). *'In gille huma' - de tause rommene i samtalen : samiske fortellinger om kreft ['In gille huma - the silent rooms in conversation: Sami stories about cancer]*. Masters thesis, Universitetet i Tromsø.

Dankertsen, A. (2006). *"Men du kan jo snakke Frogner-samisk." Tradisjon og kulturell innovasjon blant samer i Oslo ["But you can talk Frogner-Sami." Tradition and cultural innovation among Sami in Oslo]*. Mastergradsoppgave i sosialantropologi, Universitetet i Oslo.

Dankertsen, A. (2007). "Men du kan jo snakke frognersamisk" - bysamer mellom tradisjon og modernitet [But you can talk "frognersamisk" - the city-Sámi, in between tradition and modernity]. *Tidsskrift for psykisk helsearbeid* 4(1): 52-61.

de Lange, F. (2011). Inventing Yourself: How Older Adults Deal With the Pressure of Late-Modern Identity Construction. *Storying Later Life. Issues, Investigations, and Interventions in Narrative Gerontology*. G. Kenyon, E. Bohlmeijer and W. L. Randall. New York, Oxford University Press: 51-65.

Denzin, N. K. (1994). The Art and Politics of Interpretation. *Handbook of Qualitative Research*. N. K. Denzin and Y. S. Lincoln. Thousand Oaks, CA, Sage: 500-515.

Denzin, N. K. and Lincoln, Y. S. (2008). Introduction. Critical Methodologies and Indigenous Inquiry. *Handbook of Critical and Indigenous Methodologies*. N. K. Denzin, Y. S. Lincoln and L. T. Smith. Thousand Oaks, CA, SAGE: 1-20.

Denzin, N. K., Lincoln, Y. S. and Smith, L. T., Eds. (2008). *Handbook of critical and indigenous methodologies*. Thousand Oaks, CA, SAGE.

DeSantis, L. A. and Lipson, J. G. (2007). Brief History of Inclusion of Content on Culture in Nursing Education. *Journal of Transcultural Nursing* 18(1 suppl): 7S-9S.

Drageset, I., Normann, K. and Elstad, I. (2012). Familie og kontinuitet: Pårørende forteller om livsløpet til personer med demenssykdom [Family and continuity: Next of kin tell about the lifespan of persons with dementia disease]. *Nordisk tidsskrift for helseforskning* 8(1): 3-19.

Dreher, M. and MacNaughton, N. (2002). Cultural competence in nursing: Foundation or fallacy? *Nursing Outlook* 50(5): 181-186.

Duffy, M. E. (2001). A critique of cultural education in nursing. *Journal of Advanced Nursing* 36(4): 487-495.

Edin-Liljegren, A., Hassler, S., Sjölander, P. and Daerga, L. (2004). Risk factors for cardiovascular diseases among Swedish Sami - a controlled cohort study. *International Journal of Circumpolar Health* 63(Suppl 2): 292-297.

Eidheim, H. (1992). *Stages in the development of Sami selfhood*. Oslo, Universitetet i Oslo.

Eidheim, H. (1997). Ethno-political development among the Sami after World War II. *Sami Culture in a new era. The Norwegian Sami experience*. H. Gaski. Kárásjohka / Karasjok, Davvi Girji OS: 29-61.

Ekman, S.-L., Wahlin, T.-B. R., Norberg, A. and Winblad, B. (1993). Relationship between bilingual demented immigrants and bilingual / monolingual caregivers. *The International Journal of Aging and Human Development* 37(1): 37-54.

Eliassen, B. M., Braaten, T., Melhus, M., Hansen, K. L. and Broderstad, A. R. (2012). Acculturation and self-rated health among Arctic indigenous peoples: a population-based cross-sectional study. *BMC Public Health* 12: 948-958.

Elliott, J. (2005). *Using narrative in social research: qualitative and quantitative approaches*. London, Sage.

Emami, A., Torres, S., Lipson, J. G. and Ekman, S.-L. (2000). An Ethnographic Study of a Day Care Center for Iranian Immigrant Seniors. *Western Journal of Nursing Research* 22(2): 169-188.

Eriksen, K. E. and Niemi, E. (1981). *Den finske fare : sikkerhetsproblemer og minoritetspolitikk i nord 1860-1940 [The Finnish menace: security problems and minority politics in the North 1860-1940]*. Oslo, Universitetsforlaget.

Evjen, B. (2009). Research on and by 'the Other'. Focusing on the Researcher's Encounter with the Lule Sami in a Historically Changing Context. *Acta Borealia* 26(2): 175-193.

Fadiman, A. (1997). *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. New York, Noonday Press.

Foucault, M. (1991). Governmentality. *The Foucault effect: studies in governmentality : with two lectures by and an interview with Michel Foucault*. C. Gordon, G. Burchell, P. Miller and M. Foucault. London, Harvester/Wheatsheaf: 87-104.

Foucault, M. ([1972] 2002). *Archaeology of knowledge*. London, Routledge.

Foucault, M. and Gordon, C. (1980). *Power/knowledge: selected interviews and other writings 1972-1977*. Brighton, Harvester Press.

Frank, A. W. (1995). *The wounded storyteller. Body, illness and ethics*. Chicago, The university of Chicago press.

Frank, A. W. (2005). What is dialogical research, and why should we do it? *Qualitative Health Research* 15(7): 964-974.

Frank, A. W. (2010). *Letting stories breathe. A socio-narratology*. Chicago, University of Chicago press.

Frank, A. W. (2012). Practicing Dialogical Narrative Analysis. *Varieties of Narrative Analysis*. J. A. Holstein and J. F. Gubrium. Thousand Oaks, California, SAGE Publications Inc.: 33-52.

Frank, A. W. (2013). *The Wounded Storyteller. Body, Illness & Ethics. Second Edition*. Chicago, The University of Chicago Press.

Freeman, M. (2007). Life "on holiday"? In defense of big stories. *Narrative - State of the Art*. M. Bamberg. Amsterdam, John Benjamins Publishing Company: 155-163.

Freeman, M. (2010). *Hindsight. The Promise and Peril of Looking Backward*. Oxford, Oxford University Press.

Friedan, B. (1993). *The Fountain of Age*. New York, Simon & Schuster.

Frosh, S. (2007). Disintegrating Qualitative Research. *Theory & Psychology* 17(5): 635-653.

Fugelli, P. (1986). Skjult helsebehov blant samer? [Hidden health needs among the Sami?]. *Sami medica: Sami doaktariid searvvi aigecala* 3: 43-53.

Fugelli, P. (1991). Den norske lege i Sameland. Etiske og etniske problemer i Skoganvarreprosjektet [The Norwegian doctor in Sami land. Ethical and ethnic problems in the Skoganvarre project]. *Samesymposium*. M. Aikio and K. Korpijaakko. Rovaniemi, Lappland universitet: 86-100.

Garrity, Z. (2010). Discourse Analysis, Foucault and Social Work Research: Identifying Some Methodological Complexities. *Journal of Social Work* 10(2): 193-201.

Garroutte, E. M., Kunovich, R. M., Jacobsen, C. and Goldberg, J. (2004). Patient satisfaction and ethnic identity among American Indian older adults. *Social Science & Medicine* 59(11): 2233-2244.

Gaski, L. (2008). Sami identity as a discursive formation: Essentialism and ambivalence. *Indigenous peoples: Self-determination, knowledge, indigeneity*. H. Minde. Delft, The Netherlands, Eburon Academic Publishers: 219 - 236.

Gaski, M., Melhus, M., Deraas, T. and Førde, O. H. (2011). Use of health care in the main area of Sami habitation in Norway - catching up with national expenditure rates. *Rural and remote health* 11(2): 1655.

Georgakopoulou, A. (2006). Thinking big with small stories in narrative and identity analysis. *Narrative Inquiry* 16(1): 122-130.

Gray, D. P. and Thomas, D. J. (2006). Critical reflections on culture in nursing. *Journal of Cultural Diversity* 13(2): 76-82.

Gready, P. (2008). The public life of narratives: ethics, politics, methods. *Doing narrative research*. M. Andrews, C. Squire and M. Tamboukou. Los Angeles, CA, Sage: 137-150.

Grenier, A. (2012). *Transitions and the Lifecourse. Challenging the constructions of 'growing old'*. Bristol, UK, The Policy Press.

Gubrium, J. F. and Holstein, J. A. (2009). *Analyzing narrative reality*. Los Angeles, Sage.

Gustafson, D. L. (2005). Transcultural Nursing Theory From a Critical Cultural Perspective. *Advances in Nursing Science* 28(1): 2-16.

Gustafson, D. L. (2008). Are sensitivity and tolerance enough? Comparing two theoretical approaches to caring for newcomer women with mental health problems. *Working with Immigrant Women: Issues and Strategies for Mental Health Professionals*. S. Guruge and E. Collins. Toronto, Canadian Center for Addictions and Mental Health: 39-63.

Hall, S. (2001). Foucault: Power, Knowledge and Discourse. *Discourse Theory and Practice. A reader*. M. Wetherell, S. Taylor and S. J. Yates. London, SAGE Publications: 72 - 81.

Hansen, K. L., Melhus, M., Høgmo, A. and Lund, E. (2008). Ethnic discrimination and bullying in the Sami and non-Sami populations in Norway: The Saminor Study. *International Journal of Circumpolar Health* 67(1): 97-113.

Hansen, K. L., Melhus, M. and Lund, E. (2010). Ethnicity, self-reported health, discrimination and socio-economic status: a study of Sami and non-Sami Norwegian poulations. *International Journal of Circumpolar Health* 69(2).

Hansen, K. L. and Sørlie, T. (2012). Ethnic discrimination and psychological distress: A study of Sami and non-Sami populations in Norway. *Transcultural Psychiatry* 49(1): 26-50.

Hanssen, I. (2011). A song of identity: Yoik as example of the importance of symbolic cultural expression in intercultural communication/health care. *Journal of intercultural communication* October 2011(27): Availabe at http://immi.se/intercultural/ (accessed 2012-2012-2001).

Hanssen, I. (2012). The influence of cultural background in intercultural dementia care: exemplified by Sami patients. *Scandinavian Journal of Caring Sciences*: 1-7.

Hassler, S. (2005). *The health conditions in the Sami population of Sweeden, 1961-2002: Causes of death and incidencies of cancer and cardiovascular diseases*. PhD Thesis, Umeå University, Sweeden.

Hassler, S., Johansson, R., Sjölander, P., Grönberg, H. and Damber, L. (2005). Causes of death in the Sami population of Sweden, 1961–2000. *International Journal of Epidemiology* 34(3): 623-629.

Hassler, S., Kvernmo, S. and Kozlov, A. (2008). Sami. *Health transitions in Arctic populations*. T. K. Young and P. Bjerregaard. Toronto, Buffalo, London, University of Toronto Press: 148 - 170.

Heikkilä, K. and Ekman, S.-L. (2000). Health Care Experiences and Beliefs of Elderly Finnish Immigrants in Sweden. *Journal of Transcultural Nursing* 11(4): 281-289.

Heikkilä, K. and Ekman, S.-L. (2003). Elderly care for ethnic minorities - wishes and expectations among elderly Finns in Sweden. *Ethnicity and Health* 8: 135-146.

Heikkilä, K., Sarvimäki, A. and Ekman, S.-L. (2007). Culturally congruent care for older people: Finnish care in Sweden. *Scandinavian Journal of Caring Sciences* 21(3): 354-361.

Hermans, H. J. M. (2001). The Dialogical Self: Toward a Theory of Personal and Cultural Positioning. *Culture & Psychology* 7(3): 243-281.

Hermans, H. J. M. (2002). The Dialogical Self as a Society of Mind. *Theory & Psychology* 12(2): 147-160.

Hermansen, R., Njølstad, I. and Fønnebø, V. (2002). Physical activity according to ethnic origin in Finnmark county, Norway. The Finnmark study. *International Journal of Circumpolar Health* 61(3): 189-200.

Hinchman, L. P. and Hinchman, S. K. (1997). Introduction. *Memory, Identity, Community: the idea of narrative in the human sciences*. L. P. Hinchman and S. K. Hinchman. New York, State University of New York: xii-xxxii.

Hiss, F. (2013). Tromsø as a “Sámi Town”? – Language ideologies, attitudes, and debates surrounding bilingual language policies. *Language Policy* 12(2): 177-196.

Holland, C. A. and Katz, J. S. (2010). Cultural Identity and Belonging in Later Life: Is Extra Care Housing an Attractive Concept to Older Jewish People Living in Britain? *Journal of Cross-Cultural Gerontology* 25: 59-69.

Holstein, J. A. and Gubrium, J. F. (2000). *The self we live by: narrative identity in a postmodern world*. New York, Oxford University Press.

Holstein, J. A. and Gubrium, J. F. (2012a). Introduction: Establishing a balance. *Varieties of Narrative Analysis*. J. A. Holstein and J. F. Gubrium. Thousand Oaks, California, SAGE: 1-11.

Holstein, J. A. and Gubrium, J. F., Eds. (2012b). *Varieties of Narrative Analysis*. Thousand Oaks, California, SAGE Publications Inc.

Iliffe, S. and Manthorpe, J. (2004). The debate on ethnicity and dementia: from category fallacy to person-centred care? *Aging & Mental Health* 8(4): 283-292.

International Council of Nurses. (2013). Position Statements B3. Cultural and linguistic competence. Available at http://www.icn.ch/images/stories/documents/publications/position_statements/B03_Cultural_Linguistic_Competence.pdf. (accessed 2013-10-01).

International Labour Organisation (1989). C169 Indigenous and Tribal Peoples Convention concerning Indigenous and Tribal Peoples in Independent Countries. Geneva.

Jensen, E. B. (2007). Nord-Norge, en flerkulturell landsdel [Northern Noway, a multi-cultural part of the country]. *Tidsskrift for psykisk helsearbeid* 4(1): 15-24.

Jirwe, M., Gerrish, K. and Emami, A. (2006). The Theoretical Framework of Cultural Competence. *The Journal of Multicultural Nursing & Health* 12(3 Fall): 6-16.

Joint Commission on Hospital Accreditation (2008). The Joint Commission 2008 requirements related to the provision of culturally and linguistically appropriate health care. Available at http://www.jointcommission.org (accessed 2012-03-19).

Jones, A. (2006). *Beyond sheltered accomodation: A review of extra care housing and care home provision for BME elders*. London, Age Concern.

Josselson, R. (2011a). "Bet you think this song is about you": Whose Narrative Is It in Narrative Research? *Narrative Works: Issues, Investigations, & Interventions* 1(1): 33-51.

Josselson, R. (2011b). Narrative Research. Constructing, Deconstructing, and Reconstructing Story. *Five Ways of Doing Qualitative Analysis*. F. J. Wertz, K. Charmaz, L. M. McMullen, R. Josselson, R. Anderson and E. McSpadden. New York, NY, The Guilford Press: 224-242.

Karlsson, M. (2006). Livsberättelser som socialt situerade och strukturerade handlingar - intervjuaren som medberättare. *Erfarenhet, berättelse och identitet: Livsberättelsestudier*. H. Pérez Prieto. Karlstad, Karlstad University Studies: 71-88.

Keddell, E. (2009). Narrative as Identity: Postmodernism, multiple ethnicities, and narrative practice approaches in social work. *Journal of Ethnic and Cultural Diversity in Social Work* 18(3): 221-241.

Kenyon, G. M. (1996). The Meaning / Value of Personal Storytelling. *Aging and Biography. Explorations in Adult Development*. J. E. Birren, G. M. Kenyon, J.-E. Ruth, J. J. F. Schroots and T. Svensson. New York, Springer Publishing Company, Inc.: 21-38.

Kenyon, G. M., Clark, P. and deVries, B., Eds. (2001). *Narrative gerontology: Theory, research, and practice*. New York, Springer.

Kenyon, G. M. and Randall, W. L. (1999). Introduction: Narrative gerontology. *Journal of Aging Studies* 13(1): 1-5.

Koskinen, A. (1995). Language policy towards ethnic minorities in Northern Norway and on the Atlantic coast of Nicaragua. *International Journal of Educational Development* 15(3): 221-230.

Kramvig, B. (2005). The silent language of ethnicity. *European Journal of Cultural Studies* 8(1): 45-64.

Kvale, S. and Brinkmann, S. (2009). *Interviews. Learning the craft of qualitative research interviewing*. Los Angeles, SAGE Publications Inc.

Kvernmo, S. (2004). Mental health of Sami youth. *International Journal of Circumpolar Health* 63(3): 221-234.

Labov, W. (1982). Speech actions and reactions in personal narrative. *Analyzing Discourse: Text and Talk*. D. Tannen. Washington, DC, Georgetown University Press: 219-247.

Leininger, M. M. and McFarland, M. R. (2006). *Culture care diversity and universality: A worldwide nursing theory*. Sudbury, Mass., Jones and Bartlett.

Like, R. C. (2011). Educating clinicians about cultural competence and disparities in health and health care. *Journal of Continuing Education in the Health Professions* 31(3): 196-206.

Lincoln, Y. S. and Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA, Sage.

Loseke, D. R. (2007). The study of identity as cultural, institutional, organizational, and personal narratives: Theoretical and empirical integrations. *The Sociological Quarterly* 48: 661-688.

Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet* 358(August 11): 483-488.

Mancuso, L. (2011). A customized, integrated approach to cultural competence education. *Journal for Nurses in Staff Development* 27(4): 170-180.

Mauthner, N. S. and Doucet, A. (2003). Reflexive Accounts and Accounts of Reflexivity in Qualitative Data Analysis. *Sociology* 37(3): 413-431.

Mays, N. and Pope, C. (2000). Assessing quality in qualitative research. *BMJ* 320(1): 50-52.

Minde, H. (2003). Assimilation of the Sami - Implementation and Consequences. *Acta Borealia* 20(2): 121 - 146.

Ministry of Government Administration Reform and Church Affairs (1987). *Lov om Sametinget og andre samiske forhold [Act of 12 June 1987 No. 56 concerning the Sameting (the Sami parliament) and other Sami legal matters (the Sami Act) as subsequently amended, most recently by Act of 11 April 2003 No. 22.]* Text in English available at http://www.ub.uio.no/ujur/ulovdata/lov-19870612-056-eng.pdf (accessed 2012-03-19).

Ministry of Health and Care Services (2006a). *Nasjonal Helseplan (2007-2010) Særtrykk av St.prp. nr. 1 (2006-2007) kapittel 6 [National Health Plan for Norway (2007-2010)]* Summary in English available at http://www.regjeringen.no/en/dep/hod/Whats-new/News/2007/national-health-plan.html?id=449316 Complete text in Norwegian available at http://www.regjeringen.no/upload/kilde/hod/prm/2006/0083/ddd/pdfv/292402-nasjonal_helseplan_saertrykk.pdf (accessed 2012-05-31).

Ministry of Health and Care Services (2006b). *St.meld. nr. 25 (2005 - 2006) Mestring, muligheter og mening. Framtidas omsorgsutfordringer [Report no. 25 (2005 - 2006) Long term care. Future challenges. Care plan 2015]* Available at http://www.regjeringen.no/Rpub/STM/20052006/025/PDFS/STM200520060025000DDDPDFS.pdf (accessed 2012-03-19).

Ministry of Health and Care Services (2007). *Dementia Plan 2015. Subplan of Care Plan 2015* Available at http://www.regjeringen.no/upload/HOD/Dokumenter%20KTA/DementiaPlan2015.pdf (accessed 2012-05-31).

Ministry of Health and Care Services (2009). *St. meld. nr. 47 (2008 - 2009) Samhandlingsreformen. Rett behandling - på rett sted - til rett tid [Report no. 47 (2008 - 2009) The coordination reform. Proper treatment - at the right place and right time]*. Available at http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/2008-2009/stmeld-nr-47-2008-2009-.html?id=567201 (accessed 2012-05-31).

Ministry of Health and Care Services (2011). *Meld. St. 16 (2010-2011) Nasjonal helse- og omsorgsplan (2011-2015) [National plan for health and care services 2011-2015]* Complete text in Norwegian available at http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/2010-2011/meld-st-16-20102011.html?id=639794 (accessed 2012-05-31).

Ministry of Health and Social Affairs (1995). *Norges Offentlige Utredninger 1995:6 Plan for helse- og sosialtjenester til den samiske befolkning i Norge [Norwegian Official Report 1995:6 Plan for the health- and social services for the Sami population in Norway]. Norges offentlige utredninger*. Oslo, Statens forvaltningstjeneste, Seksjon statens trykning. Availabe at http://www.regjeringen.no/Rpub/NOU/19951995/006/PDFA/NOU199519950006000DDDPDFA.pdf (accessed 2012-05-31).

Ministry of Health and Social Affairs (2001). *Mangfold og likeverd: regjeringens handlingsplan for helse- og sosialtjenester til den samiske befolkningen i Norge 2002-2005 [Diversity and equality: The government's action plan concerning health- and social services for the Sami population in Norway 2002 - 2005]* Available at http://www.regjeringen.no/nb/dep/hod/ryddemappe/hod/norsk/dok/andre_dok/hoeringsnotater/mangfold-og-likeverd/Mangfold-og-likeverd.html?id=410831 (accessed 2012-05-31).

Ministry of Justice and Public Security (2001). *Norges Offentlige Utredninger 2001: 34 Samiske sedvaner og rettsoppfatninger - bakgrunnsmateriale for Samerettsutvalget [Norwegian Official Report 2001: 34 Sami customs and sense of justice - background material for Samerettsutvalget]* Available at http://www.regjeringen.no/nb/dep/jd/dok/nouer/2001/nou-2001-34.html?id=379485 (accessed 2012-03-19).

Ministry of Justice and Public Security (2005). *Act of 17 June 2005 No. 85 relating to legal relations and management of land and natural resources in the county of Finnmark [Finnmark Act]* Available at http://www.ub.uio.no/ujur/ulovdata/lov-20050617-085-eng.pdf (accessed 2012-05-02).

Ministry of Local Government and Regional Development (2001). *St. meld. nr. 55 (2000) Om samepolitikken [Report no. 55 (2000) to the Storting. On Sami politics]* Available at http://www.regjeringen.no/Rpub/STM/20002001/055/PDFA/STM200020010055000DDDPDFA.pdf (accessed 2012-03-19).

Mishler, E. G. (1986). *Research interviewing : context and narrative*. Cambridge, Mass., Harvard University Press.

Mishler, E. G. (1995). Models of Narrative Analysis: A Typology. *Journal of Narrative and Life History* 5(2): 87-123.

Mishler, E. G. (2004). The unjust world problem: Towards an ethics of advocacy for healthcare providers and researchers. *Communication & Medicine* 1(1): 97-104.

Mitchell, J. (1969). Both sides now. Available at http://jonimitchell.com/music/song.cfm?id=83 (accessed 2013-08-06).

Møllersen, S., Sexton, H. C. and Holte, A. (2009). Effects of client and therapist ethnicity and ethnic matching: A prospective naturalistic study of outpatient mental health treatment in Northern Norway. *Nordic Journal of Psychiatry* 63(3): 246 - 255.

Ness, T. M., Enmarker, I. and Hellzen, O. (2013). Experiences of being old and receiving home nursing care. Older South Sami narrations of their experiences - An interview study. *Open Journal of Nursing* 3(March): 1-7.

Ness, T. M. and Hellzen, O. (2011). *Eldre sørsamers opplevelse av å være gammel [Elderly South Sami's experiences with being old]*. Steinkjer, Høgskolen i Nord-Trøndelag. Rapport nr 78.

Neumann, I. B. and Sending, O. J., Eds. (2003). *Regjering i Norge. Makt og globaliseringsutredningen [Governmentality in Norway]*. Oslo, Pax Forlag A/S.

Niemi, E. (1997). Sami history and the frontier myth: A perspective on northern Sami spatial and rights history. *Sami culture in a new era. The Norwegian Sami experience*. H. Gaski. Kárásjohka / Karasjok, Davvi Girji OS: 62-85.

Normann, H. K. and Elstad, I. (2007). *Life-stories, engagement and health problems of elderly persons in northern areas, with consequences for care services*. Prosjektbeskrivelse. Tromsø.

Nymo, R. (2007). Den samiske pasientens mangfold - er omsorgsutøveren beredt til møter? [The richness of the "Sámi patient" - is the professional ready for these encounters?]. *Tidsskrift for psykisk helsearbeid* 4(1): 33-42.

Nymo, R. (2011). *Helseomsorgssystemer i samiske markebygder i Nordre Nordland og Sør-Troms. Praksiser i hverdagslivet. "En ska ikkje gje sæ over og en ska ta tida til hjelp" [Health care systems in woodland parishes of Northern Nordland and Southern Troms Counties. Everyday life practices. "One should not give up and one should let time work"]*. PhD thesis, University of Tromsø.

Nystad, T., Melhus, M., Brustad, M. and Lund, E. (2010a). The effect of coffee consumption on serum total cholesterol in the Sami and Norwegian populations. *Public Health Nutr* 13(11): 1818-1825.

Nystad, T., Melhus, M., Brustad, M. and Lund, E. (2010b). Ethnic differences in the prevalence of general and central obesity among the Sami and Norwegian populations: the SAMINOR study. *Scandinavian Journal of Public Health* 38(1): 17-24.

Nystad, T., Melhus, M. and Lund, E. (2008a). Sami speakers are less satisfied with general practitioners' services. *International Journal of Circumpolar Health* 67(1): 114-121.

Nystad, T., Utsi, E., Selmer, R., Brox, J., Melhus, M. and Lund, E. (2008b). Distribution of apoB/apoA-I ratio and bood lipids in Sami, Kven and Norwegian populations: The Saminor Study. *International Journal of Circumpolar Health* 67(1): 69-83.

Olofsson, E. (2004). *In search of a fulfilling identity in a modern world: narratives of indigenous identities in Sweden and Canada*, Uppsala universitet, Kulturantropologiska institutionen.

Pamphilon, B. (1999). The Zoom Model: A Dynamic Framework for the Analysis of Life Histories. *Qualitative Inquiry* 5(3): 393-410.

Parker, V. A. and Geron, S. M. (2007). Cultural Competence in Nursing Homes. *Gerontology & Geriatrics Education* 28(2): 37-54.

Pérez Prieto, H. (2006). *Historien om räven och andra berättelser: Om klasskamrater och skolan på en liten ort - ur ett skol- och livsberättelse perspektiv* [The story about the fox and other stories: On class mates and school in a small place - from a school- and life story perspective]. *Karlstad University Studies*. Karlstad, Sweden, Karlstads universitet. 52.

Phillipson, C. and Biggs, S. (1998). Modernity and Identity: Themes and Perspectives in the Study of Older Adults. *Journal of Aging and Identity* 3(1): 11-23.

Phinney, J. S. (1993). A three stage model of ethnic identity development in adolescence. *Ethnic identity. Formation and transmission among hispanics and other minorities*. M. E. Bernal and G. P. Knight. New York, State University of New York Press: 61-79.

Phoenix, C. and Smith, B. (2011). Telling a (Good?) Counterstory of Aging: Natural Bodybuilding Meets the Narrative of Decline. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 66(5): 628-639.

Polkinghorne, D. E. (2007). Validity Issues in Narrative Research. *Qualitative Inquiry* 13(4): 471-486.

Porsanger, J. (2004). An essay about indigenous methodology. *Norlit* 15: 105-120.

Potter, J. and Wetherell, M. (1987). *Discourse and social psychology*. London, Sage.

QSR International (2010). N'Vivo 9.

Randall, W. L. (1999). Narrative intelligence and the novelty of our lives. *Journal of Aging Studies* 13(1): 11-28.

Randall, W. L. (2011). Memory, metaphor, and meaning: Reading for wisdom in the stories of our lives. *Storying Later Life. Issues, Investigations, and Interventions in Narrative Gerontology*. G. M. Kenyon, E. Bohlmeijer and W. L. Randall. Oxford, New York, Oxford University Press: 20-38.

Randall, W. L. and McKim, A. E. (2004). Toward a poetics of aging: The links between literature and life. *Narrative Inquiry* 14(2): 235-260.

Randall, W. L. and McKim, A. E. (2008). *Reading our lives: the poetics of growing old*. Oxford, Oxford University Press.

Rapley, T. (2007). *Doing conversation, discourse and document analysis*. London, SAGE Publications Ltd.

Ray, R. E. (2000). *Beyond nostalgia: Aging and life-story writing*. Charlottesville, VA, University Press of Virginia.

Reimer-Kirkham, S. and Anderson, J. M. (2002). Postcolonial Nursing Scholarship: From Epistemology to Method. *Advances in Nursing Science* 25(1): 1-17.

Riessman, C. K. (1993). *Narrative analysis*. Newbury Park, Calif., Sage.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Los Angeles, Sage Publications.

Riessman, C. K. and Quinney, L. (2005). Narrative in Social Work: A Critical Review. *Qualitative Social Work* 4(4): 391-412.

Ring, J. M., Nyquist, J. G. and Mitchell, S. (2008). *Curriculum for culturally responsive health care: The step-by-step guide for cultural competence training*. Oxford, England / New York, NY, Radcliffe.

Roberts, R. E., Phinney, J. S., Masse, L. C., Chen, Y. R., Roberts, C. R. and Romero, A. (1999). The Structure of Ethnic Identity of Young Adolescents from Diverse Ethnocultural Groups. *The Journal of Early Adolescence* 19(3): 301-322.

Romanow, R. (2002). Commission on the Future of Health Care in Canada. Building on Values: The Future of Health Care in Canada, Commision on the Future of Health Care in Canada. Saskatoon, Canada.

Ruth, J.-E. and Kenyon, G. (1996). Biography in Adult Development and Aging. *Aging and Biography. Explorations in Adult Development*. J. E. Birren, G. M. Kenyon, J.-E. Ruth, J. J. F. Schroots and T. Svensson. New York, Springer Publishing Company: 1-20.

Ryymin, T. and Nyyssönen, J. (2012). Fortellinger i nordnorsk minoritetshistorie [Stories in North-Norwegian minority history]. *Historisk Tidsskrift* 91(4): 541-568.

Sámi Instituhtta Nordic Sami Institute. (2008). Hvor mange samer er det egentlig...? [How many Sami are there really...?] Available at http://www.sami-statistics.info/default.asp?nc=6809&id=110 (accessed 2011-04-30).

Sangster, J. (1994). Telling our stories: feminist debates and the use of oral history. *Women's History Review* 3(1): 5-28.

Sarivaara, E., Määttä, K. and Uusiautti, S. (2013). Sensitivity in indigenous identity research. *European Social Sciences Research Journal* 1(2): 145-157.

Selbæk, G., Kirkevold, Ø. and Engedal, K. (2007). The prevalence of psychiatric symptoms and behavioural disturbances and the use of psychotropic drugs in Norwegian nursing homes. *International Journal of Geriatric Psychiatry* 22(9): 843-849.

Selle, P. and Strømsnes, K. (2010). Sámi Citizenship: Marginalisation or Integration? *Acta Borealia* 27(1): 66-90.

Shaw, S. J. (2010). The logic of identity and resemblance in culturally appropriate health care. *Health (London)* 14(5): 523 - 544.

Smith, B. and Sparkes, A. C. (2008). Contrasting perspectives on narrating selves and identities: an invitation to dialogue. *Qualitative Research* 8(1): 5-35.

Smith, J. K. (1990). Goodness criteria: Alternative research paradigms and the problem of criteria. *The paradigm dialog*. E. G. Guba. London, Sage: 198-201.

Smith, L. T. (2012). *Decolonizing Methodologies. Research and indigenous peoples*. London, UK and New York, US, Zed Books Ltd.

Sobo, E. J. (2009). *Culture & Meaning in Health Services Research. A practical field guide*. Walnut Creek, CA, Left Coast Press, Inc.

Soininen, L. and Pukkala, E. (2008). Mortality of the Sámi in Northern Finland 1979-2005. *International Journal of Circumpolar Health* 67(1): 43-55.

Somers, M. R. (1994). The Narrative Constitution of Identity: A Relational and Network Approach. *Theory and Society* 23(5): 605-649.

Sosial- og helsedirektoratet (2007). *Glemsk, men ikke glemt! Om dagens situasjon og framtidas utfordringer for å styrke tjenestetilbudet til personer med demens [Forgetful, but not forgotten! About the present situation and future challenges for strengthening the services for persons with dementia]*. Oslo, Norwegian Directorate of Health. Available at http://www.helsedirektoratet.no/publikasjoner/glemsk-men-ikke-glemt-rapport-om-demens/Publikasjoner/glemsk-men-ikke-glemt.pdf (accessed 2012-05-31).

Spector-Mersel, G. (2010). Narrative research. Time for a paradigm. *Narrative Inquiry* 20(1): 204-224.

Spector-Mersel, G. (2011). Mechanisms of Selection in Claiming Narrative Identities: A Model for Interpreting Narratives. *Qualitative Inquiry* 17(2): 172-185.

Spein, A. R. (2008). Substance use among young indigenous Sami - a summary of findings from the North Norwegian Youth Study. *International Journal of Circumpolar Health* 67(1): 122-134.

Spein, A. R., Sexton, H. and Kvernmo, S. (2004). Predictors of smoking behaviour among indigenous sami adolescents and non-indigenous peers in north Norway. *Scandinavian Journal of Public Health* 32(2): 118-129.

Spira, M. and Wall, J. (2009). Cultural and Intergenerational Narratives: Understanding Responses to Elderly Family Members in Declining Health. *Journal of Gerontological Social Work* 52(2): 105-123.

Statistics Norway (2010). Samisk statistikk 2010 Sámi statistihkka 2010 [Sami Statistics 2010]. Oslo Kongsvinger, Statistisk sentralbyrå. Available at http://www.ssb.no/a/publikasjoner/pdf/nos_d437/nos_d437.pdf (accessed 2012-03-15).

Stone-Mediatore, S. (2003). *Reading across borders: storytelling and knowledges of resistance*. New York, Palgrave Macmillan.

Stordahl, V. (1998). Refleksjoner rundt utviklingen av en samisk psykiatri [Reflections on the development of a Sami psychiatry]. *Kulturmøte og terapi i Sápmi [Cultural encounters and therapy in Sápmi]*. H. Eidheim and V. Stordahl. Kárásjohka / Karasjok, Davvi Girji OS: 11-24.

Syed, M. and Azmitia, M. (2010). Narrative and Ethnic Identity Exploration: A Longitudinal Account of Emerging Adults' Ethnicity-Related Experiences. *Developmental Psychology* 46(1): 208-219.

Symon, C. and Wilson, S. J. (2009). *AMAP assessment 2009: Human health in the Arctic*. Oslo, Arctic Monitoring and Assessment Programme.

Sørlie, T. and Nergaard, J.-I. (2005). Treatment Satisfaction and Recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. *Transcultural Psychiatry* 42(2): 295-316.

Taylor, J. S. (2003). The Story Catches You and You Fall Down: Tragedy, Ethnography, and "Cultural Competence". *Medical Anthropology Quarterly* 17(2): 159-181.

Taylor, S. (2006). Narrative as construction and discursive resource. *Narrative Inquiry* 16(1): 94-102.

Taylor, S. and Littleton, K. (2006). Biographies in talk: A narrative-discursive research approach. *Qualitative Sociology Review* 2(1): 22-38.

Tervo, H., Muller-Wille, L. and Nikkonen, M. (2003). Health culture within the context of the northern environment. *International Journal of Circumpolar Health* 62(2): 167-181.

Tervo, H. and Nikkonen, M. (2010). "In the mountains one feels like a dog off the leash" - Sámi perceptions of welfare and its influencing factors. *Vård i Norden* 30(4): 9-14.

Thuen, T. (1989). ‘Mixed’ decent and ethnogenesis - some comparative considerations of contact situations in the north. *Acta Borealia* 6(1): 52-71.

Thuen, T. (1995). *Quest for equity: Norway and the Saami challenge*. St. John's, Institute of Social and Economic Research, Memorial University of Newfoundland.

Traynor, M. (2006). Discourse analysis: theoretical and historical overview and review of papers in the Journal of Advanced Nursing 1996-2004. *Journal of Advanced Nursing* 54(1): 62-72.

Turi, A. L., Bals, M., Skre, I. B. and Kvernmo, S. (2009). Health service use in indigenous Sami and non-indigenous youth in North Norway: A population based survey. *BMC Public Health* 9(October): 378-387.

US Department of Health and Human Services Office of Minority Health (2001). National Standards for Culturally and Linguistically Appropriate Services in Health Care. Executive summary. Washington, D.C.

van Hooft, S. (1997). Health and subjectivity. *Health (London)* 1(1): 23-36.

Van Hooft, S. (2006). *Caring about health*. Aldershot, Ashgate.

Vandenberg, H. E. R. (2010). Culture theorizing past and present: trends and challenges. *Nursing Philosophy* 11(4): 238-249.

Wetherell, M., Taylor, S. and Yates, S. J. (2001). *Discourse theory and practice : A reader*. London, Sage.

Williams, C. C. (2006). The Epistemology of Cultural Competence. *Families in Society* 87(2): 209-220.

Wilson, S. (2001). What is an Indigenous Research Methodology? *Canadian Journal of Native Education* 25(2): 175-179.

Wood, L. A. and Kroger, R. O. (2000). *Doing discourse analysis: Methods for studying actoin in talk and text*. Thousand Oaks, CA, Sage.

Yuval-Davis, N. (2006). Belonging and the politics of belonging. *Patterns of Prejudice* 40(3): 197-214.

Article 1

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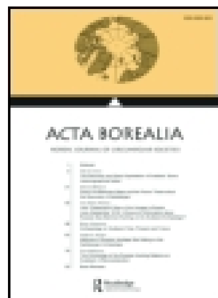

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"The Old Sami" - who is he and how should he be cared for? A discourse analysis of Norwegian policy documents regarding care services for elderly Sami

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"The Old Sami" – who is he and how should he be cared for? A discourse analysis of Norwegian policy documents regarding care services for elderly Sami

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ABSTRACT *This study examined four policy documents published by the Norwegian government from 1995 to 2009 describing issues regarding the provision of public services to elderly Sami in Norway. Adopting a Foucauldian discourse analytic approach, we explored how the statements regarding elderly Sami and care services in these documents are situated within contemporary ethno-political and healthcare discourses. The documents exhibited two major and interrelated trends: the predominant portrayal of the Sami and the ethos of cultural congruent care. The analysis demonstrated a high degree of discursive continuity throughout the four documents, with the image of the elderly Sami constructed in the earliest document reproduced to a large extent in the newer documents. We suggest that a critical cultural perspective offers an alternative to the understanding of culture and the concept of cultural congruent care found in the documents. From a critical cultural perspective, culture is seen as relational, changing over time, and dependent on social context, history, gender, and other factors. In this view, cultural competence does not involve learning a fixed, coherent body of knowledge comprising "the Sami culture". A critical cultural perspective challenges those who provide care to the elderly Sami to become aware of social, political, and historical processes while simultaneously acknowledging that the impacts of these processes on the lives of the individuals they encounter can never be fully known. Furthermore, this perspective prompts healthcare providers to reflect on how their assumptions about the people they encounter are shaped by their own social, cultural, economic, and professional backgrounds. We suggest that the authorities initiate a new policy document based on current insights into the everyday experiences of the current cohort of elderly Sami as well as contemporary social, ethno-political, and healthcare discourses.*

KEY WORDS: Sami, Norway, Policy documents, Discourse analysis, Elderly, Healthcare

Introduction

In Norway, the rights of the Sami people in interactions with healthcare and other care services are based on both national legislation and international

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conventions. Article 110a of the Norwegian Constitution states the following: "It is the responsibility of the authorities of the State to create conditions enabling the Sami people to preserve and develop its language, culture, and way of life" (Ministry of Justice and the Police). Similarly, the Sami Act, Section 1-1, states, "The purpose of the Act is to enable the Sami people in Norway to safeguard and develop their language, culture, and way of life" (Ministry of Government Administration Reform and Church Affairs 1987). The Sami and the Norwegian languages are given equal status by the Sami Act. In a Sami language administrative district, all state, county, and municipal governmental agencies must communicate with the public in both the Sami and Norwegian languages. The rights of the Sami people in healthcare can also be related to more general legislation, such as the Patient's Rights Act which states that patient information "shall be adapted to the qualifications of the individual recipient, such as age, maturity, experience, and cultural and linguistic background" (Ministry of Health and Care Services 1999). The UN International Covenant on Civil and Political Rights (United Nations 1966) states that persons belonging to "ethnic, religious or linguistic minorities ... shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practice their own religion, or to use their own language". The ILO Convention No. 169 concerning Indigenous and Tribal Peoples, (International Labour Organisation 1989) states that indigenous peoples have the right to take responsibility and control of the design and delivery of health services. This convention further states that health services should be community-based to the greatest possible extent and should be planned and administered in cooperation with the community served. Furthermore, the convention stresses the importance of training and employing local community health workers. The UN Declaration on the Rights of Indigenous Peoples (United Nations 2007) indicates the right of indigenous peoples to "maintain their health practices" and states that "indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health".

These obligations are reflected in various ways in policy documents published by the Norwegian government that are addressing issues in public health and care services. In the present article, we examine Norwegian government policy documents concerning the public care services provided to elderly Sami in Norway and explore how the elderly Sami and the care services provided to elderly Sami are represented in the documents. This article sheds light on how policy documents are situated in contemporary social and professional discourses.

Culture, healthcare, and policy documents

Over the last decades, matters of culture, health, and health care have been discussed extensively in the literature (cf. Gustafson 2005; Vandenberg 2010). There is a general agreement that quality care requires *cultural competence*. Cultural competence is represented as a set of individual attitudes, communication skills, and practices that enable the healthcare provider to work

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effectively within the cultural context of individuals and with families from diverse backgrounds (Gustafson 2005).

The focus on culture and health is also reflected in policy documents concerning care services for elderly Sami. Adopting Foucault's notion of *governmentality* (Foucault 1991; Neumann & Sending 2003), policy documents are of interest because of their "doubleness". On the one hand, policy documents "govern" because they determine political, educational, and research priorities. On the other hand, these documents also express "mentalities". Governmentality addresses the ability to change people's conduct by changing the way that they think. People internalize the prevailing ideas of those who govern, and they start to see themselves through the eyes of others (Vallgårda 2003). Linking this analysis to the concept of *discourse* further illuminates this doubleness. According to Foucault ([1972] 2002), a discourse is a system of representation that constructs topics and governs how we talk and think about those topics. The Foucauldian notion of discourse includes both how topics are meaningfully discussed and reasoned and how these ideas are put into practice and used to regulate the conduct of others (Hall 2001). Policy documents are elements of the "discursive formations" (cf. Foucault [1972] 2002) that determine how we think about elderly Sami and how elderly Sami are met in healthcare services. Adopting the Foucauldian notions of governmentality and discourse, the policy documents are perceived to influence the ideas and values of both healthcare providers and the Sami. The documents must be read in the light of both prevailing ideas about culture in healthcare practice and research and the contemporary ethno-political context in the Norwegian society.

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The Sami

The Sami are an indigenous people living in Norway, Sweden, Finland, and Russia. A modest estimate of the population is between 50,000 and 80,000 individuals (Sámi Instituhtta Nordic Sami Institute 2008). The vast majority live in Norway, where the Sami population is estimated to be 40,000 (Statistics Norway 2010). Historically, the Sami were reindeer herders, small-scale farmers and fishermen. Today, approximately 10% of the Sami in Norway work in these traditional occupations (Statistics Norway 2010). A report from the Sami Language Council estimated that there were approximately 25,000 Sami-speaking people in Norway in 2000 (Ministry of Local Government and Regional Development 2001).

Nations with Sami populations have made great efforts to assimilate them into the majority population. From the middle of the nineteenth century until World War II, "Norwegianization" was the official Norwegian minority policy (Niemi 1997: 75). Niemi has noted that "[t]he policy began with cultural education, directed at schools and the church. The main battle was over language and identity, the main battlefield was the classroom, and the rank and file soldiers were the school teachers" (1997: 73). The school system was a central instrument in the assimilation policy, both through strict legal regulations of the use of Sami language in schools and the extensive use of Norwegian teachers from the south of Norway (Eriksen & Niemi 1981;

Minde 2003). Furthermore, the residential schools were powerful arenas for the Norwegianization of Sami children (Eriksen & Niemi 1981). Assimilation processes were paralleled by personal experiences of stigmatization, discrimination, and "everyday racism" (Minde 2003).

Up to the first half of the twentieth century, the Sami were marginalized on the political agenda and in society generally, but after World War II a new governmental policy based on the principles of cultural pluralism and indigenous rights was emerging (Niemi 1997: 76–77). This was a time with greater international focus on the human and political rights of ethnic minorities, which implied new opportunities for "Sami self-organizing initiatives" (Eidheim 1997: 31–32). During the 1950s, a growing Sami movement began to articulate a Sami identity based on the "self-concept of the Sami as being a distinct people who had lived in the area before the present states came into existence" (Gaski 2008: 220). The recodification of the Sami minority culture played an important role in the ethnic revitalization process, for instance, by labeling the stigmatized Sami language as the *mother tongue* (Eidheim 1992). Establishing a general education based on the Sami language and culture was of critical importance to the Sami movement (Eidheim 1997). The increased educational standards among the Sami led Sami individuals to begin filling positions in healthcare, the media, education, and other fields that were previously dominated by Norwegians. Education also contributed to the Sami's ethnic self-understanding by attracting people to the Sami movement. During the 1970s and 1980s, there was an *aboriginalization* of Sami ethno-politics and self-understanding (Eidheim 1992; Thuen 1995). The Sami movement established contact with organizations of indigenous peoples in other parts of the world, and "it became increasingly common for ordinary Sami people to view their existence and cultural survival in terms of *an indigenous people's perspective"* (Eidheim 1997: 37). The general rise in the standard of living and the improvements in welfare and healthcare systems in Norway during the 1960s and 1970s contributed to this process of ethnic revitalization. Although the Sami movement increased in strength during the 1960s and 1970s, their "dialogue" with the Norwegian State revealed what was perceived as a disparity between the Norwegian international involvement in the rights of ethnic minorities and indigenous peoples, and the lack of such rights for the Sami in Norway (Eidheim 1997). Around 1980 this disparity became dramatically evident in "the Alta affair", the decision of the Norwegian government to dam the Alta–Kautokeino watercourse in the face of massive Sami protests that the damming would threaten grazing areas and calving places used by Sami reindeer herders. This dispute called national and international attention to the rights of the Sami, and it brought about a change in the Norwegian government authorities' view on the Sami question (Selle & Strømsnes 2010). In 1989, the Sami Act was enacted (Ministry of Government Administration Reform and Church Affairs 1987), the purpose which was to enable the Sami people in Norway to safeguard and develop their language, culture, and way of life; and the Sami Parliament was subsequently established. In 1990, the Norwegian government ratified the ILO Convention No. 169 concerning

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indigenous and tribal peoples (International Labour Organisation 1989). The Finnmark Act (Ministry of Justice and Public Security 2005) was passed in 2005 and gave the Sami Parliament strong influence over the administration of land and natural resources in Finnmark County.

Defining the Sami is no straightforward task. The history of the public assimilation policy, the co-existence of several ethnic groups (i.e. Sami, Norwegians and Kvens, the descendants of the Finnish-speaking minority in Norway) in the same geographic area (Gaski 2008), and the history of interaction and intermarriage among the ethnic groups (Thuen 1989) have resulted in a complex ethnic situation. One attempted definition of the Sami is used to determine who is entitled to vote in the Sami parliamentary election, in which one criterion is that the person regards herself or himself as Sami. The other so-called *objective* criterion (Selle & Strømsnes 2010) is related to the Sami language; the person must speak Sami or have parents, grandparents, or great-grandparents who speak or spoke Sami. According to Selle and Strømsnes (2010), an estimate of the Sami population based on these criteria would result in a considerably higher number than 40,000. Furthermore, the term "Sami" represents several official groups (in Norway: Northern, Lule, and Southern Sami) and is used in several "unofficial" terms, such as reindeer-herding Sami and sea Sami (Evjen 2009). This complexity represents a challenge to policy documents addressing the provision of health and care services to elderly Sami.

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Theoretical considerations

Several scholars have noted that culture and cultural differences affect people's encounters with healthcare services (e.g. Leininger & McFarland 2006). In particular, Madeleine Leininger's concept of *cultural congruent care*, defined as the "culturally based care knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully *fit the cultural values, beliefs, and lifeways of clients"* (Leininger & McFarland 2006: 15, italics added), has dominated the literature.

However, critics have claimed that this perspective inherently defines culture in narrow, prescriptive terms and privileges the values, beliefs, customs, and practices of certain ethnocultural group members (Browne & Varcoe 2009). This viewpoint regards culture as static, "a thing that pre-exists its description" (Allen 1999), and is closely associated with *culturalism*, which explains people's behavior in terms of cultural traits. Conversely, from a *critical cultural perspective* (Browne & Varcoe 2006), culture is relational, shifting, and changing over time because of the influence of history, social context, past experiences, gender, professional identity, and other factors. Allen (1999: 228) has argued that culture is created through *discursive acts*, a "series of conversations or texts that are organized around a similar topic or discursive object". We share the assumption that policy documents are discursive acts that represent and contribute to the creation of culture.

This article presents a discourse analytic approach to four policy documents published by the Norwegian government concerned with health and care services for elderly Sami individuals. Discourse analysis assumes that there are *multiple*

truths rather than a *unique truth* and that language does not simply refer to a constant reality but *produces* multiple possible understandings of reality (Rapley 2007). As a result, the intentions of discourse analysis are to illuminate *how* truths and meanings are created by describing the world in one way or another.

According to Foucault, discourse is the production of *meaning* through language. Because all social practices entail meaning and because meanings shape and influence conduct, all practices have discursive aspects (Hall 2001). Thus, it follows from Foucault's notion of discourses as *systems of representation* ([1972] 2002) that discourse is not limited to language but involves *both* language *and* practice. Foucault's theory of discourse also emphasizes the *historicity* of discourses and the dependence of truths on specific historical contexts: "Each society has its regime of truth, its 'general politics' of truth" (Foucault & Gordon 1980: 131). These regimes of truth are sustained by the discursive formations that are produced by the relationships among statements. Because a statement is "not a unit but a function" (Garrity 2010: 201), it cannot be reduced to language. Statements *do* something, and discourse analysis explores *what* is done. Discourse, knowledge, and power are interdependent. Knowledge both constitutes and is constituted through discourse as an effect of power (Carabine 2001). Garrity (2010: 202) has noted that discourse analysis can analyze "what social practices or individual behaviors are required from specific subjects or individuals in order for them to be included within the social mainstream or cultural group".

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Four policy documents[1]

For the present study, we searched for documents initiated and published by the Norwegian government that are dealing with healthcare and social services for elderly Sami. Four documents were included in the study (see Table 1). Two of the documents, the *Norwegian Official Report (NOR) 1995:6 Plan for the health and social services for the Sami population in Norway* (Ministry of Health and Social Affairs 1995) and *Diversity and equality* (Ministry of Health and Social Affairs 2001), were the first to comprehensively address health and social services for the Sami population in Norway, with a few sections specifically covering issues related to health and care services for the elderly. Because of the lengthy period since both the *NOR* and *Diversity and equality* were published, two more recent policy documents on the topic were included. *Report no. 25 Care plan 2015* (Ministry of Health and Care Services 2006b) and *Report no. 47 The Coordination Reform* (Ministry of Health and Care Services 2009) addressed issues in Norwegian health and care services in general, with only a limited discussion of the Sami population and elderly Sami. Other policy documents from the period (e.g. the *National Health Plan for Norway 2007–2010* (Ministry of Health and Care Services 2006a) and *Dementia Plan 2015* (Ministry of Health and Care Services 2007)) were considered. These documents mentioned issues concerning Sami and healthcare services, but not to an extent that made it meaningful to include them in this study.

The panel responsible for the *NOR* were appointed by the Norwegian Ministry of Health and Social Affairs after suggestions from the Sami

Parliament as well as the Finnmark and Troms County administrations. *Diversity and equality* was the work of a group appointed by the Sami Parliament at the request of the Ministry of Health and Social Affairs in 1996 "to aid the Ministry in providing Reports with a Sami perspective" (Ministry of Health and Social Affairs 2001: 52). The introduction of *Report no. 47* states that it was prepared with input from the Sami Parliament.

These four texts were published over a period of 15 years; the first appeared in 1995, and the last appeared in 2009.

Table 1. Documents.

*	Year	Responsible ministry	Document title Norwegian	Document title English	Comments
I	1995	Ministry of Health and Social Affairs	*NOU 1995: 6 Plan for helse- og sosialtjenester til den samiske befolkning i Norge*	*NOR 1995: 6 Plan for health and social services for the Sami population in Norway*	First Norwegian policy document addressing healthcare and social services for the Sami population. *Chapter 7: Care for the elderly in Sami areas*
II	2001	Ministry of Health and Social Affairs	*Mangfold og likeverd: regjeringens handlingsplan for helse- og sosialtjenester til den samiske befolkningen i Norge 2002–2005*	*Action plan for the health and social services for the Sami population in Norway, 2001–2005. Diversity and equality*	Account of the follow-up to the *NOR 1995:6* recommendations. *Chapter 1: Equality as challenge in the health and social sector* and *Chapter 3.7.1: Care for the elderly*
III	2006	Ministry of Health and Care Services	*St.meld. nr. 25 (2005–2006) Mestring, muligheter og mening. Framtidas omsorgsutfordringer*	*Report no. 25 (2005–2006) to the Parliament. Long-term care. Future challenges. Care plan 2015*	Overview of the main future challenges in municipal health and care services and the health authorities' long- and short-term strategies to meeting them. *Chapter 5.1.2: The Sami*
IV	2009	Ministry of Health and Care Services	*St.meld. nr. 47 (2008–2009) Samhandlingsreformen. Rett behandling – på rett sted – til rett tid*	*Report no. 47 (2008–2009) to the Parliament. The Coordination Reform. Proper treatment – at the right place and right time*	Reforms to meet future challenges in health and care services. *Chapter 11: Special challenges of the Sami population*

* Numbers I–IV are used in the text when referring to these documents.

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"Doing" discourse analysis

In adopting a Foucauldian notion of discourse, the present study did not aim to reveal the original agendas or "true" meaning of the policy documents. That is, the focus was not to describe what statements *say*, but what they *do*. Thus, the purpose of this study was to explore what the document statements contributed to the discursive formations characterizing elderly Sami and care services. As a result, an investigation of the specific initiatives presented in the documents and how these initiatives were pursued in the community (cf. Abelsen et al. 2003) was beyond the scope of this article.

Initially, all of the documents were read several times to obtain an overall impression. Then, we scanned the documents to identify statements on the topic of interest: elderly Sami and care services for elderly Sami. Key words were applied to passages in each text to highlight statements that appeared to be relevant. Finally, the identified statements were compared to identify similarities, differences, or conflicts among statements that occurred in the same or different documents.

Reading these documents made the special status of the *NOR* clear. For the most part, this document formed the basis of the other documents analyzed here because it was the first major official report specifically addressing issues in health and social services for the Sami population. The 502-page plan was far more comprehensive than the other documents. Consequently, the analysis explored the *NOR* statements about elderly Sami and the care services for elderly Sami. Specifically, the analysis assessed how the statements from the other three documents augmented the *NOR* statements, revealed nuances, or challenged the statements in the *NOR*. The analysis also explored the ways in which the statements from the four documents combined to create discursive formations about the old Sami and the care services provided to this population.

"Sami areas", "the Sami population", and "Sami society"

The panel that produced the *NOR* was charged with proposing a plan for healthcare and social services for the Sami population that would "encompass all of the country, i.e., all of the Sami settlement area" (I: 46). The panel initially identified the following considerations concerning this "broad" scope:

> The variations and characteristics of the different Sami communities with regard to industrial adaptations and with regard to maintaining their own Sami cultural traditions, social networks and attitudes towards Sami identity create different premises for relations to the Norwegian healthcare and social system and perhaps also for the progress of disease. (I: 46)

The document further stated that the Sami in Norway

> [d]o not constitute a unitary or homogenous society. Although there are a number of common denominators linking individuals together as a group, there are also

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> conditions of both an occupational and cultural character that contribute to great variation. (I: 47)

Despite such considerations, efforts were made to prepare a plan for healthcare and social services to the Sami population. The chapter of the plan regarding the elderly was entitled *Caring for the elderly in Sami areas.* The notion of "Sami areas" was never explicitly defined, and some degree of vagueness was sustained throughout the chapter by interchangeably using terms such as "Sami areas", "the Sami society", "Sami municipalities", and "municipalities with a Sami population".

This vagueness allowed for at least two possible interpretations. On the one hand, the use of terms such as "Sami municipalities" and "municipalities with a Sami population" in the *NOR* could imply that the scope of the chapter was limited to healthcare services in the Sami core area.[2] At the outset, the *NOR* made a "regional and cultural differentiation" regarding the Sami areas in Norway:

> Of course, speaking about different types of Sami societies is an over-simplification. There is little available information, and such an account would capture only a small part of Sami reality. However, it would help to render the typical conditions in societies with Sami settlements apparent. (I: 46)

Attention was directed to variations in language and culture among different regions. Within a region, however, the Sami constituted a community with a common language and culture:

> The Sami residing in one region are in many ways a cultural and social community, both in relation to the surrounding Norwegian and Kven [i.e. descendants of Finnish immigrants] populations and to the Sami in other regions. Within a region, language and cultural traditions have connected people, constituted a common cultural heritage, and formed the basis for a shared understanding of the individual and the surrounding world. (I: 47, brackets added)

This was followed by descriptions of the Sami population in eight geographically distinct groups. In the abovementioned chapter, a section was dedicated to special challenges in the Southern Sami areas. If the *NOR* is interpreted as restricted in focus to the Sami core area, then the *NOR* can be criticized for not being in complete accordance with its mandate of proposing a plan for healthcare and social services for the Sami population that would "encompass *all of the country*, i.e., all of the Sami settlement area" (I: 46, italics added). On the other hand, because the meaning of "Sami areas" was not elaborated, this term could be assumed to refer to "all of the country" (i.e. "all of the Sami settlement area", as stated in the panel's mandate). The following statement from the Introduction chapter supported this assumption:

> In reality, the language, culture, and mode of living of the old Sami have not been taken into account in home care services or in institutions, either in areas where little is known regarding the extent of the Sami population or in areas where the Sami are in majority. (I: 232)

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Based on this interpretation, the focus of the document would be *the Sami population* rather than any defined geographic area. The following statement from *Diversity and equality* supported this interpretation:

> It is the State's responsibility to ensure that the care services that the elderly Sami receive are linguistically and culturally appropriate. This is especially true in areas and municipalities where the Sami are a scattered and small minority. (II: 73)

In *Report no. 25* and *Report no. 47*, the phrase "the Sami population" was used with no reference made to "Sami areas". *Report no. 25* stated the following:

> The Sami are not a homogenous group, and the Sami reside throughout Norway. (III: 31)

From these statements, it would appear that the scope of all four documents was the elderly Sami population residing throughout Norway, unless additional specifications were identified. If this interpretation is applied, there is reason to question the accuracy and representativity of the documents.

Regardless of intentions, the use of notions such as "the Sami society" sustained a certain vagueness. In the *NOR*, the notion was used when referring to the past: "There was a very positive attitude towards the elderly in the Sami society" (I: 233). This term was also used when referring to the present: "[Recognizing the Sami patients' needs and resources] is almost impossible without knowledge of Sami society and the background and situation of the elderly individual" (I: 237). This notion also appeared in *Diversity and equality*. In line with the interest of Foucauldian discourse analysis in what statements *do*, we note that the use of the phrase "Sami society" in the singular simultaneously communicated a differentiation from Norwegian society and the assumed homogeneity of the Sami. The phrase "the Sami society" created a boundary between Sami and Norwegian societies, which was enhanced with the phrase "majority society" in reference to Norwegian society. The extensive use of the phrase "Sami society" represented an under-communication of the regional and cultural differences among the Sami initially noted in the *NOR*. The phrase "Sami society" did not appear in *Report no. 25* and *Report no. 47*; these documents referred to "the Sami population" and "Sami culture". Although the wording "Sami society" was replaced by terms such as "the Sami population" and "Sami culture" in later documents, these terms similarly communicated the homogeneity of the Sami and their differentiation from Norwegians.

"Sami language and culture", "Sami tradition", and "Sami everyday life"

The *NOR* seemed to assume a strong relationship between elderly Sami and "Sami language and culture", which was expressed in statements such as the following:

> The oldest Sami population has the most deeply felt and established relation to Sami language and culture. (I: 244)

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> We know from experience that the significance of the Sami culture and environment to the elderly can surprise nursing staff who are unaware of the Sami heritage of the patient. (I: 233)

Our discourse analysis aimed to examine this assumed relationship and what the concept of Sami culture implied. In the *NOR*, the term "Sami" was frequently synonymous with "Sami-speaking":

> Sami patients should, to the greatest extent possible, be met by Sami-speaking nurses. (I: 236)

> Primary nursing should be practiced so that Sami patients are in continuous contact with Sami-speaking personnel. (I: 239)

The use of Sami and Sami-speaking as synonyms also occurred in *Diversity and equality*:

> Plans should ensure that Sami patients are given priority for Sami-speaking personnel. (II: 74)

Report no. 25 also implicitly equated Sami with Sami-speaking:

> When obtaining care services for the Sami patient, competence in Sami language and culture must be ensured. (III: 31)

In *Report no. 47*, however, the assumed equivalence of Sami and Sami-speaking was more nuanced:

> Many Sami need and are legally entitled to use the mother tongue in conversations with healthcare providers. (IV: 117)

The phrase "many Sami" acknowledged the possibility that at least *some* Sami did not need to use the Sami language.

While these terms were most likely used to highlight the circumstances and special needs of elderly Sami-speaking persons in their interactions with healthcare services, using the phrase "Sami" rather than "Sami-speaking" created the impression that all elderly Sami are Sami-speaking. Statements such as "Elderly Sami have a poor mastery of Norwegian" (I: 253) further contributed to this impression. Furthermore, in the *NOR*, bilingual Sami were mentioned at several occasions in statements such as the following: "Many of today's old Sami are bilingual" (I: 234). In other words, the Sami were presented as either Sami-speaking or bilingual and never as monolingual Norwegian speakers. This assumption was also implicit in *Diversity and equality*, as indicated by the following statement: "Sami suffering from advanced dementia often lose their skills in Norwegian, and eventually, they also lose the Sami language" (II: 74). Sami who do not speak the Sami language were not mentioned in the *NOR* or in the other three documents. This portrayal ignored the fact noted above: a significant proportion of the Sami population does not actually speak the Sami language. However, there was one exception to the tendency to present the Sami as either

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Sami-speaking or bilingual. While presenting initiatives "particularly aimed at the Sami elderly in the Southern Sami areas" (I: 249), the *NOR* stated that as a result of aging and the progress of dementia disease, "the mother tongue can become the dominant language for bilingual individuals. This concerns all Sami who had Sami as the mother tongue while growing up" (I: 249). Implicit in this statement was an acknowledgment of the fact that the Sami language was not the mother tongue of all Sami.

The close association between "Sami" and "Sami-speaking" implied a relationship between Sami language use and Sami identity. The value of the Sami language beyond communication was explicitly stated in the *NOR*: "The language speaks of a people's identity, personality, values, and background, and it is an important medium for contact" (I: 232).

The *NOR* included several references to "Sami tradition" or "Sami cultural tradition". The terms "tradition" and "traditional" seemed to have at least two related but distinct meanings. The terms were used when describing the past and the ways that things had always been done:

> The family has always been very important, and in Sami society, social institutions have traditionally ensured that most people had social support networks. (I: 232)

The term "tradition" was also closely associated with the concept of authenticity. Sami tradition was an authentic object that, if not attended to, might be lost:

> The inter-generational solidarity and respect for the elderly embodied in the Sami tradition must not be lost. (I: 251)

The association between tradition and authenticity is continued in *Diversity and equality*:

> Efforts that bring the generations together might document Sami traditions . . . (II: 74)

Statements throughout the *NOR* depicted tradition as especially important to elderly Sami. For instance, it stated that activities *must* be related to Sami tradition:

> Common activities in connection to the religious holidays are important to elderly Sami; however, these activities must be consistent with Sami tradition, e.g., preparing clothes. (I: 242)

Several statements contributed to this view of Sami tradition. The terms "tradition" and "traditional" were used when referring to certain aspects of daily life. One aspect was religion: "Most elderly Sami traditionally attend church during the religious holidays" (I: 240). Another was clothing: "Elderly Sami have usually never used clothes other than their own Sami clothes. Thus, it might be important to maintain these clothing traditions" (I: 247).

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The relationship among the generations was yet another area that was viewed as strongly influenced by tradition:

> Attitudes toward the elderly in Sami society have been very positive. The young respect the older generation and their knowledge of the relationships between humans, animals, and nature. (I: 233)

Several statements emphasized the understanding of health and illness inherent in the Sami tradition, such as this statement in the *NOR*:

> Among the elderly Sami, the understanding of the body and mind is still strongly related to the old Sami cultural traditions, which are not always in accordance with western medical understanding. (I: 253)

In *Diversity and equality*, self-help through personal networks was highlighted as a Sami tradition:

> The Sami population has a strong tradition of self-help and the use of personal networks to alleviate health problems and solve personal problems. (II: 54)

An almost identical statement was found in *Report no. 47*, with the phrase "long traditions" replacing "strong traditions" (IV: 118). Although this shift in nuance was most likely incidental, it does lead to reflection regarding the current impact of these traditions because describing traditions as "long" does not necessarily imply that they are still "strong". However, the fact that these phrases were used in the documents allows us to assume that traditions were viewed as continuing to have an impact.

Several statements in the *NOR* referred to the importance of basing care for elderly Sami on "Sami everyday life" (e.g. I: 242) or "Sami culture" (e.g. I: 240). *Diversity and equality* also referred to "Sami everyday life":

> Moving away from home can be experienced as traumatic because institutional culture is very different from Sami everyday life. (II: 73)

While the concept of "Sami everyday life" was not made explicit in the document, it implied the reality of an everyday life that was characteristic for the Sami. In the *NOR*, the importance of basing care on "Sami everyday life" or "Sami culture" was associated with "identity-preserving efforts" (I: 240):

> The purpose of identity-preserving efforts must be to maintain a sense of self and to strengthen the feeling of being respected with values other than those communicated by the institution and care of the elderly . . . [The efforts] must, however, be grounded in the local Sami culture, the patient's background and condition . . . (I: 240)

It was also associated with the patient's feeling of safety:

> Maintenance of daily routines, which at least to some extent, take into account customary activities in the patient's home environment, affects their stability. It is a huge

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> leap from fishing or herding reindeer to fixed institutional routines. The patient therefore feels more secure if the routines resemble their routine at home. (I: 238)

There were several descriptions of activities based on Sami "everyday life" or "culture" in the *NOR*:

> It is easy to find activities for elderly Sami associated with the different seasons. In the autumn, one can cut and beat *sennagress* [sedge, grass used as insulation, e.g. in traditional Sami footwear], hang it to dry and bring it in when it's dried. All-day trips can be arranged for berry picking. Fresh air and "mountain coffee" might be just as important as berry picking. If possible, elderly individuals should have the opportunity to go to the slaughtering fence during the slaughtering of the reindeer, where they can meet people they know and collect reindeer skins and horns for *duodji* [Sami handicraft]. They can hang skins for drying and collect firewood for lighting a fire in the *lavvo* [Sami tent]. They can also visit fishing spots along the rivers and in the fiords . . . In the institution, they can bake bread in pots, boil meat, process skins, and chop firewood. In the winter and spring, meat can be dried and salted. In the spring and summer, the elderly can visit the reindeer herd and participate in tagging the calves. That is also the season for bigger outdoor *duodji* projects. (I: 240, brackets and italics added)

For the most part, the activities suggested were associated with particular aspects of Sami culture, with several references to reindeer herding. The importance of a connection with nature and harvesting from nature was also emphasized in *Diversity and equality*:

> It might be important to arrange outdoor activities for the elderly Sami who are capable of continuing to engage in such activities, such as reindeer herding and fishing. (II: 74)

Other activities suggested for elderly Sami in the *NOR* are "[v]arious forms of Sami handicraft [*duodji*]" (I: 242), "sewing of ribbons [*holbi*]" (I: 241), "*joiking* [traditional Sami singing]" (I: 241), "being together in daily activities, such as cooking, listening to Sami radio or watching TV" (I: 242), or "trips to the slaughtering place or fishing spot" (I: 242). In addition, the NOR states the following:

> [M]ost elderly Sami are accustomed to performing all activities in one room in the house, preferably the kitchen. Earlier, it might also be a turf hut or a *lavvo* [Sami tent]. (I: 235)

Report no. 25 and *Report no. 47* did not specifically suggest any activities.

In the *NOR,* the Sami relationship with nature was emphasized in the section titled "Sami cultural background and Norwegianization" (I: 232):

> For the Sami who have lived a long life in close contact with nature, where they adapt to changing weather and the needs of the reindeer, freedom is associated with being outdoors and deciding when and where to go. For them, losing this freedom is a loss of the most significant of human rights. (I: 233)

Contact with nature was presented not only as a particular way of life, but also as fundamental to the quality of life, with explicit references to reindeer

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herding. The Sami people's close relationship to nature was also described in *Diversity and equality*:

> Relationships with family, relatives, neighbors, the local community, and nature are of particular importance to the Sami. (II: 73)

In this statement, closeness to nature was presented as of *particular* importance to Sami in general. There were no explicit references to a Sami relationship with nature in *Report no. 25* or *Report no. 47*.

Language and "cultural competence"

An overarching issue throughout all of the documents was the importance of competence in the Sami language and culture to the care for elderly Sami individuals. For instance, the NOR stated the following:

> [E]lderly Sami should be cared for by a nursing staff and institutional culture that provides the Sami language and culture in their environment. Insofar as possible, Sami patients should be cared for by Sami-speaking nurses. At a minimum, nurses should have a basic competence in the Sami language as well as a basic knowledge of the Sami culture and the district the elderly Sami individuals come from. (I: 236)

Report no. 25 also emphasized competence in the Sami language and culture and viewed it as a necessity:

> To provide social services to the Sami population, providers who are competent in the Sami language and culture must be available. (III: 31)

Competence in the Sami language and culture was considered crucial for understanding the needs of elderly Sami. The *NOR* stated that "knowledge about culture and language training is a precondition for understanding the patient" (I: 249). *Diversity and equality* also regarded language and culture to be associated with the patient's "need for safety and well-being" (II: 74). The focus on Sami language and culture is in line with the requirements in the national legislation and international conventions mentioned above.

The concept of "cultural communication" was mentioned in both *Diversity and equality* and *Report 47* (II: 53; IV: 118). Both documents stated, "[C]ultural communication difficulties between healthcare providers and Sami are created if personnel do not know or understand the Sami individual's background, way of thinking and customs" (II: 53, IV: 118). The association between communication and cultural competence was also referred to in *Report 25*, which stated, "[K]nowledge about the other's language and culture makes communication possible. Multicultural understanding reduces the risk of communication difficulties" (III: 31). In other words, communication difficulties occurred not only because personnel did not understand or speak the Sami language but also because they did not master the Sami culture or way of being, which implies the existence of "a Sami way of being".

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The documents studied here shared an emphasis on language and cultural competence but differed with regard to how this competence was to be achieved. The *NOR* left no doubt that Sami personnel were preferred:

> The interaction between elderly Sami and a nursing staff with a Sami background is based on a common cultural, linguistic and geographic background. In addition to language issues, a Sami nursing staff will more readily identify the possible burden associated with the transition from an outdoor life spent herding reindeer, fishing or harvesting natural resources to life in an institution. (I: 236)

This statement suggested that being Sami provided "a common background" involving living in a natural environment, reindeer herding, fishing, and farming. *Report no. 25* also expressed concerns about the ability of non-Sami personnel to meet the needs of elderly Sami individuals:

> Norwegian personnel in healthcare and social services, however, often have limited Sami language skills and knowledge of Sami culture, which limit their ability to anticipate, assess, and communicate about the possible needs of the Sami patient . . . (III: 31)

"[C]ompetence in the Sami language and culture" was described as a prerequisite for good care (III: 31), but the document did not indicate whether non-Sami individuals can acquire this competence. The *NOR* suggested that non-Sami personnel might achieve the linguistic and cultural competence needed to meet Sami patients' needs through training courses (I: 249). Training programs in the Sami language and culture were also suggested in *Diversity and equality* (II: 77), which implies that non-Sami individuals could learn these skills.

In summary, the policy documents repeatedly stated that an adequate understanding of culture was required in addition to Sami language skills to provide appropriate care for elderly Sami. This view has at least two implications. First, stating that knowledge of Sami culture is necessary to understand the needs of elderly Sami implies that elderly Sami are to a large extent "products" of their culture. For instance, this viewpoint was expressed in the *NOR*, where the concepts of personal identity and Sami identity appeared to be synonymous because "identity-preserving efforts" were described as "supporting the patient's Sami identity, which requires an appropriate cultural competence among the staff" (I: 240). The second, simultaneous implication is that elderly Sami serve as a "reservoir" of "Sami culture". For instance, the *NOR* stated the following:

> With regard to recovering local Sami cultural traditions, it is urgent to employ elderly Sami as a resource for linguistic expressions, stories, and occupational activities, such as duodji and other traditions. Older individuals should be regarded and respected as resources for maintaining the Sami language and culture. (I: 250–251)

From this perspective, the elderly Sami were considered to provide a pathway to the Sami language and authentic Sami culture:

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> The oldest Sami generation, of course, is the strongest connection to Sami culture and language. (I: 244)

Sami culture was presented as an authentic object that can be retrieved. This idea was repeated in *Diversity and equality*:

> Elderly Sami might worry that the Sami culture will be lost. Many would like to prevent this loss by passing on their knowledge, which might make old age more meaningful and bridge the gap between an older generation, who have lived their lives engaged in traditional occupations and handicrafts, and young people, who have been influenced by new technology and a consumer culture. Both the Sami elders' feelings of isolation and young people's alienation from their cultural background indicate a need for extended contact between the generations. Efforts to bring the generations together can preserve Sami traditions for both the elderly and the young. (II: 74)

This quotation presented the Sami culture through the use of binaries. The Sami culture was represented by the elderly, traditional occupations, and handicrafts, and it was set in opposition to the young, new technology, and a consumer culture. Words such as "influence" and "alienation" reinforced the impression of the Sami culture as traditional and essential. The use of oppositions constituted a boundary between the Sami culture and the Norwegian majority society. This rhetoric supports our claim that the documents should be assumed to reflect not only prevailing ideas about culture in healthcare practice and research but also the contemporary ethno-political discourse in Norwegian society.

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Discussion

Two major interrelated trends were found in the documents: the ethos of cultural congruent care and the predominant portrayal of the Sami. The focus of the analysis was on what was made available in and what was excluded from the documents' descriptions of elderly Sami and care services. Niemi (2002) has claimed that the categorization process inherently involves the exercise of power. Categorization involves both inclusion and exclusion, with the categories dividing insiders from outsiders.

All four documents focused on the importance of the cultural competence of the personnel providing care to elderly Sami. Cultural competence was characterized as the attitudes, communication skills, and practices required to meet people's needs in ways that were consistent with their culture (cf. Duffy 2001). This competence could be attained either through the care provider's own Sami background or through training. This assumption agreed with Leininger's notion of *cultural congruent care* and the ideal of *cultural sensitivity*. These assumptions are located inside what Williams (2006) has termed a post-positivistic paradigm in which reality (in this case, a culture) is perceived as something that can be captured with the right tools. The focus on cultural competence in policy documents concerning healthcare is part of a larger international trend. In Canada, a national *Commission on the Future of*

Health Care in Canada directed attention to the need for “training for non-Aboriginal health care providers (to) learn their [Aboriginal] particular needs and culture” (Romanov 2002: 220, cited in Browne & Varcoe 2006). Similarly, in the US, *The Office of Minority Health of the US Department of Health and Human Services* developed standards for culturally and linguistically appropriate healthcare services focused on advancing cultural competence (US Department of Health and Human Services Office of Minority Health 2001). Browne and Varcoe (2006: 157) have associated the enthusiasm for cultural sensitivity in nursing and healthcare with “an inclination within the biomedical paradigm to simplify culture into systematized facts that can be elicited as a formula for practice”. The basis for the ideal of *cultural sensitivity* and *cultural competence* expressed in the documents examined here is a *multiculturalist* ideology (cf. Browne & Varcoe 2006), which focuses on practices such as traditional handicrafts, occupations, and preferences and sees culture as something to be celebrated and preserved. This highlighting of differences and emphasis on the exotic is often referred to as a process of *Othering* (e.g. Duffy 2001), which focuses on the “cultural differences” of the “Others”.

A chapter in *Report no. 47* was dedicated to the “[s]pecial challenges facing the Sami population”. The chapter began with a photo of a tundra landscape, reindeer, snowmobiles, and a boy carrying a lasso over his shoulder. This image closely corresponded to several statements made in the policy documents. The photo itself was a statement emanating from and contributing to the Saminess discourse. Eidheim has referred to the “‘awakening’, which implies that the Sami reappraise their self-image, invents a new context for unifying cultural fraternity, and, gradually, also becomes a new political power element on the Nordic stage” as *the invention of a new master paradigm for Sami self-understanding* (Eidheim 1992: 3–4). The invention of this new master paradigm rests on two parallel processes: dichotomization and complementarization, which articulate the Sami culture as *different* from but *equal* to Norwegian culture. The image of “the Sami culture” presented in this picture and these documents was dominated by symbols associated with the interior of Finnmark County, where the Sami culture appears to be the most different from the Norwegian culture. These processes, which some have referred to as the creation of an official Sami past (Schanche 1993), involved symbols such as traditional Sami costumes, music, handicrafts, ecological sensibility, and spirituality. The processes worked *internally* to develop a shared Sami identity and *externally* to create equality between the Sami and the Norwegians (Kramvig 2005; K.O.K. Olsen 2010). The Sami movement and certain academic circles pioneered these processes, but during the 1970s and 1980s, an increasing number of individuals in the Sami population “built up a repertory of knowledge and concepts and symbols by means of which this new spirit and self-understanding was perceived and communicated” (Eidheim 1992: 17). Several others have remarked on the dominance of symbols associated with certain parts of Sami culture in Sami politics (e.g. Øverland 2003; Kramvig 2005; K.O.K. Olsen 2010). The dominance of these symbols in other social contexts, such as within schools’ teaching

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materials (Andersen 2003), museums (B. Olsen 2000), tourism (K.O.K. Olsen 2010), and the media (Skogerbø 2003), has also been noted. The present study identified the same tendency in policy documents concerning elderly Sami and social services. The policy documents operated within and contributed to a certain discursive formation about Saminess. Our examination of these documents revealed the frequent use of central idioms of "the new master paradigm", such as references to reindeer herding, *kofta* (traditional clothing), *joik* (traditional singing), *duodji* (traditional handicraft), and, most notably, the Sami mother tongue. Our findings are in line with the work by Andresen (2008) illuminating how the vocabulary used in debates over Sami and health issues is derived from the minority rights discourse.

The policy documents tended to treat ethnicity as "a question of purity" (Kramvig 2005); the elderly individual was either Norwegian or Sami, and more fluid and ambiguous identities were excluded. To a large extent, Sami culture was described as shared by the Sami and closely related to personal identity. Individual differences were acknowledged, but the emphasis was on cultural traits that differentiated the Sami culture from the majority culture. For a considerable number of Sami, especially those residing outside *the Sami core area*, the ethnic boundaries between Sami and Norwegians are blurred. Some Sami are uncomfortable with the ethnic dichotomy implicit in the symbols of the revitalization process and the new master paradigm (Kramvig 2005; K.O.K. Olsen 2010). The coastal Sami population was strongly affected by stigmatization and assimilation, and fewer people in this population speak the Sami language and possess visible cultural traits that distinguish them from the Norwegian population. People in the areas most affected by the assimilation process might not possess or identify with symbolic expressions of a collective Saminess, such as the mother tongue, clothing, music or reindeer herding. For many Sami, Saminess is considered to be part of the distant past and of little relevance to their present identity (Gaski 2008; K.O.K. Olsen 2010). Research has revealed that an individual's personal identity can change during the course of a lifetime (Olofsson 2004). However, the documents examined here provided little leeway either for the possibility of being a Sami in spite of not appearing to be one or of being a Sami without considering this identity as relevant.

The four policy documents analyzed in the present study simultaneously reflected both the new master paradigm and the process of Othering. At first glance, this statement might seem paradoxical because the new master paradigm and the process of Othering appear to be opposites. However, upon closer examination, both rest on common ideas. The new master paradigm is based on differences between the Sami and the Norwegian culture communicated through the processes of dichotomization and complementarization. The process of Othering is also based on a focus on the differences between Sami culture and Norwegian culture. While the new master paradigm is advocated from "inside" Sami culture, Othering is generally perceived as a process performed by representatives of the majority culture. Oskal (2003) has written about the "tribalization of the Sami public" as the tendency to

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reduce the Sami public to a question about public Saminess. Citing the German philosopher Herder, he has referred to *the ideal of authenticity*, the idea that every individual has his or her own way of being a human. Oskal (2003: 333) emphasized that there is no *one way* of being Sami. Rather, there is one way of being Sami for the individual, and this way of being Sami is only *one* way of many. He has argued that for indigenous people, the ideal of authenticity is threatened by external demands for authenticity or conformity, that is, the demand to be indigenous in particular, predetermined ways. According to Oskal, this demand for conformity has its origins in politics and the social sciences.

The four policy documents concerning care services and elderly Sami analyzed in the present study inherently demanded authenticity or conformity and exhibited tendencies towards Othering and an extensive use of the idioms of the new master paradigm. Whether these tendencies should be considered *external* demands in Oskal's terms partly depends on the extent to which the documents are considered external or internal, that is, as emanating from the majority society or the Sami. However, the question of internality or externality is complex. Evjen (2009) has demonstrated that grasping who is "the other" in research on minorities is contingent on the historical context as well as theoretical and methodological frameworks. Moreover, as demonstrated in this analysis, the public documents must be read in a larger ethno-political context. All four documents were published after the establishment of The Sami Parliament. The Sami Parliament was, in fact, involved in the processes of developing the documents, either by suggesting or appointing panel members (*NOR 1995:6* and *Diversity and equality*) or by providing input during the writing process (*Report no. 47*). Although nothing explicit was stated on this matter in *Report no. 25*, there is no reason to assume that the Sami Parliament did not contribute to this particular document. Based on this reason, the documents might be perceived as internal in the sense that representatives of the Sami were involved in writing them. Consequently, contrary to Oskal, we argue that the demands for conformity and authenticity might be internal (i.e. emanating from representatives of the Sami). Adopting the notion of governmentality, we could suggest that the prevailing ideas of the Sami political discourse are inherent in and communicated through the policy documents. These ideas are *governing* if they are internalized by people, including healthcare providers, patients, and policymakers. The persistence of these ideas through four documents published over a period of 15 years could indicate that they are, in fact, governing ideas.

The *NOR* was the first policy document to address health and social services for the Sami population in Norway and the first public articulation of the needs of the Sami population in this regard. Viewed in that context, its focus on the importance of cultural considerations is understandable. Describing the Sami as a unitary group with a common culture, history, traditions, and needs might have been needed to direct attention to the poor experiences that many Sami had during their interactions with health and social services (Ministry of Health and Social Affairs 1995: 6–7). From this

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perspective, cultural competence would seem to be a reasonable medication to prescribe for these problems. It was possible to recognize an *interdiscursive configuration* (Foucault [1972] 2002) in the *NOR* (i.e. internal or external relations among discourses). The *NOR* was in accord with the current Sami political discourse and dominant theoretical perspectives in nursing and healthcare. However, the present study has revealed that the new master paradigm for Sami identity, the process of Othering, and the ideal of culturally congruent care continue to be expressed in more recent documents. Despite a few changes, the image of the elderly Sami constituted in the *NOR* has been reproduced in the newer documents or passed over in silence. This discursive continuity in the documents might reflect the lack of a significant change in the Sami political discourse during this period. Other authors have also described the continuance of essentialist and stereotypic views in the Sami political discourse (Gaski 2008; K.O.K. Olsen 2010). This discourse has been conceptualized as "the public narrative about the Sami" (Andersen 2003). In Foucault's words, the "regime of truth" seems to be sustained throughout this period, and public documents regarding health and care services for the Sami population might have contributed to its persistence. Andresen (2008: 79) states this point in an even stronger way by stating that "health issues are conceived as one more brick in the construction of Sámi nationhood; interestingly, the rhetoric used by Sámi politicians is also accepted and employed by Norwegian health authorities".

Scholars have noted the importance of recognizing variations in individual experience while acknowledging the shared histories of marginalization that have affected particular groups (Browne et al. 2009). Policy documents based on narrow essentialist and culturalist assumptions with a strong focus on cultural competence have at least two possible implications. First, as noted above, they risk ignoring the needs of elderly Sami with more ambiguous or fluid identities. When the history of Norwegianization is taken into consideration, there is no reason to assume that "not obvious" equals "not significant" in regard to Sami identity. The opposite might actually be the case; a Sami identity that has been contested throughout a lifespan might be of great significance to health and well-being in old age. As Minde (2003: 141) notes, "'[T]he Sami pain' . . . may have been widespread among those who were in opposition, but probably even more deep-felt and traumatic among those who tried most eagerly to adapt to the assimilation pressure". Second, underlying culturist assumptions that view individuals as "products" of their culture might lead to neglect of other aspects of life that are significant for identity, such as gender, religion, class, and rural or urban living conditions, as well as the intersection of these factors. The use of the male pronoun in the title of this article was deliberate; the intention in referring to "the old Sami" as "he" was meant to direct attention to gender. The strong focus on culture and the implied homogeneity of that culture in the documents analyzed in the present study blurs significant differences among elderly Sami in factors such as gender. A recent study (Alèx et al. 2006) found that being female and a Sami were both relevant to "the art of being old".

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The four documents analyzed in the present study encouraged healthcare providers to view the elderly Sami through a particular cultural lens. These documents assumed that healthcare providers were more capable of seeing the elderly Sami if they possessed cultural knowledge. We are concerned that the exact opposite might happen and suggest that there are alternatives to the understanding of cultural competence and cultural congruent care inherent in the documents. A critical cultural perspective offers an understanding of cultures as relational, changing over time, and dependent on social context, history, gender, and other factors. In this view, cultural competence does not involve learning a constant, coherent body of knowledge inherent in "the Sami culture", but rather acknowledging that each individual's personal narrative is framed by a unique combination of personal, social, and political discourses (Keddell 2009). However, this view does not ignore the importance of culture. On the contrary, it leads to the realization that culture could be significant for many of the elderly, including those who do not seem to fit the stereotypical view of the elderly Sami. A critical cultural perspective directs attention towards the minority situation of the Sami and how minority experiences might affect individual experiences of health and well-being. Awareness of minority experiences might be a prerequisite for sensitivity to the needs of those Sami elderly who are the least obvious Sami.

A critical cultural perspective is perhaps more challenging for those providing care for elderly Sami than the assumptions underlying the documents analyzed in the present study. This perspective involves being "informed not-knowers" (Keddell 2009: 237); on the one hand, informed about social, political, and historical processes while simultaneously realizing that it is impossible to know what these processes imply in the lives of particular individuals. Furthermore, a critical cultural perspective notes that healthcare providers are also influenced by social, cultural, historical, and geographical contexts. A critical cultural perspective might prompt healthcare providers to reflect on how their own social, cultural, economic, and professional backgrounds have shaped their assumptions about the people they encounter (Browne & Varcoe 2009). Hence, this perspective is particularly appropriate when dealing with the complexities of the healthcare field.

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Implications for further research

Readers of this article may have the impression that we deny that there is any need for healthcare services to take the particular concerns of the elderly Sami into account. On the contrary, our purpose was to raise awareness about elderly Sami among healthcare providers and policy makers. Our concern is that the focus on visible cultural traits and the Sami language might make many elderly Sami and their needs less visible, which is at odds with the intentions of the policy documents analyzed in the present study.

The present study reveals how policy documents concerning care services to the elderly Sami are situated in contemporary discourses. The study reveals discursive continuity throughout a 15-year period. To the extent that the

Sami are mentioned in the recently published *National Health and Care Plan (2011–2015)* (Ministry of Health and Care Services 2011), there is reason to suggest that this discursive continuity is sustained into the present as well. We suggest that the authorities initiate a new *NOR* based on current insights into the everyday experiences of the current cohort of elderly Sami as well as contemporary ethno-political and healthcare discourses. Further research should be conducted on the elderly Sami's life experiences, aging, and health. To avoid the mere reproduction of "the public narrative about the Sami", scholars must be aware of how life stories, research, and policy documents are all framed in wider contemporary discourses.

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Notes

[1] None of the documents analyzed in the present study were published in their entirety in English. We are responsible for the translations of all quotations from the documents presented in this article.

[2] The notion "Sami core area" appeared in the report from the Sami Committee in 1959 and was defined as an area in the interior of Finnmark Coutny encompassing the municipalities of Kautokeino, Karasjok, and Polmak. The Sami committee was of the opinion that the Sami core area also encompassed the municipalities of Nesseby, Tana, and Kistrand. This concept has been widely used. For a discussion of the implications of the use of the notion "Sami core area", see Andersen (2003).

References

Abelsen, B., Hauglin, O., Henriksen, I. M. & Josefsen, E. (2003) *Oppfølging av plan for helse- og sosialtjenester til den samiske befolkning i Norge* [Follow-up of plan for health- and social services for the Sami population in Norway] Report 2003:6 (Alta: NORUT Northern Research Institute).

Alèx, L., Hammarström, A., Norberg, A. & Lundman, B. (2006) Balancing within various discourses – the art of being old and living as a Sami woman. *Health Care for Women International*, 27(10), pp. 873–892.

Allen, D. G. (1999) Knowledge, politics, culture, and gender: a discourse perspective. *Canadian Journal of Nursing Research*, 30(4), pp. 227–234.

Andersen, S. (2003) Samisk tilhørighet i kyst- og fjordområder [Sami belonging in coastal and fiord areas], in B. Bjerkli & P. Selle (eds) *Samer, makt og demokrati. Sametinget og den nye samiske offentligheten [Sami, power and democracy. The Sami Parliament and the new Sami public]*, pp. 246–264 (Oslo: Gyldendal Akademisk).

Andresen, A. (2008) Health citizenship and/as Sámi citizenship: Norway 1985–2007, in A. Andresen, T. Grønlie, W. Hubbard, T. Ryymin & S. A. Skålevåg (eds) *Citizens, Courtrooms, Crossings. Conference Proceedings*, Report 10 2008, pp. 71–83 (Bergen: Rokkansenteret. Stein Rokkan Centre For Social Studies).

Browne, A. & Varcoe, C. (2006) Critical cultural perspectives and health care involving Aboriginal peoples. *Contemporary Nurse*, 22(2), pp. 155–167.

Browne, A. & Varcoe, C. (2009) Cultural and social considerations in health assessment, in A. J. Browne, J. MacDonald-Jenkins & M. C. E. Luctkar-Flude (eds) *Physical Examination and Health Assessment by Carolyn Jarvis (1st Canadian Edition)*, pp. 35–50 (Toronto: Elsevier).

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Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J. & Wong, S. (2009) Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy*, 10(3), pp. 167–179.

Carabine, J. (2001) Unmarried motherhood 1830–1990: a genealological analysis, in M. Wetherell, S. Taylor & S. J. Yates (eds) *Discourse as Data. A Guide for Analysis*, pp. 267–310 (London: Sage).

Duffy, M. E. (2001) A critique of cultural education in nursing. *Journal of Advanced Nursing*, 36(4), pp. 487–495.

Eidheim, H. (1992) *Stages in the Development of Sami Selfhood* (Oslo: Universitetet i Oslo).

Eidheim, H. (1997) Ethno-political development among the Sami after World War II, in H. Gaski (ed.) *Sami Culture in a New Era. The Norwegian Sami Experience*, pp. 29–61 (Kárásjohka/Karasjok: Davvi Girji OS).

Eriksen, K. E. & Niemi, E. (1981) *Den finske fare: sikkerhetsproblemer og minoritetspolitikk i nord 1860–1940* [*The Finnish Menace: Security Problems and Minority Politics in the North 1860–1940*] (Oslo: Universitetsforlaget).

Evjen, B. (2009) Research on and by "the Other". Focusing on the researcher's encounter with the Lule Sami in a historically changing context. *Acta Borealia*, 26(2), pp. 175–193.

Foucault, M. (1991) Governmentality, in C. Gordon, G. Burchell, P. Miller & M. Foucault (eds) *The Foucault Effect: Studies in Governmentality: With Two Lectures By and An Interview With Michel Foucault* (London: Harvester/Wheatsheaf).

Foucault, M. ([1972] 2002) *Archaeology of Knowledge* (London: Routledge).

Foucault, M. & Gordon, C. (1980) *Power/Knowledge: Selected Interviews and Other Writings 1972–1977* (Brighton: Harvester Press).

Garrity, Z. (2010) Discourse analysis, Foucault and social work research: identifying some methodological complexities. *Journal of Social Work*, 10(2), pp. 193–201.

Gaski, L. (2008) Sami identity as a discursive formation: essentialism and ambivalence, in H. Minde (ed.) *Indigenous Peoples: Self-Determination, Knowledge, Indigeneity*, pp. 219–236 (Delft, The Netherlands: Eburon Academic Publishers).

Gustafson, D. L. (2005) Transcultural nursing theory from a critical cultural perspective. *Advances in Nursing Science*, 28(1), pp. 2–16.

Hall, S. (2001) Foucault: power, knowledge and discourse, in M. Wetherell, S. Taylor & S. J. Yates (eds) *Discourse Theory and Practice. A reader*, pp. 72–81 (London: Sage).

International Labour Organisation (1989) *C169 Indigenous and Tribal Peoples Convention concerning Indigenous and Tribal Peoples in Independent Countries* (Geneva: ILO).

Keddell, E. (2009) Narrative as identity: postmodernism, multiple ethnicities, and narrative practice approaches in social work. *Journal of Ethnic and Cultural Diversity in Social Work*, 18(3), pp. 221–241.

Kramvig, B. (2005) The silent language of ethnicity. *European Journal of Cultural Studies*, 8(1), pp. 45–64.

Leininger, M. M. & McFarland, M. R. (2006) *Culture Care Diversity and Universality: A Worldwide Nursing Theory* (Sudbury, MA: Jones and Bartlett).

Minde, H. (2003) Assimilation of the Sami – implementation and consequences. *Acta Borealia*, 20(2), pp. 121–146.

Ministry of Government Administration Reform and Church Affairs (1987) *Lov om Sametinget og andre samiske forhold* [Act of 12 June 1987 No. 56 concerning the Sameting (the Sami parliament) and other Sami legal matters (the Sami Act) as subsequently amended, most recently by Act of 11 April 2003 No. 22]. English text available at http://www.ub.uio.no/ujur/ulovdata/lov-19870612-056-eng.pdf (accessed 19 March 2012).

Ministry of Health and Care Services (1999) *Lov om pasientrettigheter* [Act of 2 July 1999 No. 63 relating to Patients' Rights (the Patients' Rights Act)]. English text available at http://www.ub.uio.no/ujur/ulovdata/lov-19990702-063-eng.pdf (accessed 19 March 2012).

Ministry of Health and Care Services (2006a) *Nasjonal helseplan (2007–2010) Særtrykk av St.prp. nr. 1 (2006–2007) kapittel 6* [National Health Plan for Norway (2007–2010)] English summary available at http://www.regjeringen.no/en/dep/hod/Whats-new/News/2007/national-health-plan.html?id=449316. Complete text in Norwegian available at http://www.regjeringen.no/upload/kilde/hod/prm/2006/0083/ddd/pdfv/292402-nasjonal_helseplan_saertrykk.pdf (accessed 31 May 2012).

Ministry of Health and Care Services (2006b) *St.meld. nr. 25 (2005–2006) Mestring, muligheter og mening. Framtidas omsorgsutfordringer* [Report no. 25 (2005–2006) Long term care. Future challenges. Care plan 2015] (Oslo).

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Ministry of Health and Care Services (2007) *Dementia Plan 2015. Subplan of Care Plan 2015*. Available at http://www.regjeringen.no/upload/HOD/Dokumenter%20KTA/DementiaPlan2015.pdf (accessed 31 May 2012).

Ministry of Health and Care Services (2009) *St. meld. nr. 47 (2008–2009) Samhandlingsreformen. Rett behandling – på rett sted - til rett tid* [Report no. 47 (2008–2009) The coordination reform. Proper treatment – at the right place and right time] (Oslo).

Ministry of Health and Care Services (2011) *Meld. St. 16 (2010–2011) Nasjonal helse- og omsorgsplan (2011–2015)* [National plan for health and care services (2011–2015)]. Complete text in Norwegian available at http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/2010-2011/meld-st-16-20102011.html?id=639794 (accessed 31 May 2012).

Ministry of Health and Social Affairs (1995) *Norges Offentlige Utredninger 1995:6 Plan for helse- og sosialtjenester til den samiske befolkning i Norge* [Norwegian Official Report 1995:6 Plan for the health- and social services for the Sami population in Norway] (Oslo: Statens forvaltningstjeneste).

Ministry of Health and Social Affairs (2001) *Mangfold og likeverd: regjeringens handlingsplan for helse- og sosialtjenester til den samiske befolkningen i Norge 2002–2005* [Diversity and equality: The government's action plan concerning health- and social services for the Sami population in Norway 2002–2005] (Oslo).

Ministry of Justice and Public Security (2005) *Act of 17 June 2005 No. 85 relating to legal relations and management of land and natural resources in the county of Finnmark [Finnmark Act]*. Available at http://www.ub.uio.no/cgi-bin/ujur/ulov/sok.cgi?type=LOV (accessed 2 May 2012).

Ministry of Justice and the Police *Kongeriget Norges Grundlov, given i Rigsforsamlingen paa Eidsvold den 17de Mai 1814* [The Constitution of the Kingdom of Norway]. Complete English text available at http://www.stortinget.no/en/In-English/About-the-Storting/The-Constitution/The-Constitution/ (accessed 19 March 2012).

Ministry of Local Government and Regional Development (2001) *St. meld. nr. 55 (2000) Om samepolitikken* [Report no. 55 (2000) to the Storting. On Sami politics] (Oslo).

Neumann, I. B. & Sending, O. J. (eds) (2003) *Regjering i Norge. Makt og globaliseringsutredningen* [Governmentality in Norway] (Oslo: Pax Forlag A/S).

Niemi, E. (1997) Sami history and the frontier myth: a perspective on northern Sami spatial and rights history, in H. Gaski (ed.) *Sami Culture in a New Era. The Norwegian Sami Experience*, pp. 62–85 (Kárásjohka/Karasjok: Davvi Girji OS).

Niemi, E. (2002) Kategorienes etikk og minoritetene i nord: Et historisk perspektiv [The ethics of categories and the minorities in the North: A historical perspective]. *Samisk forskning og forskningsetikk. Forskningsetiske komiteers skriftserie*, 2, pp. 22–44.

Olofsson, E. (2004) *In Search of a Fulfilling Identity in a Modern World: Narratives of Indigenous Identities in Sweden and Canada* (Uppsala universitet: Kulturantropologiska institutionen).

Olsen, B. (2000) Bilder fra fortida? Representasjoner av samisk kultur i samiske museer [Images from the past? Representations of Sami culture in Sami museums]. *Nordisk Museologi*, (2), pp. 13–30.

Olsen, K. O. K. (2010) *Identities, Ethnicities and Borderzones: Examples from Finnmark, Northern Norway* (Stamsund: Orkana Akademisk).

Oskal, N. (2003) Samisk offentlighet og demokrati på norsk [Sami public and democracy in Norwegian], in B. Bjerkli & P. Selle (eds) *Samer, makt og demokrati. Sametinget og den nye samiske offentligheten* [*Sami, Power and Democracy. The Sami Parliament and the New Sami Public*], pp. 318–337 (Oslo: Gyldendal Akademisk).

Rapley, T. (2007) *Doing Conversation, Discourse and Document Analysis* (London: Sage).

Romanov, R. (2002) *Commission on the Future of Health Care in Canada. Building on Values: The Future of Health Care in Canada, Commision on the Future of Health Care in Canada* (Saskatoon, Canada).

Sámi Instituhtta Nordic Sami Institute (2008) *Hvor mange samer er det egentlig . . .?* [How many Sami are there really . . .?]. Available at http://www.sami-statistics.info/default.asp?nc=6809&id=110 (accessed 30 April 2011).

Schanche, A. (1993) Kulturminner, identitet og etnisitet [Cultural monuments, identity, and ethnicity]. *Dugnad*, 19(4), pp. 55–64.

Selle, P. & Strømsnes, K. (2010) Sámi citizenship: marginalisation or integration? *Acta Borealia*, 27(1), pp. 66–90.

Skogerbø, E. (2003) Mediene og det samiske samfunnet: Stereotypier og identitetskonflikter [The media and the Sami society: stereotypes and identity conflicts], in B. Bjerkli & P. Selle (eds) *Samer, makt og*

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demokrati. Sametinget og den nye samiske offentligheten [*Sami, Power and Democracy. The Sami Parliament and the New Sami Public*], pp. 361–397 (Oslo: Gyldendal Akademisk).

Statistics Norway (2010) *Samisk statistikk 2010 Sámi statistihkka 2010* [*Sami Statistics 2010*] (Oslo Kongsvinger: Statistisk sentralbyrå).

Thuen, T. (1989) "Mixed" decent and ethnogenesis – some comparative considerations of contact situations in the north. *Acta Borealia*, 6(1), pp. 52–71.

Thuen, T. (1995) *Quest for Equity: Norway and the Saami Challenge* (St. John's: Institute of Social and Economic Research, Memorial University of Newfoundland).

United Nations (1966) *International Covenant on Civil and Political Rights.*

United Nations (2007) *United Nations Declaration on the Rights of Indigenous Peoples. Adopted by General Assembly Resolution 61/295 on 13 September 2007*.

US Department of Health and Human Services Office of Minority Health (2001) *National Standards for Culturally and Linguistically Appropriate Services in Health Care. Executive summary* (Washington, DC).

Vallgårda, S. (2003) *Folkesundhed som politik* [*Public Health as Politics*] (Århus: Århus University Press).

Vandenberg, H. E. R. (2010) Culture theorizing past and present: trends and challenges. *Nursing Philosophy*, 11(4), pp. 238–249.

Williams, C. C. (2006) The epistemology of cultural competence. *Families in Society*, 87(2), pp. 209–220.

Øverland, I. (2003) Regjering av liminaritet: Urfolk, minoriteter og innvandrere [Governing liminarity: indigenous peoples, minorities and immigrants], in I. B. Neumann & O. J. Sending (eds) *Regjering i Norge*, pp. 194–211 (Oslo: Pax Forlag A/S).

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Article 2

Blix, B.H., Hamran, T., & Normann, H.K. (2012): Indigenous Life Stories as Narratives of Health and Resistance: A Dialogical Narrative Analysis. *CJNR* 44(2): 64-85

Résumé

Des récits de vie autochtones constituant des récits sur la santé et la résistance : une analyse narrative dialogique

Bodil Hansen Blix, Torunn Hamran, Hans Ketil Normann

Dans le passé, les Sami ont été exposés à d'importants processus d'assimilation. La présente étude visait à explorer les expériences de personnes âgées sami en matière de santé. Au total, 19 aînés sami vivant en Norvège ont été interviewés. Le présent article constitue une analyse narrative dialogique des récits de vie de trois femmes du peuple sami. Les histoires de vie sont perçues comme des récits sur la santé et la résistance. La théorie postcoloniale procure un cadre pour comprendre l'incidence des facteurs historiques et socio-économiques sur la vie et la santé de ce peuple. Les récits de résistance montrent que les gens ne sont pas des victimes passives de l'héritage du colonialisme. La résistance n'est pas un état passif, mais un processus actif, tout comme la santé. La résistance constitue une ressource dont les services de santé devraient être conscients, tant au niveau systémique, par exemple le partenariat avec les aînés autochtones dans la planification et l'établissement des services, que dans les relations individuelles entre les patients et les fournisseurs de soins de santé.

Mots clés : Sami, santé, résistance, théorie postcoloniale, Norvège

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Indigenous Life Stories as Narratives of Health and Resistance: A Dialogical Narrative Analysis

Bodil Hansen Blix, Torunn Hamran, Hans Ketil Normann

The Sami people have historically been exposed to severe assimilation processes. The objective of this study was to explore elderly Samis' experiences of health. A total of 19 elderly Sami individuals in Norway were interviewed. This article is a dialogical narrative analysis of the life stories of 3 Sami women. The life stories are perceived as narratives of health and resistance. Postcolonial theory provides a framework for understanding the impact of historical and socio-economic factors in people's lives and health. Narratives of resistance demonstrate that people are not passive victims of the legacy of colonialism. Resistance is not a passive state but an active process, as is health. Resistance is a resource that should be appreciated by health services, both at a systemic level — for example, through partnership with Indigenous elderly in the planning and shaping of services — and in individual encounters between patients and health-care providers.

Keywords Indigenous people, Sami, health, resistance, postcolonial theory, narrative inquiry, Norway

Introduction

While conducting research in the field of Indigenous people and health, one frequently encounters a distinct tendency in the research and theoretical literature: the view that "cultural competence" is of great significance in the interactions between health-care providers and "minority patients." This view is described as an emerging "mantra of contemporary nursing practice" (Dreher & MacNaughton, 2002, p. 181). Over the last decades, matters of culture, health, and health care have been discussed extensively (cf. Vandenberg, 2010). The focus on cultural competence is also reflected in various government documents (e.g., Joint Commission on Hospital Accreditation, 2008; Office of Minority Health, 2001; Romanow, 2002) and in the education of health-care providers (Like, 2011; Mancuso, 2011; Office of Minority Health, 2002; Ring, Nyquist, & Mitchell, 2008). In our opinion, the focus on cultural competence is too narrow and has several implications. Culture appears to be perceived as relevant only to people who are different from the majority. Furthermore, the focus on culture might divert attention away from the

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broader historical and social contexts that influence people's health and their experiences of health services.

This article is based on a qualitative study of elderly Sami individuals' experiences of aging, health, and illness. Through the presentation and discussion of the life stories of three elderly Sami women, we illuminate how the history of colonization is present in elderly women's lives and impacts their health experiences. The three women, while telling their stories, actively engage with the impact of history on their lives and their health. We argue that an acknowledgement of health as an active engagement with history renders the focus on "cultural competence" in health care too narrow. We begin with a brief description of the Sami and some significant events in their history within the Norwegian national state. This is followed by a review of the research literature on the Sami and their health issues. We next present some central key concepts, including life story, health, postcolonial theory, and narratives of resistance. This is followed by a description of our research method and methodological considerations. Then we present and discuss the life stories of the three Sami women. We argue that understanding health as a condition of subjectivity and as influenced by broader historical and social contexts is essential to gaining a richer understanding of the health of Indigenous people.

The Sami

The Sami are an Indigenous people living in Norway, Sweden, Finland, and Russia. The Sami population is estimated to be between 50,000 and 80,000 (Sámi Instituhtta, 2008). The majority of Sami live in Norway; Statistics Norway (2010) estimates the Sami population of Norway to be 40,000. Historically, the Sami were reindeer herders, small-scale farmers, and fishermen. Today, approximately 10% of the Sami in Norway are engaged in the traditional ways of living (Statistics Norway, 2010). A 2000 report by the Sami Language Council estimated that there are approximately 25,000 Sami-speaking persons in Norway (Ministry of Local Government and Regional Development, 2001).

National governments have made strong efforts to assimilate the Sami into the majority population. In Norway, the process of assimilation, frequently referred to as "Norwegianization," lasted from 1850 to approximately 1980. According to the *Land Act* of 1902, property could be transferred only to Norwegian citizens (i.e., persons able to speak, read, and write Norwegian), and proficiency in the Norwegian language continued to be a criterion for buying or leasing state land until the 1940s. The Sami language was prohibited in Norwegian schools from 1860 to 1959.

Residential schools were important arenas for the Norwegianization of Sami children. The assimilation process was paralleled by individual experiences of stigmatization and discrimination (Minde, 2003).

During the 1950s a growing Sami movement initiated a process of ethnic and cultural revitalization. The establishment of general education based on the Sami language and culture was of great importance to the Sami movement (Eidheim, 1997). The 1970s and 1980s witnessed the "aboriginalization of Sami ethnopolitics and self-understanding" (Eidheim, 1992; Thuen, 1995). The Sami movement established contact with organizations representing Indigenous people in other parts of the world. The raising of Norway's living standards and general improvements in its welfare and health-care systems during the 1960s and 1970s contributed to the process of ethnic revitalization.

The public assimilation policy culminated in 1980 with "the Alta affair," whereby the Norwegian state decided to dam the Alta-Kautokeino river despite considerable protest by the Sami, who argued that this would threaten the grazing and calving areas used by the reindeer-herding Sami. The dispute brought national and international attention to the rights of the Sami. The *Sami Act* (Ministry of Government Administration Reform and Church Affairs, 1987), enacted in 1989, enabled the Sami people in Norway to safeguard and develop their language, culture, and way of life. In 1989 a Sami Parliament was established and in 1990 the Norwegian government ratified International Labour Organisation Convention 169 (*Indigenous and Tribal Peoples Convention Concerning Indigenous and Tribal Peoples in Independent Countries*).

In many communities, especially those outside the "Sami core area," the differences between the Sami and Norwegians are not always obvious (Kramvig, 2005; Olsen, 2010). The coastal Sami population have been greatly affected by assimilation and stigmatization. In coastal areas, fewer people speak the Sami language and many people might not identify with symbolic expressions of a collective Sami cultural heritage. To some people in these areas, "Saminess" is associated with the distant past and of little relevance to their everyday lives (Gaski, 2008; Olsen, 2010). Today's elderly Sami have lived their lives in this atmosphere of tension between assimilation, revitalization, and ambiguity. Considering the history of assimilation, stigmatization, and discrimination, it is reasonable to assume that the contesting of Sami heritage throughout the course of a lifetime might affect one's health and well-being in old age. As noted by Minde (2003), "'the Sami pain' . . . may have been widespread among those who were in opposition, but probably even more deep-felt and traumatic among those who tried most eagerly to adapt to the assimilation pressure" (p. 141).

Literature Review

Research on health issues among the Sami has been primarily quantitative, and results for the Sami are often compared with those for the majority population. The focus has been on health behaviour (e.g., Spein, 2008; Spein, Sexton, & Kvernmo, 2004), risk for disease (e.g., Hassler, 2005; Nystad et al., 2008), and causes of death (Hassler, Johansson, Sjölander, Grönberg, & Damber, 2005). Research suggests that the Sami do not face the same health-related challenges as Indigenous people in Canada, the United States, Russia, or Greenland (Symon & Wilson, 2009). Many health problems experienced by Indigenous people in the circumpolar region, such as increased risk for diabetes, cardiovascular diseases, infectious diseases, and lung cancer, are not prevalent among the Sami (Hassler, Kvernmo, & Kozlov, 2008). Life expectancy at birth is virtually the same for Sami and non-Sami people, and mortality rates for specific causes are similar (Brustad, Pettersen, Melhus, & Lund, 2009; Hassler et al., 2005). Some researchers (e.g., Gaski, Melhus, Deraas, & Førde, 2011) have attributed the apparent absence of health differences between the Sami and the Norwegian population to the assimilation process, as though health equity were a positive side effect of assimilation. We believe that the causal relations are more complex. In Norway, health services are largely public, which might contribute to higher levels of access to health services than in other countries (Hassler et al., 2008), and living standards are generally high.

Regardless of statistics showing an absence of health differences between the Sami and the majority population, research has identified several health-related challenges. Sami-speaking patients are less satisfied than other patients with the services provided by municipal general practitioners (Nystad, Melhus, & Lund, 2008), and a study of mental health care found that Sami patients were less satisfied with treatment, contact with staff, and treatment alliance than Norwegian patients (Sørlie & Nergaard, 2005). Self-reported health is poorer for the Sami than for the Norwegian majority population. This difference is most significant in Sami women living outside the Sami core area (Hansen, Melhus, & Lund, 2010). Sami individuals are more likely to experience discrimination and bullying than the general population in Norway (Hansen, Melhus, Høgmo, & Lund, 2008), and discrimination is closely associated with elevated levels of psychological distress (Hansen & Sørlie, 2012). These findings suggest that merely looking at statistics for life expectancy, mortality rates, and disease incidence may be insufficient when grappling with health and health-care issues among Sami people.

With the exception of quantitative measures of self-reported health as "poor," "not very good," "good," and "very good" (Hansen et al.,

2010), we found no studies exploring experiences of health among Sami people. In the present study, we explore the life stories of elderly Sami as sources of insight regarding their perceptions of health. Frank (2006) states, "People understand themselves as selves through the stories they tell and the stories they feel part of. Stories about *health* are, sooner or later, stories about the contemporary shaping of that particular human aspiration, being a *healthy self*" (p. 434; original italics).

Life Stories, Health, Postcolonial Theory, and Narratives of Resistance

In the present study, we defined life stories as the stories people tell about their lives in the context of the qualitative research interview. The plural form, "stories," was used intentionally, to emphasize both that an individual has many life stories and that the stories he or she tells do not necessarily constitute one continuous and coherent *life history*. A dialogical perspective, such as the one chosen for this study, opens the possibility of multiple truths about lives. Riessman (2008) reminds us that "we revise and edit the remembered past to square with our identities in the present" and that "stories must always be considered in context, for storytelling occurs at a historical moment with its circulating discourses and power relations" (p. 8). In the present study, this plurality of truths and stories is not considered a problem but rather is seen as an opportunity for deeper understanding.

According to the philosopher van Hooft (1997), health is an experience and a condition of subjectivity, which he defines as "the pre-intentional activity of constituting oneself as a self" (p. 24). The material dimension of health refers to all of the processes of an organism that are necessary for biological life, such as respiration, circulation, and metabolism. The pragmatic dimension of health comprises everyday practical concerns and the activities in which we engage. The conative dimension of health concerns our "reaching out of subjectivity towards the world and others" (van Hooft, 1997, p. 25) through care and desire. Finally, the integrative dimension of health entails striving for meaning, the "need to give our lives a structure analogous to the narrative form of a history" (p. 26). The notion of health espoused by van Hooft as a condition of subjectivity justifies an interest in life stories as sources of insight into perceptions of health. Life stories reflect all four of his dimensions of health, the integrative being the most obvious. In addition to providing life structure, life stories are *about* something: everyday life, care, and desire. Furthermore, life stories are embodied; they are about bodies and are told through bodies. However, research suggests that health inequities between "ethnic" or "cultural" groups are largely the consequence of

socio-economic differences (Ahmed, Mohammed, & Williams, 2007). By focusing exclusively on health as a condition of subjectivity, we risk ignoring the impact of historical, social, political, and economic factors on people's health.

Postcolonial theory provides a framework for understanding how people's health is closely related to historical, social, political, and economic factors. Browne (2005) sums up postcolonial theory as "a body of critical perspectives that share a political and social concern about the legacy of colonialism, and how this legacy shapes relations at the individual, institutional, and societal levels" (p. 69). Critics of postcolonial theory point to a tendency to focus on the presumed shared experiences of colonization among group members and a tendency to overlook the agency of "the oppressed" (cf. Browne, Smye, & Varcoe, 2005). In the present study, however, we focus on the agency of "the oppressed" by studying the life stories of elderly Sami. Based on the material presented, we argue that there is no contradiction in perceiving the elderly Sami as active and engaged while simultaneously acknowledging the impact of a history of colonization on their lives. Several scholars (e.g., Mishler, 2005; Stone-Mediatore, 2003) have advocated for considering "marginal experience narratives" that might function as *narratives of resistance*. Stone-Mediatore (2003) argues that stories of marginalized people "precisely by virtue of their artful and engaged elements, can respond to the inchoate, contradictory, unpredictable aspects of historical experience and can thereby destabilize ossified truths and foster critical inquiry into the uncertainties and complexities of historical life" (p. 9). We believe that the stories presented in this article can be regarded as narratives of resistance.

Methods

Participants and Recruitment

The 19 participants in the study (11 women and 8 men) were between 68 and 96 years of age, considered themselves Sami, and were experiencing various health problems. Of the 19 participants, 1 lived in a nursing home, 3 lived in assisted living facilities, and 15 lived in their own homes with or without help from home care services. The participants lived in two municipalities in the two northernmost counties of Norway. Both municipalities have ethnic composite populations. One municipality is part of the Sami core area and a considerable proportion of its population is Sami. The other municipality is not considered part of the Sami core area and only a small minority of its population is Sami.

The participants were recruited in two ways: through managers of local nursing homes and home care services, and through local seniors' associations. Information letters written in both Sami and Norwegian

were distributed, and people interested in learning about the study and possibly participating sent letters of consent in postage-paid envelopes. After receiving the letters of consent, we contacted the individuals to provide additional information about the study and to make appointments for interviews. Initially, 22 people agreed to participate; 3 were excluded due to doubts about their ability to provide informed consent.

Interviews

A thematic interview guide was used. All of the interviews began with the interviewer inviting the interviewee to talk about her or his life in the manner of her or his choosing. The interviewer took care not to interrupt the stories, but the interviewees varied in the manner in which they told their stories. Some participants spoke continuously without solicitation; others needed assistance, including more or less specific probes to help them continue with their stories. The interviews moved thematically back and forth between stories about the past, reflections on the present, and thoughts about the future.

The interviews were conducted either in the interviewee's home or in the nursing home/assisted living facility where the interviewee resided. The interviews lasted between 45 and 150 minutes and were digitally audiorecorded.

Ethics

The study was approved by the Regional Committee for Medical Research Ethics. The participants were limited to persons capable of providing informed consent. The participants were informed of their right to withdraw from the study without stating a reason and were assured of confidentiality.

All interviews were conducted in the Norwegian language. Sami was the first language for all interviewees from the Sami core area and for one interviewee from outside the Sami core area. Norwegian was the first language for nine of the interviewees from outside the Sami core area. Seven of the Sami-speaking interviewees reported speaking Norwegian fluently and maintained that it was not problematic for them to be interviewed in Norwegian. However, three of the Sami-speaking interviewees did voice concerns about whether they would be able to express themselves satisfactorily in Norwegian. These concerns were expressed when the interviewer, upon receiving the letter of consent, made contact to set up the interview. The interviewer then offered to use an interpreter, but the interviewees all chose to do the interviews in Norwegian. We realize, in retrospect, that the interviewer should have offered to use an interpreter in *all* interviews with Sami-speaking interviewees. We have reflected on how interviews not conducted in the first language of the

interviewees may have affected the material. This shortcoming may have influenced *how* the interviewees told their stories, because one's first language is usually richer in detail and nuance than languages acquired later in life. It may also have influenced *what* was related in the interviews. A Norwegian-speaking interviewer might be perceived as a representative of the majority society, which in turn might contribute to any distancing between the interviewer and the interviewee. Before the interviews, we were concerned that this perception would keep the interviewee from addressing issues such as assimilation and minority experiences. While this may have been so, interview material rich with descriptions and stories concerning these issues suggests that it may not have had a significant impact. The transcriptions indicate a clear willingness among the interviewees to share their life stories. During or after the interviews, all of the participants expressed appreciation for being interviewed on this matter.

Dialogical Narrative Analysis

The audiorecordings were transcribed verbatim. Field notes were recorded and were used at several stages in the research process. Following transcription, the tapes were replayed, the transcribed texts were reread to allow the researcher to become reacquainted with the material, and summaries of all interviews were written. We then began to search the transcriptions for stories. The interviewer noticed some stories during the interviews, and some stories became evident during the transcription process. However, more subtle stories, some amounting to only a few sentences, were revealed through this purposeful reading. As noted by Riessman (2008), the stories in a text often do not have clear-cut "borders," and the researcher participates in the creation of stories, rather than "finding" them in the interviews, by deciding what to present as stories.

In the present study, the stories were created in the context of the qualitative research interview and should be considered neither as direct representations of historical events nor as direct reflections of the identities of the participants. Stories are "acts of engagement with researchers" (Frank, 2005, p. 968) and are intended for particular recipients (Riessman, 2008). The stories developed from the dialogue between the interviewer and the interviewee. This dialogue continued into the analysis.

Given the nature of the study — exploring the health experiences of elderly Sami individuals through the stories they tell about their lives — a dialogical narrative analysis, as suggested by Frank (2005, 2010, 2012), appeared to be a suitable approach. According to Frank (2010), dialogical narrative analysis "studies the mirroring between what is told in the story — the story's content — and what happens as a result of telling that story — its effects" (p. 71). The purpose of dialogical narrative analysis is not

to locate themes as finalizing descriptions or statements about who the research participants are, but, rather, to capture individual struggles in all of their ambivalence and "unfinalizability" (Frank, 2005). A dialogical narrative analysis treats stories as actors. The analysis is narrative not because the stories are the data but because we study *how stories act*. Frank (2010) poses several questions that initiate the analysis by calling attention to *what the stories do*: What is at stake, and for whom? How does the story and the particular way it is told define or redefine the stakes, raising or lowering them? How does the story change people's sense of what is possible, what is permitted, and what is responsible or irresponsible? Keeping these questions in mind, we now turn to the stories.

Results

The three stories chosen for close attention in this article are not representative in the statistical sense of the word. They were selected because of their particular clarity and distinctness with regard to the issues discussed in the article: elderly people's experiences of health as expressed through their life stories and their active engagement with colonial history in the telling of their stories. As noted by Frank (2012), the selection of stories in dialogical narrative analysis is based on what has been learned during the research process, even if a considerable part of this knowledge remains tacit to the researcher. In this perspective, the interpretation and discussion of the three stories is informed by the knowledge developed through engagement with the stories of the other participants in the study.

Inga: Born in a Turf Hut

Inga is a woman from a reindeer-herding family in the core Sami area. She says that she has been trying to live as decently as possible all her life to show that the Sami are not inferior: "Perhaps people think the Sami are not as good as other people. I think this is because they don't know any better." However, Inga does not believe that all Norwegians perceive the Sami as inferior: "A lot of Sami girls marry Norwegian men. Perhaps the men who are marrying Sami girls don't see the Sami as bad."

After making this statement, Inga starts to tell a story about her own birth. She was born around 1920 in a turf hut of the type reindeer herders used intermittently while tending their herds. In addition to her mother, her father, and her grandmother, several other people were in the hut when Inga was born. Inga's parents were sleeping on the floor when her mother went into labour:

> *Then my grandmother said, "What's going on? The house is crowded!" Then my father replied, "We're trying to bring a new human being into*

> *the world." There was a fireplace there, and there was a fire in there. They had just cooked some meat. There were a lot of Sami people there. My father just threw away the meat broth and put water into the pot to heat it. Then I was born. My father cut the umbilical cord. And my father washed me. It was my dad who washed me! Two waters: the first water he threw away, and then another water. And my grandmother lay on the bed. They put my mother on the bed and me next to her. We stayed there for a couple of weeks before they drove away. It was just a hut of the kind the reindeer herders used. There, I was born. There were no white clothes . . . [laughs] It was my father who delivered me, and he almost washed me in meat broth . . .* Vuoi vuoi! *And I became human too! Nowadays the clothes are so white. Everything is so white and clean. But I was born there. [laughs] And I was healthy! I've never been sick. No nuisances. . . . I'm not sick, and I've had children myself. Lots of children. And they came so easily. That's how it is!*

Inga attended residential school as a child. She says, "We had to go there, the Sami kids. Luckily, I knew the language before I went to school." If the teachers heard the children speaking Sami, they told them to stop. Inga tells a story about a teacher from the South who wanted to take Inga with her to the South:

> *There was this older teacher. She came all the way from the South. . . . She had no children of her own, and she wasn't married either. She wanted to bring a Sami child to the South, to let the child go to school there, and she would pay for school for this child. . . . If I would come with her I would have my own room and she would buy me clothes and everything. She promised. And I was so happy! I could go there and attend school! But then I went home and told [my mother] what the teacher said . . . "She wants to take me there so I can learn. I can go to school there — there are lots of schools there." At first my mother didn't say anything. Then she said, "You will learn to sew Sami boots (*skalla*) and all Sami clothes. That's enough school for you!" She said that she would teach me to sew Sami clothes and that I would marry a Sami man, a reindeer herder. "No, I don't want to get married. Never!," I said. I told the teacher, "You have to talk to my mother!" But my mother said no. "Inga is not going anywhere! She will learn to sew Sami clothes, and she will marry a Sami man with reindeer." And so it was. I was really angry with my mother. I cried and cried, but it didn't help. The teacher took another girl, from the orphanage. . . . My mother said, "You can live from sewing Sami clothes. Not everybody can do that! But you can learn to do it." [pause] And so it was.*

There is an undertone of vulnerability in Inga's stories. In her own words, "all her life" she has been conscious of her conduct, trying to prove wrong those who think Sami people are inferior. The vulnerability contained in her lifelong fight for equality emerges in statements such as "I became human too." This is an individual expression of the history of assimilation. The story about the teacher who wanted to "save" her by taking her away from her parents and giving her the type of education, clothing, and housing that was valued in the majority society is likewise an individual history of colonization.

While Inga's stories are individual expressions of the colonial history of assimilation of the Sami, they are, simultaneously, narratives of resistance. Through her birth story, Inga resists the standards of the majority society "where everything is so white and clean." The majority society is represented by the absence of "white clothes" and a midwife, but these appear not to be missed at her birth. The birth story brings force and energy to Inga's lifelong project of proving the majority wrong. The turf hut, the delivery on the floor, and, perhaps most strikingly, the meat broth bring tremendous force to Inga's story. The statement "It was my father who delivered me, and he almost washed me in meat broth" adds strength to her story.

The story about the teacher from the South is also a narrative of resistance. In this story, it is Inga's mother who represents the resistance. One aspect of this resistance is the mother prohibiting Inga from going to the South with the teacher, but she also opposes the teacher. Given the historical and social circumstances and the power relations between a Sami woman and a teacher from the South, the mother's statement "Inga is not going anywhere!" is a strong expression of resistance. Inga is making her mother's resistance her own by including it in her life story. The tension between the majority society represented by the teacher and the resistance of Inga's mother is expressed through several binaries in the story. The teacher's tempting offer is opposed by the mother's "You should learn to sew Sami boots and all Sami clothes. That's enough school for you!" Furthermore, the teacher's enticing promise of manufactured clothes is countered by the mother's "Sami boots and Sami clothes," and Inga's prospect of having a room of her own sits in opposition to the crowded turf hut at her birth. Inga lets her mother have the upper hand with the statement "You can live from sewing Sami clothes. Not everybody can do that! But *you* can learn to do it." In this statement, Inga, through the voice of her mother, expresses the privilege of being a Sami. Anybody can go to school and wear manufactured clothes, but not everybody can learn to sew Sami clothes. Through the birth story, Inga's resistance to being inferior is expressed in the narration of her *healthy self*. The apparently frail elderly woman, nearly blind and barely able to walk,

states, "I'm not sick, and I've had children myself. Lots of children. And they came so easily. That's how it is!"

Laila: No Special Treatment Wanted

Laila was born in the early 1930s. She grew up with seven brothers and sisters in a remote coastal area. "It was a lonely spot. You had to go there by boat." She had a hard childhood, losing her father and a brother to the sea when she was only 7 years old. Laila has a congenital physical handicap, but she says, "When everything works up here [points to her head], it's okay."

Laila had to leave home and go to a residential school as a child. She says, "I can't complain about school. Lots of people do, but I can't complain. I liked school. I guess they had to be that strict . . . No, I can't complain." Laila did not speak Norwegian when she attended school: "Not knowing the language was the worst part. I didn't know when to say yes or no." She says that this was frightening, but that she was not the only one affected: "We were what I would call equal, all the children attending school then, at that school . . . There were only a few who spoke Norwegian." The children were not allowed to use the Sami language at school, but Laila says, "We did speak Sami. We did. We had a Norwegian teacher but she . . . didn't care. She was old. She was a teacher for many years. She was the teacher for all my siblings, so you can imagine how old she was."

After her Confirmation, Laila "knew enough Norwegian" to go to the nearest town and enrol in cooking and sewing courses. Despite her physical handicap, Laila had several jobs as a domestic, working as a seamstress and as a cook. "Whenever something happened — a funeral, a christening, or a confirmation — I was in charge." She says,

> *I wasn't the type to lie around moping. I was active all the time. . . . I went to school and everybody was equal. . . . I wasn't the type to shut myself away. Oh no! I wanted to be out. I wanted to be in the midst [of things]. And the other kids in school — there was no bullying back then! Oh no! I was accepted everywhere, so it didn't bother me.*

Laila has been active in interest groups for people with various handicaps all her adult life.

Laila's late husband "was a kind man." He subsisted on casual work. "He had a small . . . a *big* handicap. He was illiterate. He didn't have any schooling . . . He had to struggle at home. . . . And they had a teacher . . . who ignored those who didn't . . . know anything."

Laila is clear about her Sami heritage. She states immediately that she is a Sami. However, she dislikes the focus on the Sami people in society: "I must say, I think it's almost too much about the Sami now. They say,

'We are Sami, we are Sami, I am Sami, I am Sami.' [raises her voice] No, it's too much! . . . I think so. They demand too much. That's the problem."

In addition to her congenital physical handicap, Laila has used a wheelchair for the last 3 years. "It was my feet that couldn't . . . my feet refused." Despite all this, Laila says this about her health: "My health? I must say, my health is good. I'm satisfied with my health. Of course, I have a few small nuisances. I do. But other than that . . . no."

Like Inga's story, Laila's story is underlaid with the fight for equality. Being treated as an equal is at stake throughout Laila's life story. Although she was born with a physical handicap, her life story, in which "being in the midst [of things]" is a central theme, embodies her with a *healthy self*. To be healthy is to participate. Laila's story about her husband is quite different. She refers to his illiteracy as "a *big* handicap." One can easily imagine how her husband's opportunities for participation and equal treatment were restricted by his illiteracy. Laila's reflections on residential school life underline her emphasis on equality. She "can't complain" about school because, after all, almost all of the children were in the same situation; few of them spoke any Norwegian when attending school. The way she describes the aged Norwegian teacher gives her and the other Sami children the upper hand. Moreover, Laila eventually mastered Norwegian well enough to take courses in the town.

We perceive Laila's life story as a narrative of resistance. Like Inga, Laila expresses her resistance through the narration of her *healthy self*. She resists being different; she resists special treatment as a "handicapped" person. From this perspective, Laila's indignation at "Sami activism" is reasonable. Claiming special rights is exactly what she has been refraining from doing all her life. What she perceives as Sami people "demanding too much" raises the stakes of her equality.

Marit: No Need to Go to the Gym to Row

Marit was born in the early 1930s in a remote coastal community as one of six siblings. "We lived in a spot where, I would almost say, not even birds would pay a visit." School was one of Marit's first encounters with society outside the home. "Imagine that it's possible! I started school without understanding what the teacher talked about. I know I read because I had learned to spell. So I did put the letters together, but I didn't know what I was reading! . . . No, I didn't know what I was reading. *Now* I can read."

Marit and the other children were not allowed to speak the Sami language at school. "The teacher said, 'You have to speak Norwegian.' Of course, we should have spoken Norwegian, but none of us understood

. . . If it was *today,* I would have told her, . . . but, of course, I didn't say anything. Who could I tell?"

Marit relates how the children were treated differently at school. She discusses the teacher's preferential treatment of two Norwegian brothers in her class. There were those who were not treated so well. "There were differences. None of us were wealthy, but I remember one boy who came from particularly poor conditions. I can't understand why they treated him like that . . . He was put down. But when he grew up he attended schools, and he became a writer. Now he's dead."

Marit had severe asthma as a child. She spent a great deal of her childhood ill with asthma and people would say that she was a bashful child. She says:

> *I never was bashful among people speaking Sami, but I didn't speak Norwegian back then. I didn't know enough Norwegian to participate in talking. . . . I didn't know Norwegian back then. Nowadays, some Norwegians say, "We remember, you used to be here — you spoke Norwegian well." Yes, a little . . . I guess I planned for hours the things I said. That's how it was. But they should discuss with me now — because now I can talk! I'm not bashful now!*

Marit dismisses the idea that the asthma robbed her of her youth:

> *A lot of people have said to me, "You had no youth." Youth? What do they mean by that? I had a youth like everybody else! While I was sick, the other youths visited. Back then, people visited! And when we went skiing, we all were together. If I was short of breath, the others waited for me. Yes, they did.*

Throughout her adult life as well, Marit has been ill with asthma.

Marit is direct and candid when speaking of her Sami heritage. She says, "We are Sami! I just think: I am a Sami. I am not at all a Norwegian. And everywhere I go I say, 'I am from here, and I am a Sami!'" She associates being a Sami with being active.

> *I think it has been nice to be a Sami. When we were kids, we had to work outdoors with our parents. We didn't sit inside watching television and then have to exercise at the gym. Nowadays, people have to exercise because they're only sitting. We had to row. Row! Nowadays, people row at the gym. They do! That's the difference, if I may say so, in being a Sami.*

In Marit's story, her *healthy self* is at stake, but the stakes are lowered by the manner in which she tells her story. In Marit's story, as in Laila's, health is associated with participation. To Marit, the Sami language is essential for her participation. She denies that she was a bashful child

while among Sami and able to participate in her mother tongue. Furthermore, her severe asthma was not a problem in that it did not prevent her from socializing with the other children. The other children made it possible for her to participate by visiting her when she was sick and adjusting the speed of their skiing when she was short of breath. The stakes for her healthy self are lowered through the community with other Sami-speaking people.

As in Inga's and Laila's life stories, colonial history is evident in Marit's story, particularly in her narrations about residential school life. Similar to the two other women, Marit presents a narrative of resistance. She resists being ill and bashful, and it is her Sami heritage that is key to a healthy, participatory self. In Marit's story, her Sami heritage allowed her to engage in healthy activities such as rowing. She gains the upper hand by ridiculing people who go to the gym to row; she says that this is the difference between Sami and Norwegians.

Marit is proud to be a Sami; she states that she is "not at all a Norwegian." The history of assimilation is nevertheless present in the way she narrates her life. Statements like "*Now* I can read," "If it had been *today* I would have told her," and "they should discuss with me *now* — because *now* I can talk! I'm not bashful now!" suggest that the capacity to resist is at least partly contingent upon her mastery of the Norwegian language.

Discussion and Implications

Life stories, such as the three stories presented above, are a source of insight into health experiences. The stories could be read through the lens of van Hooft's (1997) notion of health as an experience and a condition of subjectivity. Through such a reading, one could identify elements of all four dimensions of health: the material dimension expressed in Marit's shortness of breath and Laila's physical handicap; the pragmatic dimension expressed in rowing, sewing, and cooking; the conative dimension expressed in Laila's desire to be in the midst of the crowd; and the integrative dimension expressed in the structure and coherence of the stories. Van Hooft's notion of health is useful because it promotes a broad understanding of health that does not focus only on the absence of disease. If we focus exclusively on health as a condition of subjectivity, the key to quality care lies in the relationship between patients and health-care providers, which has been referred to as "micro-ethics" (Mishler, 2004, p. 98). From such a perspective, the call for cultural sensitivity and culturally congruent care, understood as "culturally based care knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully fit the cultural values, beliefs, and lifeways

of clients" (Leininger & McFarland, 2006, p. 15), in encounters with Sami and other minority patients appears reasonable. However, if people's experiences of health are perceived as also having historical and socio-economic influences, such a "micro" perspective is too narrow. We argue that the study of people's life stories allows for an examination of their health experiences as a condition of subjectivity and as influenced by historical and socio-economic contexts. The stories are, of course, subjective accounts, but they occur "at a historical moment with its circulating discourses and power relations" (Riessman, 2008, p. 8), which are echoed in and have an impact on what can and cannot be told in the individual stories. A collective history, such as the history of assimilation and colonization, has effects at the individual level (cf. Adelson, 2005), and post-colonial theory provides a framework for understanding how present-day experiences are shaped by history (Browne et al., 2005).

The women's Sami heritage has a central place in all three stories and is closely connected to their experiences of health, not necessarily because being Sami implies that the women have certain cultural traits in common, but because being Sami in this particular historical period may have produced experiences that persons from the majority group would not have. In this sense, the legacy of colonialism is inevitably present in the women's stories. This is evident in all of their stories about residential schools and being forbidden to speak their own language. The experience of belonging to a stigmatized minority group is evident in the way that Inga, by being constantly conscious of her conduct, takes responsibility for how all Sami are perceived by the majority population. A person belonging to a non-stigmatized majority would not necessarily feel responsible for the reputation of the whole group. Herein, perhaps, lies a key to Laila's indignation with Sami claiming special rights: The special rights of some Sami representatives brand the Sami as a group of people with special needs.

Health-care providers who focus on Sami and other minority patients exclusively as minorities or cultural "others" risk ignoring the agency of their patients. From such a perspective, patients are "products" of their culture and even passive victims of the majority policy. Postcolonial theory calls attention to the impact of historical and socio-economic factors on people's lives and forestalls attempts to represent these as issues of "cultural difference." Narratives of resistance, such as those presented in this article, illustrate that people are not necessarily passive victims of the legacy of colonialism; on the contrary, they are expressions of the agency of "the oppressed." Resistance is not a passive state but an active process, as is health. The importance of considering Indigenous people as active in response to their colonial situation, rather than simply as passive victims, is described elsewhere (Adelson, 2005). According to Frank

(1995), "the truth of stories is not only what *was* experienced, but equally what *becomes* experience in the telling and its reception" (p. 23; original italics). Such stories are a means for people to take control of their own representation (Stone-Mediatore, 2003).

Through their narratives of resistance, the participants in this study become the narrators of their own stories without completely becoming the authors of their lives (Ricoeur, 1986). They cannot change the historical and social settings of their life stories, but they certainly do control the part that these settings play in their stories. As noted by Stone-Mediatore (2003), narratives of resistance can destabilize ossified truths and thereby suggest that historical life might be more complex than it appears at first glance. One example is Marit's ridiculing of Norwegians who go to the gym to row. Another is Inga's dismissing of the whiteness and cleanliness of modern maternity care. Yet another expression of resistance is Laila's indignation over special treatment for Sami people. According to Ewick and Silbey (2003), narratives of resistance reveal the tellers' consciousness of how opportunities and constraints are embedded in the taken-for-granted structures of social action. This is evident in Inga's story about her mother opposing the teacher from the South. While telling the story of her mother standing up to the teacher, Inga makes known her consciousness of the opportunities and constraints embedded in social structures. The firm "Inga is not going anywhere" reverses the power relations between the Sami woman and the teacher from the South. Likewise, Marit's story about the tormented boy who grew up to be a writer demonstrates awareness of opportunities and constraints. The present study illustrates that a narrative approach to issues with respect to health and the Sami people unveils "truths" other than those described in statistics on mortality rates and disease incidence. Health is not a passive condition but an active process. The stories of these three women indicate that being a healthy self can be an act of resistance.

In this article, we have argued for the need to combine micro and macro perspectives when grappling with issues regarding Indigenous people, health, and health services. The micro perspective focuses on the face-to-face encounters between health-care providers and Indigenous patients, while the macro perspective demands a contextualization of interpersonal encounters. The narratives of resistance discussed in this article illustrate the importance of recognizing that the legacy of colonialism is present in the lives of Sami elderly today without regarding them as passive victims. Such narratives of resistance demonstrate that envisaging Indigenous elderly solely as passive victims and ignoring their role as active agents is not only insufficient but offensive. Resistance is a resource that should be appreciated by health services both at a systemic

level — for example, through authentic partnership with Indigenous elderly in the planning and shaping of services — and in individual encounters between patients and health-care providers.

References

Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*(2), 45–61.

Ahmed, A. T., Mohammed, S. A., & Williams, D. R. (2007). Racial discrimination and health: Pathways and evidence. *Indian Journal of Medical Research, 126*(4), 318–327.

Browne, A. (2005). Discourses influencing nurses' perceptions of First Nations patients. *Canadian Journal of Nursing Research, 37*(4), 62–87.

Browne, A. J., Smye, V. L., & Varcoe, C. (2005). The relevance of postcolonial theoretical perspectives to research in Aboriginal health. *Canadian Journal of Nursing Research, 37*(4), 16–37.

Brustad, M., Pettersen, T., Melhus, M., & Lund, E. (2009). Mortality patterns in geographical areas with a high vs. low Sami population density in Arctic Norway. *Scandinavian Journal of Public Health, 37*(5), 475–480.

Dreher, M., & MacNaughton, N. (2002). Cultural competence in nursing: Foundation or fallacy? *Nursing Outlook, 50*(5), 181–186.

Eidheim, H. (1992). *Stages in the development of Sami selfhood.* Oslo: University of Oslo.

Eidheim, H. (1997). Ethno-political development among the Sami after World War II. In H. Gaski (Ed.), *Sami culture in a new era: The Norwegian Sami experience* (pp. 29–61). Karasjok, Norway: Davvi Girji.

Ewick, P., & Silbey, S. (2003). Narrating social structure: Stories of resistance to legal authority. *American Journal of Sociology, 108*(6), 1328–1372.

Frank, A. W. (1995). *The wounded storyteller: Body, illness and ethics.* Chicago: University of Chicago Press.

Frank, A. W. (2005). What is dialogical research, and why should we do it? *Qualitative Health Research, 15*(7), 964–974.

Frank, A. W. (2006). Health stories as connectors and subjectifiers. *Health, 10*(4), 421–440.

Frank, A. W. (2010). *Letting stories breathe: A socio-narratology.* Chicago: University of Chicago Press.

Frank, A. W. (2012). Practicing dialogical narrative analysis. In J. A. Holstein & J. F. Gubrium (Eds.), *Varieties of narrative analysis* (pp. 33–52). Thousand Oaks, CA: Sage.

Gaski, L. (2008). Sami identity as a discursive formation: Essentialism and ambivalence. In M. Minde (Ed.), *Indigenous peoples: Self-determination, knowledge, indigeneity* (pp. 219–236). Delft: Eburon.

Gaski, M., Melhus, M., Deraas, T., & Førde, O. H. (2011). Use of health care in the main area of Sami habitation in Norway: Catching up with national expenditure rates. *Rural and Remote Health, 11,* 1655. [Online.]

Hansen, K. L., Melhus, M., Høgmo, A., & Lund, E. (2008). Ethnic discrimination and bullying in the Sami and non-Sami populations in Norway: The Saminor Study. *International Journal of Circumpolar Health, 67*(1), 97–113.

Hansen, K. L., Melhus, M., & Lund, E. (2010). Ethnicity, self-reported health, discrimination and socio-economic status: A study of Sami and non-Sami Norwegian poulations. *International Journal of Circumpolar Health, 69*(2), 111–128.

Hansen, K. L., & Sørlie, T. (2012). Ethnic discrimination and psychological distress: A study of Sami and non-Sami populations in Norway. *Transcultural Psychiatry, 49*(1), 26–50.

Hassler, S. (2005). *The health conditions in the Sami population of Sweden, 1961–2002: Causes of death and incidences of cancer and cardiovascular diseases.* Unpublished PhD dissertation, Umeå University, Umeå, Sweden.

Hassler, S., Johansson, R., Sjölander, P., Grönberg, H., & Damber, L. (2005). Causes of death in the Sami population of Sweden, 1961–2000. *International Journal of Epidemiology, 34*(3), 623–629.

Hassler, S., Kvernmo, S., & Kozlov, A. (2008). Sami. In T. K. Young & P. Bjerregaard (Eds.), *Health transitions in Arctic populations* (pp. 148-170). Toronto: University of Toronto Press.

Joint Commission on Hospital Accreditation. (2008). *The Joint Commission 2008 requirements related to the provision of culturally and linguistically appropriate health care.* Version 2008-1. Oakbrook Terrace, IL: Author.

Kramvig, B. (2005). The silent language of ethnicity. *European Journal of Cultural Studies, 8*(1), 45–64.

Leininger, M. M., & McFarland, M. R. (2006). *Culture care diversity and universality: A worldwide nursing theory.* Sudbury, MA: Jones & Bartlett.

Like, R. C. (2011). Educating clinicians about cultural competence and disparities in health and health care. *Journal of Continuing Education in the Health Professions, 31*(3), 196–206.

Mancuso, L. (2011). A customized, integrated approach to cultural competence education. *Journal for Nurses in Staff Development, 27*(4), 170–180.

Minde, H. (2003). Assimilation of the Sami: Implementation and consequences. *Acta Borealia, 20*(2), 121–146.

Ministry of Government Administration Reform and Church Affairs. (1987). *Lov om Sametinget og andre samiske forhold* (Act of June 12, 1987, No. 56, concerning the Sameting [the Sami Parliament] and other Sami legal matters [the Sami Act] as subsequently amended, most recently by Act of April 11, 2003, No. 22.) Retrieved March 19, 2012, from http://www.ub.uio.no/ujur/ulovdata/lov-19870612-056-eng.pdf.

Ministry of Local Government and Regional Development. (2001). *St. meld. nr. 55 (2000) Om samepolitikken* (Report no. 55 [2000] to the Storting on Sami politics). Oslo: Author.

Mishler, E. G. (2004). The unjust world problem: Towards an ethics of advocacy for healthcare providers and researchers. *Communication and Medicine 1*(1), 97–104.

Mishler, E. G. (2005). Patient stories, narratives of resistance and the ethics of humane care: A la recherche du temps perdu. *Health, 9*(4), 431–451.

Nystad, T., Melhus, M., & Lund, E. (2008). Sami speakers are less satisfied with general practitioners' services. *International Journal of Circumpolar Health, 67*(1), 114–121.

Nystad, T., Utsi, E., Selmer, R., Brox, J., Melhus, M., & Lund, E. (2008). Distribution of apoB/apoA-I ratio and bood lipids in Sami, Kven and Norwegian populations: The Saminor Study. *International Journal of Circumpolar Health, 67*(1), 69–83.

Office of Minority Health. (2001). *National standards for culturally and linguistically appropriate services in health care: Executive summary.* Washington: US Department of Health and Human Serices.

Office of Minority Health. (2002). *Teaching cultural competence in health care: A review of concepts, policies and practices.* Washington: US Department of Health and Human Services.

Olsen, K. O. K. (2010). *Identities, ethnicities and borderzones: Examples from Finnmark, Northern Norway.* Stamsund: Orkana Akademisk.

Ricoeur, P. (1986). Life: A story in search of a narrator. In M. C. Doeser & J. N. Kraay (Eds.), *Facts and values: Philosophical reflections from Western and non-Western perspectives* (pp. 34–68). Dordrecht: Martinus Nijhoff.

Riessman, C. K. (2008). *Narrative methods for the human sciences.* Los Angeles: Sage.

Ring, J. M., Nyquist, J. G., & Mitchell, S. (2008). *Curriculum for culturally responsive health care: The step-by-step guide for cultural competence training.* Oxford: Radcliffe.

Romanow, R. (2002). *Building on values: The future of health care in Canada.* Saskatoon: Commission on the Future of Health Care in Canada.

Sámi Instituhtta. (2008). *Hvor mange samer er det egentlig . . . ?* (How many Sami are there really . . . ?). Retrieved April 30, 2012, from http://www.sami-statistics.info/default.asp?nc=6809&id=110.

Sørlie, T., & Nergaard, J.-I. (2005). Treatment satisfaction and recovery in Saami and Norwegian patients following psychiatric hospital treatment: A comparative study. *Transcultural Psychiatry, 42*(2), 295–316.

Spein, A. R. (2008). Substance use among young Indigenous Sami: A summary of findings from the North Norwegian Youth Study. *International Journal of Circumpolar Health, 67*(1), 122–134.

Spein, A. R., Sexton, H., & Kvernmo, S. (2004). Predictors of smoking behaviour among Indigenous Sami adolescents and non-Indigenous peers in north Norway. *Scandinavian Journal of Public Health, 32*(2), 118–129.

Statistics Norway. (2010). *Samisk statistikk 2010 Sámi statistihkka 2010* (Sami statistics 2010). Oslo: Kongsvinger, Statistisk sentralbyrå.

Stone-Mediatore, S. (2003). *Reading across borders: Storytelling and knowledges of resistance.* New York: Palgrave Macmillan.

Symon, C., & Wilson, S. J. (2009). *AMAP assessment 2009: Human health in the Arctic.* Oslo: Arctic Monitoring and Assessment Programme.

Thuen, T. (1995). *Quest for equity: Norway and the Saami challenge.* St. John's: Institute of Social and Economic Research, Memorial University of Newfoundland.

Vandenberg, H. E. R. (2010). Culture theorizing past and present: Trends and challenges. *Nursing Philosophy, 11*(4), 238–249.

van Hooft, S. (1997). Health and subjectivity. *Health, 1*(1), 23–36.

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Article 3

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Narrative gerontology

ABSTRACT

The Sami are an indigenous people living in Norway, Sweden, Finland, and Russia. Historically, national states have made strong efforts to assimilate the Sami people into the majority populations, and the Sami have experienced stigmatization and discrimination. However, after World War II, there has been a revitalization process among the Sami that was pioneered by the Sami Movement and gradually adopted in broader spheres of Norwegian society. The lifespans of the current cohort of elderly Sami unfold throughout a historical period in which contrasting public narratives about the Sami have dominated. The purpose of this study was to explore the relationship between elderly Sami's individual life stories and contrasting public narratives about the Sami. Nineteen elderly Sami individuals in Norway were interviewed. This article is a dialogical narrative analysis of the life stories of four elderly Sami. The article illuminates how individual life stories are framed and shaped by public narratives and how identifying is an ongoing process also in late life. A dialogical relationship between individual life stories and public narratives implies that individual stories have the capacity to shape and revise dominant public narratives. To do so, the number of stories that are allowed to act must be increased. A commitment in dialogic narrative research on minority elderly is to make available individual stories from the margins of the public narratives to reduce narrative silences and to prevent the reproduction of established "truths".

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Introduction

The intention of the present article is to explore how minority elderly are working their identities in the stories they tell about their lives and how their individual life stories are framed and shaped by broader historical and social contexts. The primary focus of the article is the relationship between individual life stories and public narratives, "narratives attached to cultural and institutional formations larger than the single individual, to intersubjective networks or institutions" (cf. Somers, 1994: 619).The article is based on the life stories of four elderly Sami individuals as related in the context of qualitative research interviews. In line with Phoenix, Smith, and Sparkes (2010: 2), the narratives are not perceived as "a transparent window into people's lives as they age, but rather as an on-going and constitutive part of reality". We agree with Yuval-Davis's (2006: 202) argument that identity is always in transition, "always producing itself through the combined processes of being and becoming, belonging and longing to belong", and we argue that this is indeed a lifelong process. Hence, the present article is situated within the domain of *narrative gerontology* (Kenyon, Bohlmeijer, & Randall, 2011; Kenyon, Clark, & deVries, 2001).

Background

The Sami: evolving public narratives

The Sami are an indigenous people living in Norway, Sweden, Finland, and Russia. A modest estimate of the Sami

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population is between 50,000 and 80,000 individuals (Sámi Instituhtta Nordic Sami Institute, 2008). Historically, the Sami were reindeer herders and small-scale farmers and fishers. Today, approximately 10% of the Sami in Norway are occupied in traditional ways of living (Statistics Norway, 2010), and estimates suggested that there were approximately 25,000 Sami-speaking persons in Norway in 2000 (Ministry of Local Government & Development, 2001).

The lifespans of the current cohort of elderly Sami unfold through a historical period in which contrasting public narratives about the Sami have coexisted. It is reasonable to assume that to various extents, the different public narratives are echoed in individual life stories. We presume that a Sami identity that has been contested throughout a lifespan is significant for identity and well-being in late life. In this article, we illuminate how two contrasting public narratives about the Sami are negotiated in the individual life stories of elderly Sami and how they provide possibilities and constrictions for identity work in late adulthood. For simplicity, we use the terms *the public narrative about Sami inferiority (the inferiority narrative)* and *the public narrative about Sami unity and pride (the pride narrative)*. In the following section, we provide an outline of these two public narratives.

The national states have made strong efforts to assimilate the Sami into the majority population. From the middle of the nineteenth century until World War II, "Norwegianization" was the official Norwegian minority policy (Niemi, 1997: 75). Proficiency in the Norwegian language was a criterion for buying or leasing state land until the 1940s (Ministry of Justice and Public Security, 2001). The school system was a central instrument in the assimilation policy, through both strict legal regulations of the use of the Sami languages in schools and extensive use of Norwegian teachers from southern Norway (Eriksen & Niemi, 1981; Minde, 2003). Furthermore, the residential schools were powerful arenas for the Norwegianization of Sami children (Eriksen & Niemi, 1981). The assimilation process was paralleled by individual experiences of stigmatization and discrimination (Minde, 2003). To a large extent, the assimilation policy was based on a *public narrative about Sami inferiority* in which the Sami were depicted as "a weak and dying race" that could be "elevated to a higher level" (Eriksen & Niemi, 1981: 56) only by "Norwegianization".

After World War II, there was increased national and international focus on the human and political rights of ethnic minorities, which implied new opportunities for Sami self-organizing initiatives (Eidheim, 1997). During the 1950s, a growing Sami movement initiated a process of ethnic and cultural revitalization. A Sami identity was articulated based on the "self-concept of the Sami as being a distinct people who had lived in the area before the present states came into existence" (Gaski, 2008: 220). The recodification of the Sami minority culture played an important role in the process of ethnic revitalization, for instance, by labeling the stigmatized Sami languages as the *mother tongue* (Eidheim, 1992). The establishment of general education based on Sami languages and culture was of considerable importance to the Sami movement (Eidheim, 1997). Increased educational standards among the Sami resulted in Sami people filling positions that had previously been occupied by Norwegians in health care, the media, and school systems. During the 1970s and 1980s, an aboriginalization of Sami ethno-politics and self-understanding occurred (Eidheim, 1992; Thuen, 1995). The Sami movement established contact with organizations representing indigenous people in other parts of the world, and "it became increasingly common for ordinary Sami people to view their existence and cultural survival in terms of an *indigenous people's perspective*" (Eidheim, 1997: 37). The general increase in living standards and improvements in the welfare and health care systems in Norway during the 1960s and 1970s contributed to the ethnic revitalization process. In the 1960s and 1970s, the "dialogue" between the Norwegian State and the Sami movement revealed what was perceived as a disparity between Norwegian international involvement in the rights of ethnic minorities and indigenous peoples and the lack of such rights for the Sami in Norway (Eidheim, 1997). Around 1980, this disparity became dramatically evident in "the Alta affair", in which the Norwegian state decided to dam the Alta-Kautokeino watercourse despite considerable protest from the Sami, who argued that the damming would impose a threat to the grazing areas and calving sites used by the reindeer-herding Sami. This dispute brought national and international attention to the rights of the Sami, and it produced a change in Norwegian government authorities' view of the Sami question (Selle & Strømsnes, 2010). In 1989, the Sami Act was enacted (Ministry of Government Administration Reform & Church Affairs, 1987). Its purpose was to enable the Sami people in Norway to safeguard and develop their language, culture, and way of life. The Sami Parliament was subsequently established in 1989. In 1990, the Norwegian government ratified the International Labour Organisation (ILO) Convention No. 169 (International Labour Organisation, 1989).

The Sami "'awakening', which implies that the Sami reappraise their self-image, invents a new context for unifying cultural fraternity, and, gradually, also becomes a new political power element on the Nordic stage", has been conceptualized as *the invention of a new master paradigm for Sami self-understanding* (Eidheim, 1992: 3–4). The invention of the new master paradigm transformed "central aspects of Sami history, language, folklore and life style […] into signifiers of ethnic distinction and communality" (Eidheim, 1997: 50). These processes, referred to by some as *the creation of an official Sami past* (Schanche, 1993), involved the use of symbols such as reindeer herding, traditional Sami costumes, music, handicrafts, ecological sensibility, spirituality, and, above all, the Sami languages. The dominance of symbols associated with certain aspects of Sami culture has been demonstrated in several contexts, such as Sami politics (Kramvig, 2005; Olsen, 2010; Øverland, 2003), teaching materials in public schools (Andersen, 2003), museums (Olsen, 2000), tourism (Olsen, 2010), the media (Skogerbø, 2003), and policy documents concerning Sami elderly and care services (Blix, Hamran, & Normann, 2013). We conceptualize this process as an evolving *public narrative about Sami unity and pride*, which originated in the Sami movement and certain academic circles and was gradually adopted by ordinary Sami people and society in general. This public narrative contested *the public narrative about Sami inferiority.* However, for a considerable number of Sami, especially those residing outside the *Sami core areas*, the ethnic boundaries between Sami and Norwegian were blurred (Kramvig, 2005; Olsen, 2010). The coastal Sami population was strongly affected by assimilation and stigmatization. In these

areas, fewer people speak the Sami languages, people may not possess or identify with the dominant symbolic expressions of a collective Sami cultural heritage, and people from these areas have experienced being judged as "second-rate Sami" (Eidheim, 1997: 45). In this manner, the evolving pride narrative "create preconditions for cultural insecurity, personal frustration and the generation of new categories of social winners and losers" (Eidheim, 1997: 54). The current cohort of elderly Sami has lived their lives in this area of tension between assimilation, revitalization, and ambiguity.

Literature review: research regarding culture, health care, and the minority elderly

Over the past decades, matters of culture, health, and health care have been discussed extensively in the literature (cf. Vandenberg, 2010). There seems to be wide agreement regarding the significance of "cultural competence" in interactions between health care providers and "minority patients". Theories of *culturally competent*, *culturally congruent*, and *culturally sensitive care* call for "culturally based care knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully *fit the cultural values, beliefs, and lifeways of clients*" (Leininger & McFarland, 2006: 15, italics added). Such theories have informed policy documents (e.g., Joint Commission on Hospital Accreditation, 2008; Romanow, 2002; US Department of Health and Human Services Office of Minority Health, 2001), the education of health care providers (e.g., Like, 2011; Mancuso, 2011; Ring, Nyquist, & Mitchell, 2008), and research on the minority elderly (e.g., Andrews, 2012; Heikkilä & Ekman, 2000; Heikkilä, Sarvimäki, & Ekman, 2007; Parker & Geron, 2007). It has been argued that much literature regarding how health care providers should encounter the *minority elderly* in a culturally *competent* or *congruent* manner rests on the implicit presumption that by the time individuals reach old age, they have fixed identities and solidified relationships with their "cultural backgrounds" (Blix et al., 2013). These presumptions resonate with a tendency in developmental psychology, noted by Andrews (1999), to assume that by the time people reach old age, their development has ceased. Although this idea has been contested for many years in social gerontology (e.g., Andrews, 1999; de Lange, 2011; Friedan, 1993; Ruth & Kenyon, 1996), it seems to persist as an underlying assumption in theorizing regarding the minority elderly. Among some psychologists, ethnic identity is considered as a component of the self, and the development of ethnic identity is considered to be a process that is associated with adolescence and early adulthood (Phinney, 1993; Roberts et al., 1999; Syed & Azmitia, 2010). For example, Phinney's (1993) three-stage model for ethnic identity development in adolescence depicts the development as moving through stages starting with an unexamined identity, followed by a stage of search for identity (moratorium), and ideally terminating in a stage of ethnic identity achievement characterized by "a clear, confident sense of one's own ethnicity" (Phinney, 1993: 71). A well-documented tendency is also observed in the literature of lapsing into *culturalist discourses*, in which stereotyped, popularized representations of culture are used as the primary analytical lens for understanding presumed differences between various groups of people and people's behavior is explained in terms of cultural traits (cf. Browne et al., 2009; Duffy, 2001; Gray & Thomas, 2006; Gustafson, 2005; Gustafson, 2008). Within these discourses, culture is understood as part of an identity that is common to members of a group and maintained in a continuous form because of its foundation in shared experiences (Williams, 2006: 211). We argue that both the assumption that identity work has ceased by the time people reach old age and the tendency to explain people's behavior in terms of cultural traits are inherent in much research on the minority elderly.

A considerable amount of research on minority elderly populations stresses the importance of *culturally competent* care. Burchum (2002: 14) stated that because "culture is inseparable from the person and because nursing incorporates a wholistic [sic] perspective, cultural competence has important implications for nursing practice, education, administration, and research". Knowledge of people's cultural backgrounds has been conceptualized as essential to "effective and safe nursing" (Tervo, Muller-Wille, & Nikkonen, 2003). Spira and Wall (2009: 120) emphasized the importance of cultural competencies "because they are a means to achieve an effective approach to health care for the older adults and their families". Parker and Geron (2007) stated that because "cultural issues" pervade care for aging persons, organizational cultural competence is necessary. According to Shaw (2010: 524), "After linguistic access, ethnic resemblance between minority patients and their health care providers is the most frequently cited aspect of culturally appropriate health care in the public health policy and advocacy literature". Several scholars have emphasized the value of being cared for by members of one's own ethnic group (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Ekman, Wahlin, Norberg, & Winblad, 1993; Emami, Torres, Lipson, & Ekman, 2000; Heikkilä & Ekman, 2003). Cultural congruency, "based on the residents' mother language, a shared ethnic background with the staff, and shared customs", is assumed to create "a common ground for communication and understanding", which, in turn, "enables caring relationships" and "increases the residents' well-being" (Heikkilä et al., 2007).

A considerable amount of research on Sami elderly is informed by similar ideas. Efforts are made to "find culture-specific features of the Sámi experience of well-being to use that information in the development of social and health care services" (Tervo & Nikkonen, 2010: 13). The "culture-specific features" and "the Sámi experience" seem to resonate with the public narrative about Sami unity and pride described above, which emphasizes the Sami language, and those aspects of the Sami culture that appear to differ most from the majority culture, such as traditional costumes, traditional music, handicrafts, ecological sensibility, and spirituality. The Sami "original culture" (Hanssen, 2012: 1) is assumed to influence communication and interaction with elderly Sami. The "[t]raditional Sami cultural aspects" (Hanssen, 2012: 2) that are emphasized are the Sami language, "traditional foods", the "rhythm of life", "spirituality", and "Sami singing traditions". The importance of the traditional Sami music, *yoik*, in the care of elderly Sami suffering from dementia has been emphasized elsewhere (Hanssen, 2011). Such studies could be criticized for inherently defining culture in narrow, prescriptive terms and for their basis in culturalism. A recent study demonstrates how policy documents regarding care services for Sami elderly are based on essentialist assumptions

about Sami culture (Blix et al., 2013). Such assumptions have at least two possible implications. First, a strong focus on certain cultural traits and the importance of cultural competence may result in ignorance of the needs of elderly Sami with more ambiguous or fluid identities. Second, viewing individuals as "products" of their culture may lead to the neglect of other aspects of life that are significant for identity, such as gender, religion, and class, as well as the intersection of such factors. For example, research has demonstrated that being female and being Sami are both relevant to "the art of being old" (Alèx, Hammarström, Norberg, & Lundman, 2006). Furthermore, perceiving people as "products" of culture involves the risk of ignoring their agency. It is crucial to consider indigenous people as active in response to their (post)colonial situation rather than simply considering them as passive victims (Adelson, 2005; Blix, Hamran, & Normann, 2012). In light of histories of colonization, migration, and assimilation, culturalist assumptions are insufficient to grapple with the complex issues of identity and minority elderly persons. We agree with Dreher and MacNaughton (2002: 182) that humans are indeed "culture carriers", but "most are born, live, and die having assumed only some features of their reference culture. Some members of a culture may embrace its traditional norms, others may reject them, and still others may deploy cultural values situationally".

Theoretical considerations: narrative gerontology and narrative identity

During the 1990s, the growing field of social gerontology led to increasing awareness of the relationship between socio-economic and cultural factors and personal narrative as influences on social identity in later life (Phillipson & Biggs, 1998). Narrative gerontology conceptualizes life as storied. From the stories people tell, we can learn about personal experiences of aging as well as the social nature of aging (Phoenix & Smith, 2011). Fundamental to narrative gerontology is the assumption that "life is a biographical as much as a biological phenomenon" (Randall, 1999: 12). A core assumption in narrative gerontology is that identity development does not stop at any age but continues throughout life (Bohlmeijer, Westerhof, Randall, Tromp, & Kenyon, 2011; Kenyon et al., 2001). Bohlmeijer et al. (2011) stated, with reference to Freeman, that narrative development is potentially an infinite process. People do not *have* a life story; we are *many* stories, and the stories we are do not necessarily merge into an overall coherent life story. Yet, we cannot become whatever story we want. Stories are always told in social, historical, political, cultural, and interpersonal contexts. Holstein and Gubrium (2000) described this as a *narrative interplay* between *discursive practice* and *discourse-in-practice*. *Discursive practice* is "the interactional articulation of meaning with experience" and "the artful procedures through which selves are constituted" (Holstein & Gubrium, 2000: 94). *Discourse-in-practice* is "the discursive possibilities for, and resources of, self construction at particular times and places" (Holstein & Gubrium, 2000: 94). Acknowledging that our stories are told, sustained, and transformed by public narratives is crucial in narrative gerontology. Stories are subjective accounts, but they are always told "at a historical moment with its circulating discourses and power relations" (Riessman, 2008: 8), which influence what can and cannot be told in individual stories. Hence, storytelling is both actively constructive and locally constrained (Holstein & Gubrium, 2000).

Narrative identity is a concept implemented by various scholars in different ways. The present study is informed by insights from theories conceptualized by Smith and Sparkes (2008) as *dialogical* and *storied resource perspectives*. Dialogical perspectives are inspired by the works of the Russian literary critic and philosopher Mikhail Bakhtin. According to Bakhtin (Smith & Sparkes, 2008: 20f), individuals exist through their relationships with others, and these constitutive relationships are characterized by "unfinalisedness, openendedness and indeterminacy". Frank (2010) pointed to Alasdair MacIntyre's philosophical account of narrative identity. On the one hand, narrative identity is what a person may be taken to be in the course of living out a story that runs from birth to death. On the other hand, the narrative of one's life "is a part of an interlocking set of narratives". To know the narrative of oneself, one has to see it against the background of the stories a culture makes available (Frank, 2010: 199). As human beings, we are, however, only partially conscious of these stories (Freeman, 2010). Narrative identifying is a reciprocal process of narratives making possible identities available and people identifying themselves through narratives.

Methods

Participants and recruitment

The nineteen participants in the study (eleven women and eight men) were between 68 and 96 years old and considered themselves Sami. The participants were living in two municipalities in the two northernmost counties of Norway. Both municipalities have ethnic composite populations. One municipality is part of the Sami *core area* where the Sami constitute a considerable proportion of the population. The other municipality is not considered part of the Sami core area, and the Sami are a small minority in the community.

The participants were primarily recruited in two ways: through local nursing homes and home care services, and through local senior associations. Information letters and consent forms in the Sami and Norwegian languages were distributed by managers of the local nursing homes and home care services and at meetings in the local senior associations.

Interviews

All interviews were conducted by the first author (BHB). The interviews began with the interviewer inviting the interviewee to talk about her or his life in the manner of the interviewee's choice. The interviewees varied in the manner in which they told their stories; some spoke almost continuously without solicitation, whereas others needed prompting, including more or less specific probes to help them continue with their stories. The interviews moved thematically back and forth between stories about the past, reflections on the present, and thoughts about the future. The interviews were conducted either in the homes of the interviewees or in the nursing home or assisted living facility

where they lived. The interviews lasted between 45 and 150 minutes and were digitally audio-recorded.

Ethics

The study was approved by the Regional Committee for Medical Research Ethics. Participants were limited to persons capable of giving informed consent. Participants were informed about their right to withdraw from the study without stating a reason, and they were assured confidentiality.

All of the interviews were conducted in the Norwegian language. Three of the interviewees voiced concerns about whether they would be able to express themselves satisfactorily in Norwegian. In these cases, the interviewer offered to use an interpreter, but the interviewees all chose to conduct the interviews in Norwegian. We have reflected on how interviews not conducted in the first language of some of the interviewees might have affected the material. This shortcoming might have influenced *how* the interviewees told their stories because one's first language is usually richer in detail and nuance than languages acquired later in life. The language might also have affected *what* was told. A Norwegian-speaking interviewer might be perceived as a representative of the majority society, which could contribute to distancing between the interviewer and the interviewee and could prevent the interviewees from addressing issues such as assimilation and minority experiences. Although this problem might have occurred, the interview material, which was rich with descriptions and stories concerning these issues, suggests that the language might not have had a significant impact. The interview material indicates a considerable willingness among the interviewees to share their life stories. During or after the interviews, all of the interviewees expressed appreciation for being interviewed on these matters.

Dialogical narrative analysis

The digital sound files were transcribed verbatim by the first author. Field notes were recorded and used at several stages in the research process. Following the transcription, the tapes were replayed, and the transcribed texts were re-read several times to allow the researchers to become reacquainted with the material. We worked with a single interview at a time in a process involving a purposeful search for stories. As noted by Riessman (2008), the stories in a text often do not have clear-cut borders, and the researcher participates in the creation of stories rather than "finding" them in the interviews by deciding what to present as stories. As stated by Josselson (2011: 38), "Every aspect of narrative work is interpretive, as everything implies meaning. […] We, as researchers, 'coproduce' the worlds of our research. We don't simply 'find' these worlds. Truth is primarily a matter of perspective…". Furthermore, the researchers' participation in the creation of the life stories in the present article could be described as "reconstructing the told from the telling" in which they "reconstruct an order of the told from the telling(s) [which] becomes the 'narrative' for further analysis" (Mishler, 1995: 95). Hence, the life stories presented in this article are constructed from the researchers' retellings of the interviewees' stories and quotations from the interviewees.

Choosing stories for focused attention is a crucial task in dialogical narrative analysis. In this approach, it is crucial to consider each story as a whole; methods that fragment stories serve other purposes (Frank, 2012). Choosing four life stories from a material consisting of nineteen does not imply that fifteen of the life stories in the material are left unanalyzed. Choosing stories for focused attention is, according to Frank (2012: 43), based on "practical wisdom gained through analytic experience". This judgment is based on what has been learned throughout the research process. From this perspective, the interpretation and discussion of the four stories is informed by the knowledge developed through engagement with the stories of all of the participants in the study. Furthermore, the four specific life stories discussed in the present article were not chosen because they were considered as particularly representative of the sum of the interview material, but rather because of their particular distinctness and clarity with regard to the phenomena to be explored. The four life stories were chosen because they represented diversity with respect to how contrasting public narratives are negotiated in the elderly Sami's individual life stories. Frank (2012: 50) described the possibilities and limitations of narrative analysis as follows: "Narrative analysis gives increased audibility to some stories, recasts how other stories are understood, and necessarily neglects many stories. But one analyst's neglect is another's possibility – less cause for criticism than for appreciation. The dialogue always continues".

Given the scope of the study of how Sami elderly work their identities within broader socio-historical contexts while telling their life stories, a dialogical narrative analysis, as suggested by Frank (2005, 2010, 2012), appeared to be a suitable approach. Dialogical narrative analysis "studies the mirroring between what is told in the story – the story's content – and what happens as a result of telling that story – its effects" (Frank, 2010: 71). Its purpose is not to locate themes as finalizing descriptions or statements about who the research participants are; rather, its purpose is to represent "individual struggles in all of their ambivalence and unfinalizability" (Frank, 2005: 972). Frank (2012) suggested that dialogical narrative analysis begins with questions. In particular, three of the types of questions proposed by Frank were pertinent to the analysis. Resource questions (Frank, 2012: 44) are questions about what narrative resources are available and to whom. Questions about what is at stake (Frank, 2012: 46) focus on how the storyteller holds her or his own in the act of telling the story and in the way it is told. Identity questions (Frank, 2012: 45) are related to how stories teach people who they are and how people explore who they might become by telling stories.

Four Sami life stories

In the following section, we engage with the stories of "Johan", "Anders", "Selma", and "Svein"; four elderly Sami individuals' personal narrations about their lives.

Johan: the full-blooded Sami, the real Sami

Johan was born in the 1920s as one of five siblings growing up in a municipality in the core Sami area. His father

was a reindeer owner. Both of his parents spoke Sami. His father learned to speak Norwegian by subscribing to the Saturday issue of a Norwegian newspaper, and he eventually mastered Norwegian well enough to act as an interpreter in court. Johan described a childhood of poor conditions. His family was poor, but they never had to starve:

> "There was little food from time to time, but it always turned out well because my father was on good terms with the police and the municipal administration. … My mother sewed clothes from reindeer fur and sheep fur."

Johan described the local community of his childhood as one of unity. The Sami were a majority in the community. Some Finnish families lived there, but they "merged into the Sami … into our little community". However, there were some families of Norwegian military officers in the community, and there was "an evident class distinction" between the officers' families and the rest of the community. Johan said,

> "They didn't exactly look down on us or something like that. They just didn't want to have anything to do with us."

While attending school, Johan knew almost no Norwegian.

> "It was difficult, but there were some Norwegian kids in school too, so we managed to pick up some words and in that way learn some Norwegian."

Johan was educated and ended up working in the military throughout his occupational life.

> "Even though I am a Sami … All that time, I never heard a bad word about me being a Sami. They knew. I told everybody I was Sami, that I spoke Sami."

Johan laughed at how some people, in his opinion, have made Sami identity into a question of feelings.

> "I can't figure out what it is to *feel* Sami. I put … people are people. But *feeling* Sami, I have never experienced that. All the time, I have felt like a human, nothing else."

However, he was aware of Sami identity as a problematic issue.

> "Nobody ever said anything bad to me. 'Cause I have acknowledged it all the time. I think it is fairly important to do that. I think so. We have people around here that know, but they don't even want to get into it. No! Then they stop. They stop immediately when [someone is] addressing that issue. Then they say nothing. They have no opinions on that, when we start discussing it. Don't want to speak about it. Just let them be like that!"

Johan pointed to the difference between his generation and what he called "the new generation in universities and high positions": "They have no difficulties speaking Sami no matter where they are, if they can only find someone to talk to." These were the people with whom Johan identified.

> "All my days, if I have had the opportunity, or if I saw someone speaking Sami, I have done it too. Once, on a trip to Spain, I suddenly saw someone from [home]. I went straight over to her and she started talking Sami immediately. (*laughs*) So all the Norwegians around us were gaping, wondering what language we were speaking. They asked me afterwards, 'What on earth, what language were you speaking?' I spoke Sami. They wondered if I knew Sami. Of course I know Sami, I said. I am Sami! Full-blooded. A real Sami, I said. Then they turned awkward. (*laughs a little*)"

In many respects, Johan's life story possessed many of the central idioms of the public narrative about Sami unity and pride: Sami was his mother tongue, his father was a reindeer herder, and his mother was occupied with traditional Sami handicrafts. The pride narrative was a resource for Johan's individual life story. This impression was strengthened by his use of words such as "real Sami" and "full-blooded Sami". Throughout Johan's story, his Sami identity was never at stake. His story did, however, hold potential threats to his identity and dignity. Traces of the public narrative about Sami inferiority were echoed in the way Johan emphasized how he and his family had managed in spite of their Sami heritage: his father's job as an interpreter in court and good relationships with authorities, the Norwegian officers' families who did not want to have anything to do with the Sami, and, eventually, his own career in the military although he was a Sami. In this respect, Johan's personal story negotiated contrasting public narratives about the Sami. Furthermore, others' Sami identities were at stake in Johan's story. Wordings such as "real" and "full-blooded" opened a possibility for others being "unreal". Furthermore, he ridiculed the idea of "feeling Sami". To Johan, Sami was something you are, not something you feel. To paraphrase Frank (2010), Johan was, by holding his own in the story, making it more difficult for others to hold their own by restricting what others are entitled to aspire to. In this sense, Johan's story, probably unintentionally, represented what has been conceptualized as the "dirty business of boundary maintenance" (Yuval-Davis, 2006: 204, citing John Crowley) or "the dark side of narrative imagination, which is its exclusivity" (Frank, 2010: 159). Johan's story was about *being* a Sami and *belonging* in the Sami community.

Anders: the prodigal son

Anders had lived all his life in a fiord outside the Sami core areas where the Sami were a small minority. "It's hard being a Sami in this fiord. You become very lonely being one." He was born in the 1930s outside of marriage and grew up as "an illegitimate child". Anders' stepfather, a small-scale farmer and fisherman, "was not of a nice caliber". His mother was tremendously important to Anders. She used to take him with her when she worked in the barn to protect him from his stepfather's abuse. Anders had to endure his stepfather calling him "bloody Lapp" and "Lapp child", invectives referring to his Sami background. Anders was the only "Lapp child" in the family; his stepfather was from a family of "more prominent people". Anders' mother spoke Sami, but she did not want Anders to learn the language. She used to say, "Anders, you should not … You have no use for Sami. You don't have to learn."

Anders experienced being called names such as "Lapp child" and "bastard" in the local community as well. He described his childhood local community as "a strong community", but his own family was not part of this community. Laestadianism, a conservative Christian movement, dominated the community. Having children outside of marriage was not accepted. "It was terrible. Cruel! I experienced Laestadianism at its harshest," Anders said.

Anders described his education as "poor". He soon fell "off the bandwagon" and "out of the entire system". He suggested an association between his poor education and his Sami background with statements such as, "I guess it was easier to teach the merchant's daughter than me". The teacher made Anders run errands for him instead of allowing him to participate in lessons.

Early in Anders' life, "Sami" was a label other people put on him that he himself "disliked", and it was a category in which he did not recognize himself. "When I grew up, you had to herd reindeer to be a Sami. Otherwise you weren't [a Sami]." However, later in life, Anders became interested in his Sami background. He began inquiring into the origins of his father's ancestors. Anders said that by doing so, he "attended to where he came from". Anders was passionate and ended up occupying important positions in Sami politics. "It has given me a lot. … I was in the Sami politics, and there I had pals. I really appreciated that." During the time when Anders was filling a political position, his fellow politicians threw him a birthday party with traditional Sami food. This was an excellent experience for Anders. During the interview, Anders' wife, who had been sitting quietly in the background throughout the interview, interrupted the dialogue and stated, "Today you are very proud to be a Sami. You have told me so, repeatedly." To which Anders replied, "Yes, I am. Yes, I really am."

As an adult, Anders got to know his father. They spent some years together before his father passed away. Anders developed a close relationship with his half-brothers and half-sisters. He summed up the significance of getting to know his father and half-siblings in one sentence: "You have to know who you are."

Anders' life story was in the margins of the public narrative about Sami unity and pride. Substantial parts of his story involved being left out; being the only "Lapp child" in the family, being the "bastard" in the Laestadian community, and falling off the bandwagon in school. Anders' mother, although most likely driven by the best intentions, kept him out of the Sami community by not allowing him to learn the Sami language. Up to a point in his story, Sami was an identity ascribed to Anders by others, and in his childhood he "disliked" being perceived a Sami. The public narrative about Sami inferiority is clearly echoed in these parts of Anders' personal story. Simultaneously, when referring to the difficulties he had recognizing himself in the category others ascribed to him, he was referring to the association between Saminess and reindeer herding. With his background in small-scale farming and fisheries and a Norwegian mother tongue, he appeared no different from those considered Norwegian in the community. The public narrative about Sami unity and pride was not a resource for Anders' personal narrative; his story did not possess any of its central idioms. However, there were other narrative resources available that changed his sense of possibilities. The entry into the Sami political movement and the reunion with his father and siblings were significant turning points in Anders' story. He was entitled to his Sami heritage through his welcome into the fellowship of Sami politics and his Sami family. The embrace by his "pals" was vivid in the story about the birthday party, and even more so in the story about how he got to know his father, brothers, and sisters as an adult. Anders' story, probably unintentionally, echoed a story from his more or less conscious inner library: the Christian biblical parable of the prodigal son (Luke 15: 11–31 (The Bible)). Returning after years spending his advancement, the prodigal son was embraced and kissed by his father, who even slaughtered the fattened calf for a celebratory meal. In Anders' story, the celebratory meal consisted of traditional Sami food, and the fatherly kiss was the embrace from his father and siblings. Anders' Sami identity was at stake throughout his life story. Although he "disliked" being a Sami early in his life, he reclaimed his Sami identity later in life. In light of the narrow representations of the Sami inherent in the public narrative about Sami unity and pride, the stakes on his identity were high. Claiming a Sami identity made him vulnerable to the risk of being judged as a "second-rate Sami" (cf. Eidheim, 1997). However, the stakes on Anders' *struggle of becoming* were lowered because of the narrative resources available to him.

Selma: the reluctant Sami

Selma lived in a small community outside the Sami core areas, in a fiord where the Sami were a small minority. Selma was born in the 1920s outside of marriage and grew up as an "illegitimate" child. Her mother remained unmarried, and Selma had no siblings.

> "I had no father. I was a bastard. That is what they called it back then. … Yes, that's what they called us, everyone that was born like me."

Selma told about a childhood moving around with her mother, living with relatives, surviving on what other people gave them. Selma's mother, described as "very kind", died from cancer when Selma was in her twenties.

Selma never enjoyed school. She described her teacher as a "so-and-so". She said,

> "You know, in a crowd of children, you can't be kind to everyone. … The ones coming from bad families were kept out."

She says, however, that the teacher treated her "fairly well".

After completing school, Selma obtained work as a domestic servant for a man twelve years older than herself. They began "fooling around", got married, and had six children. Selma concluded, "Yes, I ended up here."

Selma's mother spoke the Sami language, as did the relatives with whom Selma and her mother lived during her childhood. Selma herself, however, never learned to speak Sami. Selma said, "I am a Sami!" However, she also stated, "I don't feel Sami." When asked to elaborate on this, she said, "Because I don't *want* to be a Sami!" Following this statement, she non-verbally made

it clear to the interviewer that she had no intention of delving further into the issue.

The public narrative about Sami unity and pride was not a narrative resource for Selma's life story, which did not possess any of its central idioms. Selma's story was about being a Sami, but it was not about belonging: "I am a Sami" but "I don't feel Sami". It was as if her Sami heritage stuck to her regardless of what she felt. According to Yuval-Davis (2006: 202), "the emotional components of people's constructions of themselves and their identities become more central the more threatened and less secure they feel". The emotional component of Selma's story was fundamentally different from Johan's ridiculing of people "feeling Sami". Whereas Johan had never "felt Sami" because he *was* a Sami, Selma did not feel Sami because she *did not want* to be one. Selma's acceptance of the poor treatment from the teacher ("The ones coming from bad families were kept out") echoed the contemporary public narrative about Sami inferiority. However, it may also have been a reference to her mother's marital status or to the fact that she was an "illegitimate" child and a Sami. From this perspective, Selma's story was a taciturn but expressive account of "the Sami pain" (Minde, 2003; Nergård, 1994) that "may have been widespread among those who were in opposition, but probably even more deep-felt and traumatic among those who tried most eagerly to adapt to the assimilation pressure" (Minde, 2003: 141). Her reluctance to elaborate on her Sami background may have been a response to restricted narrative options (cf. Holstein & Gubrium, 2000). However, her non-verbal closure of the conversation was indeed a narrative act. According to Georgakopoulou (2006: 127), "refusals to tell or deferrals of telling are equally important in terms of how the participants orient to what is appropriate a story in a specific environment". We perceive Selma's reluctance to talk about her Sami identity both as a consequence of the internalized inferiority narrative and as a response to the constraints imposed by the pride narrative. Her story about not being a proud Sami was inappropriate in a social setting dominated by the pride narrative, and it was not appropriate to tell a researcher who was interested in "Sami life stories".

Svein: the proud father of a Sami

Svein was born in the 1930s and grew up as one of fifteen siblings in a fiord outside the Sami core area. His parents were small-scale farmers, and his father was also a fisherman. Svein described his great-grandparents as "real Sami who wore *kofte* [traditional Sami costume]". His grandparents, however, "were Sami, of course, but they never wore *kofte*". His parents spoke Sami. Svein commented, "It was natural, when neighbors were chatting, to speak Sami. But we [the children] never understood. No. We never learned Sami."

Svein related that Sami was a term of abuse when he grew up. "Bloody Sami! Mountain Lapp! It was allowed to say so, back then, with blessings from the police, teachers, and everything."

On several instances, Svein used the term "real Sami", and he associated the term with wearing a *kofte*. Svein said that he himself could never wear a *kofte*. "I couldn't imagine myself ever wearing a *kofte*." However, he was proud of his son who did wear a *kofte*.

> "Our son, he wears *kofte*. He even wears it on the 17th of May [the Norwegian National Day]. In the middle of the city [in the south of Norway]! I think it is really bold to come forth like that, 'cause that's what they do, come forth … They are entitled to. Even though some generations have passed since his forefathers wore a *kofte*."

Svein tried to explain why he himself could never wear *kofte*:

> "We, who grew up with the Norwegianization, ended up agreeing with those who denied us being Sami. 'Of course, we are no mountain Lapps!' But the young people today, you see it all the time, they say it openly and honestly: 'Yes, of course, we are Sami!' That's a little odd to us, who have been in this conflict all this time. How come they are not ashamed? *I* don't think so, but there are many who say, 'They ought to be ashamed!'"

When asked about whether he was ashamed, Svein replied that he was very proud of his son.

Svein's life was a story from the margins of the public narrative about Sami unity and pride; it lacked most of its central idioms except one, the traditional Sami clothing, *kofte*. In Svein's story, *kofte* was a central actor, a narrative resource, placing him between ancestors and descendants who wore it, although he could not imagine wearing it himself. In his personal story, Svein negotiated contrasting public narratives about the Sami. The statement about how he and others who "grew up with the Norwegianization ended up agreeing with those who denied us being Sami" echoed the inferiority narrative at the same time that it was actively contrasted by the reference to the young people today who "say it openly and honestly: 'Yes, of course, we are Sami!'". As noted by Yuval-Davis (2006: 202), "identity narratives can shift and change, be contested and multiple". Svein's Sami identity was at stake throughout his life story. Although renouncing his Sami heritage early in life, he reclaimed it later. However, the stakes were high. Like Anders, Svein risked being judged as a "second-rate Sami" because he did not fit into the narrow representations of the Sami in the pride narrative. In that respect, the ancestors and descendants wearing *kofte* were a narrative resource in Svein's *struggle of becoming*.

Discussion

The four life stories presented in this article demonstrate to the fullest the basic assumption of narrative gerontology that identifying is an ongoing process that continues throughout life. Furthermore, the stories demonstrate how individual life stories are framed and shaped by dominant public narratives. Moreover, the four elderly Sami's individual struggles of being and becoming demonstrate the insufficiency of assumptions pervading the literature on culturally competent care of the minority elderly, and about people having fixed identities and resolved relationships with their cultural heritage by the time they reach old age. We are concerned that the strong focus on cultural competence can overshadow the individual struggles

of being and becoming of minority elderly with ambiguous and fluid identities.

Public narratives are parts of the *discourse-in-practice* that provide possibilities and resources for the *discursive practice* of self constitution (cf. Holstein & Gubrium, 2000). The life stories of minority elderly are particularly interesting as sources of insight to the narrative interplay between *discursive practice* and *discourse-in-practice* because the life-spans of the elderly unfold over lengthy historical periods, with shifting and contrasting public narratives that to various extents are reflected in these people's personal life stories. According to Frank (2012: 45), “Stories provide an imaginative space in which people can claim identities, reject identities, and experiment with identities”. The four life stories presented in this article demonstrate the limitations inherent in the imaginative space of stories. Dominant public narratives can impose such limitations on individual life stories. While telling their individual stories, the Sami elderly actively engaged with contrasting public narratives about the Sami by situating themselves at the center of these narratives, working their way into them, or fighting them.

Crucial to telling one's life story is what Freeman (2010) has conceptualized as hindsight: “the process of looking back over the terrain of the past from the standpoint of the present and either seeing things anew or drawing ‘connections’ […] that could not possibly be drawn during the course of ongoing moments but only in retrospect” (Freeman, 2010: 4). The four life stories presented in this article vary in respect to how hindsight is practiced. Anders and Svein were both quite explicit about how they personally had internalized the inferiority narrative. Johan's life story also echoed the inferiority narrative, although he claimed that he had opposed it all his life. Freeman has referred to the process of becoming aware of the stories one has internalized as *demystification* (Freeman, 2010: 139). According to Freeman, making the narrative unconscious conscious is also a process of *reconstruction* or refashioning of the past (Freeman, 2010: 140). The process of demystification and reconstruction of the inferiority narrative, particularly evident in Anders' and Svein's personal stories, was essential to their struggles to enter the pride narrative. However, the very existence of the pride narrative made this process possible. The dominant public narrative about the Sami in the present made it possible for Anders and Svein, late in life, to see earlier phases in their lives anew and to draw connections that they could not have drawn earlier in life, while other public narratives were dominating. This illustrates the point made by Holstein and Gubrium (2000: 116) that “[n]ew narrative resources develop and are reflexively employed both to story selves and to revise expectations about the acceptability of accounts”. In this respect, Selma's life story differed markedly from the other stories. Her story was strongly framed and shaped by the inferiority narrative, and she never actively challenged it. Her story was characterized by an acceptance of things the way they were; acceptance of being called “bastard” (“That's what they called us”), of the poor treatment from the teacher (“You can't be kind to everyone”), and of marrying the man to whom she was a domestic servant (“Yes, I ended up here”). Selma's story can be perceived as an expression of *narrative foreclosure* (Bohlmeijer et al., 2011; Freeman, 2010), “the conviction that no new experiences, interpretations, and commitments are possible that can substantially change one's life-story and the meaning of one's life as it is told now” (Bohlmeijer et al., 2011: 367). Freeman (2010) stated that the expectations about how to live and who to be, our possibilities and limits, imposed on us by history and culture can be paralyzing, especially when unacknowledged. It might seem that the stronghold of the inferiority narrative had such an impact on Selma's life story. Consequently, she did not oppose the inferiority narrative by actively negotiating the pride narrative in her personal story.

The life stories presented in this article demonstrate what has been referred to as *the poetics of aging* (Randall & McKim, 2004, 2008). The Greek verb *poiein* means to make or create, and speaking of the poetics of aging enables a focus on the active quality of *growing old* as a *process of becoming*. According to Randall and McKim (2004), narrative imagination is crucial to the poetics of aging. Narrative imagination involves the process of transforming “the stuff of our lives into the stories of our lives” (Randall & McKim, 2004: 241). This process works both retrospectively toward the past and prospectively toward the future. We make sense of our past in light of our expectations for the future, and our anticipations for the future influence our reflections on past experiences. Furthermore, our orientations toward the past and the future are affected by and affect our perceptions of the present. This “curious backward-forward process” (Randall & McKim, 2004: 242) is vivid in the four stories discussed in this article. References to the past, for example, Johan's reindeer-herding parents, Anders' Sami father, and Svein's ancestors who wore *kofte* and spoke the Sami language, are resources for the three men's constitution of Sami identities in the present. Simultaneously, references to the future, represented by “the new generations in universities and high positions”, the son wearing *kofte*, and “the young people today [who say they are Sami] openly and honestly”, open new possibilities for making sense of the past. Furthermore, we have demonstrated that the public narrative about the Sami dominating in the present provides possibilities and limitations to the poetics of aging as a Sami.

“Stories revise people's sense of self, and they situate people in groups” (Frank, 2012: 33). We would like to add that stories also situate people outside of groups. In this article, we have focused on the dialogic relationship between individual life stories and public narratives. We are aware that culture makes available an immense body of stories, framing and shaping individual life stories. Public narratives about the Sami are only a few of many circulating narratives. However, not all circulating stories have the capacity of dominant public narratives to frame such a wide range of social phenomena. The inferiority narrative, to a large extent, framed the Norwegian assimilation policy and individual experiences of stigmatization and discrimination. Furthermore, the public narrative about Sami unity and pride has the capacity to provide the framework for research, politics, teaching materials, tourism, the media, and policy documents regarding the Sami. As noted by Loseke, public narratives “are useful precisely because they simplify the complex world [but] the same simplicity and clarity makes such formula stories of less than obvious use as individual sensemaking resources” (Loseke, 2007: 674). Holstein and Gubrium (2000: 105) stress that although membership in groups shapes

storytelling by providing resources for self-narration, it is important "not to essentialize the narratives that result from them". In the life stories discussed in the present article, the four storytellers' Sami heritages provided different resources for their narrations about themselves. The storytellers' Sami heritage was significant, not because it implied that they necessarily had certain cultural traits in common, but rather because of the impact the shifting public narratives about the Sami had on their narrative identity work in late adulthood.

Implications

Insights gathered from this study have relevance beyond the population of the Sami elderly. Other populations of minority or marginalized elderly have experienced changing or competing public narratives about their "peoples" or "groups" throughout their lifespans, for example, the Aboriginal population in Australia (Johnson, 2005; Ryymin & Nyyssönen, 2012), the First Nations populations in North America (Johnson, 2005; Ryymin & Nyyssönen, 2012), and the Maori population in New Zealand (Allen, 2002), as well as non-ethnic minorities such as gay, lesbian, and bisexual elderly (Rosenfeld, 1999). The study of the life stories of the elderly in various marginalized groups is a fruitful approach to gain insight to the narrative interplay between public narratives and individual stories because the life stories of the elderly unfold throughout lengthy historical periods with shifting and contrasting public narratives. As stated by Rosenfeld (1999: 122), "Elderly members of stigmatized groups in particular have witnessed – and been implicated in – a number of reformulations of their stigma and their subcultures, and thus have access to an especially complex set of ideological resources through which to construct their identities".

A dialogical relationship between individual stories and public narratives implies that individual stories have the capacity to shape and revise dominant public narratives. The best way to facilitate this *narrative elasticity* (Holstein & Gubrium, 2000) is by allowing more stories to act (Frank, 2010). However, Frank (2010: 55) cautioned that "stories not readily locatable in the listener's inner library will be off the radar of comprehension, disregarded as noise". Our commitment in dialogic narrative research on the minority elderly is to make available individual stories other than those represented in the research literature based on essentialist assumptions and focused on cultural traits. As researchers, we must be aware of how public narratives affect our own research and how they have the capacity to steer our attention away from individual stories from the margins of the public narratives. To reduce narrative silences (Somers, 1994) and to avoid merely reproducing established "truths", we must dare to listen to the ambiguous and unfinalized stories of the elderly about longing and struggles of becoming.

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References

Adelson, N. (2005). The embodyment of inequity. Health disparities in aboriginal Canada. *Canadian Journal of Public Health*, *96*(2), 45–61.
Alèx, L., Hammarström, A., Norberg, A., & Lundman, B. (2006). Balancing within various discourses—The art of being old and living as a Sami woman. *Health Care for Women International*, *27*(10), 873–892.
Allen, C. (2002). *Blood narrative: Indigenous identity in American Indian and Maori literary and activist texts.* Durham, N.C.: Duke University Press.
Andersen, S. (2003). Samisk tilhørighet i kyst- og fjordområder [Sami belonging in coastal and fiord areas]. In B. Bjerkli, & P. Selle (Eds.), *Samer, makt og demokrati. Sametinget og den nye samiske offentligheten* (pp. 246–264). Oslo: Gyldendal Akademisk.
Andrews, M. (1999). The seductiveness of agelessness. *Ageing and Society*, *19*, 301–318.
Andrews, R. A. (2012). Ango-Indian residential care homes: Accounts from Kolkata and Melbourne. *Journal of Cross-Cultural Gerontology*, *27*(1), 79–100.
Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O., II (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, *118*(4), 293–302.
Blix, B. H., Hamran, T., & Normann, H. K. (2012). Indigenous life stories as narratives of health and resistance: A dialogical narrative analysis. *CJNR*, *44*(2), 64–85.
Blix, B. H., Hamran, T., & Normann, H. K. (2013). "The Old Sami"—Who is he and how should he be cared for? A discourse analysis of Norwegian policy documents regarding care services for elderly Sami. *Acta Borealia*. http://dx.doi.org/10.1080/08003831.2013.769323 (Available at http://www.tandfonline.com/eprint/SZQ4qn5NrCYJgQttJp8U/full (accessed 2013-04-01)).
Bohlmeijer, E. T., Westerhof, G. J., Randall, W., Tromp, T., & Kenyon, G. (2011). Narrative foreclosure in later life: Preliminary considerations for a new sensitizing concept. *Journal of Aging Studies*, *25*(4), 364–370.
Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy*, *10*(3), 167–179.
Burchum, J. L. R. (2002). Cultural competence: An evolutionary perspective. *Nursing Forum*, *37*(4), 5–15.
de Lange, F. (2011). Inventing yourself: How older adults deal with the pressure of late-modern identity construction. In G. Kenyon, E. Bohlmeijer, & W. L. Randall (Eds.), *Storying later life. Issues, investigations, and interventions in narrative gerontology* (pp. 51–65). New York: Oxford University Press.
Dreher, M., & MacNaughton, N. (2002). Cultural competence in nursing: Foundation or fallacy? *Nursing Outlook*, *50*(5), 181–186.
Duffy, M. E. (2001). A critique of cultural education in nursing. *Journal of Advanced Nursing*, *36*(4), 487–495.
Eidheim, H. (1992). *Stages in the development of Sami selfhood.* Oslo: Universitetet i Oslo.
Eidheim, H. (1997). Ethno-political development among the Sami after World War II. In H. Gaski (Ed.), *Sami Culture in a new era. The Norwegian Sami experience* (pp. 29–61). Kárásjohka/Karasjok: Davvi Girji OS.
Ekman, S. -L., Wahlin, T. -B. R., Norberg, A., & Winblad, B. (1993). Relationship between bilingual demented immigrants and bilingual/monolingual caregivers. *International Journal of Aging & Human Development*, *37*(1), 37–54.
Emami, A., Torres, S., Lipson, J. G., & Ekman, S. -L. (2000). An ethnographic study of a day care center for Iranian immigrant seniors. *Western Journal of Nursing Research*, *22*(2), 169–188.
Eriksen, K. E., & Niemi, E. (1981). *Den finske fare: sikkerhetsproblemer og minoritetspolitikk i nord 1860–1940 [The Finnish menace: security problems and minority poltitics in the North 1860–1940].* Oslo: Universitetsforlaget.
Frank, A. W. (2005). What is dialogical research, and why should we do it? *Qualitative Health Research*, *15*(7), 964–974.
Frank, A. W. (2010). *Letting stories breathe. A socio-narratology.* Chicago: University of Chicago press.
Frank, A. W. (2012). Practicing dialogical narrative analysis. In J. A. Holstein, & J. F. Gubrium (Eds.), *Varieties of narrative analysis* (pp. 33–52). Thousand Oaks, CA: SAGE Publications Inc.
Freeman, M. (2010). *Hindsight. The promise and peril of looking backward.* Oxford: Oxford University Press.
Friedan, B. (1993). *The fountain of age.* New York: Simon & Schuster.
Gaski, L. (2008). Sami identity as a discursive formation: Essentialism and ambivalence. In H. Minde (Ed.), *Indigenous peoples: Self-determination,*

knowledge, indigeneity (pp. 219–236). Delft, The Netherlands: Eburon Academic Publishers.
Georgakopoulou, A. (2006). Thinking big with small stories in narrative and identity analysis. *Narrative Inquiry*, *16*(1), 122–130.
Gray, D. P., & Thomas, D. J. (2006). Critical reflections on culture in nursing. *Journal of Cultural Diversity*, *13*(2), 76–82.
Gustafson, D. L. (2005). Transcultural nursing theory from a critical cultural perspective. *Advances in Nursing Science*, *28*(1), 2–16.
Gustafson, D. L. (2008). Are sensitivity and tolerance enough? Comparing two theoretical approaches to caring for newcomer women with mental health problems. In S. Guruge, & E. Collins (Eds.), *Working with immigrant women: Issues and strategies for mental health professionals* (pp. 29–63). Toronto: Canadian Center for Addictions and Mental Health.
Hanssen, I. (November 27). A song of identity: Yoik as example of the importance of symbolic cultural expression in intercultural communication/health care. *Journal of Intercultural Communication* (Available at http://immi.se/intercultural/ (accessed 2012-12-01)).
Hanssen, I. (2012). The influence of cultural background in intercultural dementia care: Exemplified by Sami patients. Available at. *Scandinavian Journal of Caring Sciences*, *1–7* (http://onlinelibrary.wiley.com/doi/10.1111/j.1471-6712.2012.01021.x/abstract (accessed 2012-12-01)).
Heikkilä, K., & Ekman, S. -L. (2000). Health care experiences and beliefs of elderly Finnish immigrants in Sweden. *Journal of Transcultural Nursing*, *11*(4), 281–289.
Heikkilä, K., & Ekman, S. -L. (2003). Elderly care for ethnic minorities—Wishes and expectations among elderly Finns in Sweden. *Ethnicity and Health*, *8*, 135–146.
Heikkilä, K., Sarvimäki, A., & Ekman, S. -L. (2007). Culturally congruent care for older people: Finnish care in Sweden. *Scandinavian Journal of Caring Sciences*, *21*(3), 354–361.
Holstein, J. A., & Gubrium, J. F. (2000). *The self we live by: Narrative identity in a postmodern world.* New York: Oxford University Press.
International Labour Organisation (1989). *C169 indigenous and tribal peoples convention concerning indigenous and tribal peoples in independent countries.* (Geneva).
Johnson, C. (2005). Narratives of identity: Denying empathy in conservative discourses on race, class, and sexuality. *Theory and Society*, *34*(1), 37–61.
Joint Commission on Hospital Accreditation (2008). The Joint Commission 2008 requirements related to the provision of culturally and linguistically appropriate health care. Available at. http://www.jointcommission.org (accessed 2012-03-19).
Josselson, R. (2011). "Bet you think this song is about you": Whose narrative is it in narrative research? *Narrative Works: Issues, Investigations, & Interventions*, *1*(1), 33–51.
Kenyon, G., Bohlmeijer, E., & Randall, W. L. (Eds.). (2011). *Storying later life. Issues, investigations, and interventions in narrative gerontology*. New York: Oxford University Press.
Kenyon, G. M., Clark, P., & deVries, B. (Eds.). (2001). *Narrative gerontology: Theory, research, and practice*. New York: Springer.
Kramvig, B. (2005). The silent language of ethnicity. *European Journal of Cultural Studies*, *8*(1), 45–64.
Leininger, M. M., & McFarland, M. R. (2006). *Culture care diversity and universality: A worldwide nursing theory.* Sudbury, Mass.: Jones and Bartlett.
Like, R. C. (2011). Educating clinicians about cultural competence and disparities in health and health care. *Journal of Continuing Education in the Health Professions*, *31*(3), 196–206.
Loseke, D. R. (2007). The study of identity as cultural, institutional, organizational, and personal narratives: Theoretical and empirical integrations. *The Sociological Quarterly*, *48*, 661–688.
Mancuso, L. (2011). A customized, integrated approach to cultural competence education. *Journal for Nurses in Staff Development*, *27*(4), 170–180.
Minde, H. (2003). Assimilation of the Sami–Implementation and consequences. *Acta Borealia*, *20*(2), 121–146.
Ministry of Government Administration Reform, & Church Affairs (1987). *Lov om Sametinget og andre samiske forhold [Act of 12 June 1987 No. 56 concerning the Sameting (the Sami parliament) and other Sami legal matters (the Sami Act) as subsequently amended, most recently by Act of 11 April 2003 No. 22.].* (English text available at http://www.ub.uio.no/ujur/ulovdata/lov-19870612-056-eng.pdf (accessed 2012-03-19)).
Ministry of Justice and Public Security (2001). Norges Offentlige Utredninger 2001: 34 Samiske sedvaner og rettsoppfatninger—bakgrunnsmateriale for Samerettsutvalget [Norwegian Official Report 2001: 34 Sami customs and sense of justice—Background material for Samerettsutvalget]. Available at. http://www.regjeringen.no/en/dep/jd/documents-and-publications/nouer/2001/nou-2001-34.html?id=379485 (accessed 2013-01-22).
Ministry of Local Government, & Development, Regional (2001). *St. meld. nr. 55 (2000) Om samepolitikken [Report no. 55 (2000) to the Storting. On Sami politics].* (Available at http://www.regjeringen.no/nb/dep/ad/dok/regpubl/stmeld/20002001/stmeld-nr-55-2000-2001-.html?id=195308 (accessed 2013-01-22)).
Mishler, E. G. (1995). Models of narrative analysis: A typology. *Journal of Narrative and Life History*, *5*(2), 87–123.
Nergård, J. -I. (1994). *Det skjulte Nord-Norge [The hidden North Norway].* Oslo: Ad notam Gyldendal.
Niemi, E. (1997). Sami history and the frontier myth: A perspective on northern Sami spatial and rights history. In H. Gaski (Ed.), *Sami culture in a new era. The Norwegian Sami experience* (pp. 62–85). Kárásjohka/Karasjok: Davvi Girji OS.
Olsen, B. (2000). Bilder fra fortida? Representasjoner av samisk kultur i samiske museer [Images from the past? Representations of Sami culture in Sami museums]. *Nordisk Museologi*(2), 13–30.
Olsen, K. O. K. (2010). *Identities, ethnicities and borderzones: Examples from Finnmark, Northern Norway*. Stamsund: Orkana Akademisk.
Øverland, I. (2003). Regjering av liminaritet: Urfolk, minoriteter og innvandrere [Governing liminarity: Indigenous peoples, minorities and immigrants]. In I. B. Neumann, & O. J. Sending (Eds.), *Regjering i Norge* (pp. 194–211). Oslo: Pax Forlag A/S.
Parker, V. A., & Geron, S. M. (2007). Cultural competence in nursing homes. *Gerontology & Geriatrics Education*, *28*(2), 37–54.
Phillipson, C., & Biggs, S. (1998). Modernity and identity: Themes and perspectives in the study of older adults. *Journal of Aging and Identity*, *3*(1), 11–23.
Phinney, J. S. (1993). A three stage model of ethnic identity development in adolescence. In M. E. Bernal, & G. P. Knight (Eds.), *Ethnic identity. Formation and transmission among hispanics and other minorities* (pp. 61–79). New York: State University of New York Press.
Phoenix, C., & Smith, B. (2011). Telling a (good?) counterstory of aging: Natural bodybuilding meets the narrative of decline. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, *66*(5), 628–639.
Phoenix, C., Smith, B., & Sparkes, A. C. (2010). Narrative analysis in aging studies: A typology for consideration. *Journal of Aging Studies*, *24*(1), 1–11.
Randall, W. L. (1999). Narrative intelligence and the novelty of our lives. *Journal of Aging Studies*, *13*(1), 11–28.
Randall, W. L., & McKim, A. E. (2004). Toward a poetics of aging: The links between literature and life. *Narrative Inquiry*, *14*(2), 235–260.
Randall, W. L., & McKim, A. E. (2008). *Reading our lives: The poetics of growing old.* Oxford: Oxford University Press.
Riessman, C. K. (2008). *Narrative methods for the human sciences.* Los Angeles: Sage Publications.
Ring, J. M., Nyquist, J. G., & Mitchell, S. (2008). *Curriculum for culturally responsive health care: The step-by-step guide for cultural competence training.* Oxford, England / New York, NY: Radcliffe.
Roberts, R. E., Phinney, J. S., Masse, L. C., Chen, Y. R., Roberts, C. R., & Romero, A. (1999). The structure of ethnic identity of young adolescents from diverse ethnocultural groups. *The Journal of Early Adolescence*, *19*(3), 301–322.
Romanow, R. (2002). *Commission on the future of health care in Canada.* Building on values: The future of health care in Canada. Saskatoon, Canada: Commision on the Future of Health Care in Canada.
Rosenfeld, D. (1999). Identity work among lesbian and gay elderly. *Journal of Aging Studies*, *13*(2), 121–144.
Ruth, J. -E., & Kenyon, G. (1996). Biography in adult development and aging. In J. E. Birren, G. M. Kenyon, J. -E. Ruth, J. J. F. Schroots, & T. Svensson (Eds.), *Aging and biography. Explorations in adult development* (pp. 1–20). New York: Springer Publishing Company.
Ryymin, T., & Nyyssönen, J. (2012). Fortellinger i nordnorsk minoritetshistorie [Stories in North-Norwegian minority history]. *Historisk Tidsskrift*, *91*(4), 541–568.
Sámi Instituhtta Nordic Sami Institute (2008). *Hvor mange samer er det egentlig…? [How many Sami are there really…?]* (Available at http://www.sami-statistics.info/default.asp?nc=6809&id=110 (accessed 2011-04-30)).
Schanche, A. (1993). Kulturminner, identitet og etnisitet [Cultural monuments, identity, and ethnicity]. *Dugnad*, *19*(4), 55–64.
Selle, P., & Strømsnes, K. (2010). Sámi citizenship: Marginalisation or integration? *Acta Borealia*, *27*(1), 66–90.
Shaw, S. J. (2010). The logic of identity and resemblance in culturally appropriate health care. *Health (London, England)*, *14*(5), 523–544.
Skogerbø, E. (2003). Mediene og det samiske samfunnet: Stereotypier og identitetskonflikter [The Media and the Sami society: Stereotypes and identity conflicts]. In B. Bjerkli, & P. Selle (Eds.), *Samer, makt og demokrati. Sametinget og den nye samiske offentligheten* (pp. 361–397). Oslo: Gyldendal Akademisk.
Smith, B., & Sparkes, A. C. (2008). Contrasting perspectives on narrating selves and identities: An invitation to dialogue. *Qualitative Research*, *8*(1), 5–35.
Somers, M. R. (1994). The narrative constitution of identity: A relational and network approach. *Theory and Society*, *23*(5), 605–649.
Spira, M., & Wall, J. (2009). Cultural and intergenerational narratives: Understanding responses to elderly family members in declining health. *Journal of Gerontological Social Work*, *52*(2), 105–123.

Statistics Norway (2010). *Samisk statistikk 2010 Sámi statistihkka 2010 [Sami Statistics 2010].* Oslo Kongsvinger: Statistisk sentralbyrå [Statistics Norway].
Syed, M., & Azmitia, M. (2010). Narrative and ethnic identity exploration: A longitudinal account of emerging adults' ethnicity-related experiences. *Developmental Psychology*, *46*(1), 208–219.
Tervo, H., Muller-Wille, L., & Nikkonen, M. (2003). Health culture within the context of the northern environment. *International Journal of Circumpolar Health*, *62*(2), 167–181.
Tervo, H., & Nikkonen, M. (2010). "In the mountains one feels like a dog off the leash"—Sámi perceptions of welfare and its influencing factors. *Vård i Norden*, *30*(4), 9–14.
The Bible https://www.bible.com/.
Thuen, T. (1995). *Quest for equity: Norway and the Saami challenge.* St. John's, Institute of Social and Economic Research, Memorial University of Newfoundland.
US Department of Health and Human Services Office of Minority Health (2001). *National standards for culturally and linguistically appropriate services in health care.* Executive summary (Washington, D.C.).
Vandenberg, H. E. R. (2010). Culture theorizing past and present: Trends and challenges. *Nursing Philosophy*, *11*(4), 238–249.
Williams, C. C. (2006). The epistemology of cultural competence. *Families in Society*, *87*(2), 209–220.
Yuval-Davis, N. (2006). Belonging and the politics of belonging. *Patterns of Prejudice*, *40*(3), 197–214.

Appendix 1

Approval Regional Committee for Medical and Health Research Ethics

Fra: Regional komite for medisinsk og helsefaglig forskningsetikk REK nord

Til:
Bodil Hansen Blix
bodil.hansen.blix@uit.no

Dokumentreferanse: 2009/154-13
Dokumentdato: 28.08.2009

SAMISKE LIVSFORTELLINGER. ERFARINGER MED ALDERDOM, HELSE OG SYKDOM
SAMISKE LIVSFORTELLINGER. ERFARINGER MED ALDERDOM, HELSE OG SYKDOM

Vi viser til prosjektleders tilbakemelding av 18.08.2009 med vedlegg.

Etter fullmakt er det fattet slikt

Vedtak:
Prosjektet godkjennes.

Det forutsettes at prosjektet er godkjent av andre aktuelle instanser før det settes i gang. Prosjektet må forelegges komiteen på nytt, dersom det under gjennomføringenskjer komplikasjoner eller endringer i de forutsetninger komiteen har basert sin avgjørelse på.Komiteen ber om å få melding dersom prosjektet ikke blir sluttført.

Vedtaket kan påklages av en part eller annen med rettslig klageinteresse i saken jf. fvl. §28. Klagefristen er tre uker fra det tidspunkt underretning om vedtaket er kommet fram til vedkommende part, jf. fvl. § 29. Klageinstans er Den nasjonale forskningsetiske komité for medisin og helsefag, men en eventuell klage skal rettes til Regional komité for medisinsk og helsefaglig forskningsetikk, Nord Norge.

Vennlig hilsen

May Britt Rossvoll
Sekretariatsleder

Monika Rydland Gaare
Førstekonsulent

Appendix 2

Approval of project changes Regional Committee for Medical and Health Research Ethics

REK
REGIONALE KOMITEER FOR MEDISINSK OG HELSEFAGLIG FORSKNINGSETIKK

Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK nord	Monika Rydland Gaare	77620756	05.10.2012	2009/154/REK nord
			Deres dato:	**Deres referanse:**
			04.10.2012	

Vår referanse må oppgis ved alle henvendelser

Bodil Hansen Blix

Institutt for helse og omsorgsfag,
Universitetet i Tromsø

2009/154 Samiske livsfortellinger. Erfaringer med alderdom, helse og sykdom

Forskningsansvarlig: Universitetet i Tromsø
Prosjektleder: Bodil Hansen Blix

Vi viser til søknad om prosjektendring av 04.10.2012 for overnevnte forskningsprosjekt.

Endringen omfatter forlengelse av prosjektperioden frem til 31.12.2013 og melding om at delstudie 2 ikke vil bli gjennomført.

Etter fullmakt er det fattet slikt

Vedtak
Med hjemmel i helseforskningsloven § 10 og forskningsetikkloven § 4 godkjennes prosjektet slik det nå foreligger.

Endringen godkjennes under forutsetning av at prosjektet gjennomføres slik det er beskrevet i søknaden, endringssøknaden, oppdatert protokoll og de bestemmelser som følger av helseforskningsloven med forskrifter.

For øvrig gjelder de vilkår som er satt i forbindelse med tidligere godkjenning av prosjektet.

Sluttmelding og søknad om prosjektendring
Prosjektleder skal sende sluttmelding på eget skjema senest et halvt år etter prosjektslutt, jf. helseforskningslovens § 12. Dersom det skal gjøres vesentlige endringer i forhold til de opplysninger som er gitt i søknaden må prosjektleder sende søknad om prosjektendring til REK, jf. helseforskningslovens § 11.

Klageadgang
Du kan klage på komiteens vedtak, jf. helseforskningslovens § 10 tredje ledd og forvaltningslovens § 28 flg. Klagen sendes til REK nord. Klagefristen er tre uker fra du mottar dette e-brevet. Dersom vedtaket opprettholdes av REK nord, sender REK nord klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag for endelig vurdering.

Vi ber om at tilbakemeldinger til komiteen og prosjektendringer sendes inn på skjema via vår saksportal: http://helseforskning.etikkom.no. Øvrige henvendelser sendes på e-post til post@helseforskning.etikkom.no

Med vennlig hilsen

May Britt Rossvoll
sekretariatsleder

Monika Rydland Gaare
seniorkonsulent

Kopi til: *postmottak@iho.uit.no*

Appendix 3

Informational letter to managers of local nursing homes and home care services

Informasjon om forskningsprosjekt

Mitt navn er Bodil Hansen Blix. Jeg er sykepleier, universitetslektor og PhD-stipendiat ved Institutt for helse og omsorgsfag ved Universitetet i Tromsø. Mitt PhD-prosjekt er en av tre delstudier i prosjektet *Life-stories, engagement and health problems of elderly persons in northern areas, with consequences for care services*. Prosjektet er finansiert av Norsk Forskningsråd og ligger under Senter for omsorgsforskning ved Universitetet i Tromsø. PhD-prosjektet er godkjent av Regional komite for medisinsk og helsefaglig forskningsetikk (se vedlegg).

Mitt PhD-prosjekt fokuserer på samiske eldres livsfortellinger og deres engasjement i livet i alderdommen. Prosjektet har arbeidstittelen *Samiske livsfortellinger. Erfaringer med alderdom, helse og sykdom*.

I en del av studien skal det gjennomføres intervju med samiske eldre. Intervjuene vil omhandle de eldres livsfortellinger og deres erfaringer med alderdom, sykdom og helse. Noen problemstillinger som søkes belyst gjennom studien er:

- Hvordan erfarer samiske eldre egen alderdom, helse og sykdom?
- Hva forteller livsfortellingene til eldre samer i sykehjem / institusjon med døgnkontinuerlig omsorg om identitet og opplevelse av tilhørighet i alderdommen?
- Hva forteller livsfortellingene til eldre samer som bor hjemme om identitet og opplevelse av tilhørighet i alderdommen?

Jeg henvender meg med dette til deg for å be om hjelp til å komme i kontakt med aktuelle deltakere til studien.

Aktuelle deltakere for del 1 av studien må oppfylle følgende kriterier:

- mann eller kvinne
- over 67 år
- betrakter seg selv som samisk
- opplever å ha helseproblem
- er i stand til å forstå hva deltakelse i prosjektet innebærer og gi et informert samtykke til deltakelse

Jeg trenger hjelp til å komme i kontakt med aktuelle informanter til studien. Det ville vært til stor hjelp hvis du kunne bidra til dette. Dette innebærer at du deler ut skriftlige forespørsler til personer som oppfyller kriteriene for deltakelse (se vedlegg). Personer som kunne tenke seg å delta i studien kan enten ta kontakt med meg for å få nærmere informasjon, eller de kan sende underskrevet samtykkeerklæring til meg i ferdigfrankert konvolutt. De skal med andre ord *ikke* gi tilbakemelding til deg på om hvorvidt de ønsker å delta i studien eller ikke.

Din rolle består med andre ord i å:

1. finne personer som oppfyller kriteriene for å delta i studien

2. dele ut skriftlig informasjon om studien til disse

Jeg håper du kan finne rom for dette i en hverdag jeg har grunn til å tro allerede er full av plikter og gjøremål.

Jeg tar kontakt med deg for å samtale nærmere om prosjektet.

Med vennlig hilsen

Bodil H Blix

PhD-stipendiat
Institutt for helse og omsorgsfag
Universitetet i Tromsø
9037 Tromsø
776 60682
97163652
bodil.hansen.blix@uit.no

Appendix 4

Informational letter and consent form

Forespørsel om deltakelse i forskningsprosjektet

"Samiske livsfortellinger. Erfaringer med alderdom, helse og sykdom."

Bakgrunn og hensikt
Dette er et spørsmål til deg om å delta i en forskningsstudie hvor målet er å få kunnskap om samiske eldres livserfaringer og deres erfaringer med alderdom, helse og sykdom. Senter for omsorgsforskning ved Universitetet i Tromsø er ansvarlig for studien. Studien er en av tre delstudier som fokuserer på nordnorske eldres livshistorier, aktiviteter og helse. Resultatene av studien vil bli publisert i artikler i vitenskaplige tidsskrifter. Studien skal munne ut i en doktorgradsavhandling våren 2012.

Hva innebærer studien?
Dersom du sier ja til å delta i denne studien vil du delta i ett eller to intervju. I det første intervjuet vil du bli bedt om å fortelle så mye du ønsker fra ditt liv. Det andre intervjuet vil handle om hvordan du opplever egen alderdom og helse. Intervjuene vil gjennomføres der det passer best for deg; i ditt eget hjem eller på annet egnet sted. Det vil gjøres lydopptak fra intervjuene.

Vi ber også om samtykke til å kunne ta kontakt på nytt hvis det skulle oppstå uklarheter i ettertid. Personen som intervjuer deg er stipendiat ved Senter for omsorgsforskning og doktorgradsstudent ved Universitetet i Tromsø. Hvorvidt du samtykker eller ikke til deltakelse i denne studien vil ikke ha noen konsekvenser for eventuell oppfølging av deg i helsevesenet.

Mulige fordeler og ulemper
Det å fortelle om sitt liv kan, for noen, oppleves tungt. Det kan være smertefullt å gjenfortelle vanskelige opplevelser selv om disse ligger langt tilbake i tid. Sykdom og helse er også sensitive tema, som noen kan synes at det er vanskelig å snakke om. Noen vil oppleve at det er godt å fortelle om livet sitt. Det understrekes at du selv bestemmer hva og hvor mye du ønsker å fortelle fra ditt eget liv i intervjuene.

Kriterier for deltakelse
I denne studien vil det bli gjort intervju med 16 samiske eldre.

For å delta i studien må du oppfylle følgende kriterier:

- Du må være over 67 år
- Du må ha samisk bakgrunn / tilknytning
- Du må oppleve å ha et helseproblem

Hva skjer med informasjonen om deg
Informasjonen som registreres om deg skal kun brukes slik som beskrevet i hensikten med studien. Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode knytter deg til dine opplysninger gjennom en navneliste. Det er kun autorisert personell knyttet til prosjektet som har adgang til navnelisten og som kan finne tilbake til deg. Denne navnelisten vil bli slettet når prosjektet avsluttes våren 2012. Alle opplysninger som navn, fødselsår og andre kjennetegn vil fjernes fra det skriftlige materialet. Lydopptak og skriftlig materiale vil bli oppbevart på passordbeskyttet PC. Lydopptak vil bli slettet ved prosjektslutt i 2012.

Studien skal munne ut i en PhD-avhandling våren 2012. Resultatene vil bli publisert i forskningsartikler i vitenskaplige tidsskrifter. Det vil ikke være mulig å identifisere deg i resultatene av studien når disse publiseres.

Frivillig deltakelse
Det er frivillig å delta i studien. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke til å delta i studien så lenge studien pågår. Dette vil ikke få konsekvenser for videre oppfølging av deg i helsevesenet. Dersom du ønsker å delta, undertegner du samtykkeerklæringen på siste side. Om du nå sier ja til å delta, kan du senere trekke tilbake ditt samtykke uten at det påvirker videre oppfølging av deg i helsevesenet. Dersom du senere ønsker å trekke deg eller har spørsmål til studien, kan du ta kontakt med:

Bodil Hansen Blix
PhD-student
Institutt for helse og omsorgsfag
Universitetet i Tromsø
9037 Tromsø
776 60682 eller 97163652
bodil.hansen.blix@uit.no

Rett til innsyn og sletting av opplysninger om deg
Hvis du sier ja til å delta i studien, har du rett til å få innsyn i hvilke opplysninger som er registrert om deg. Du har videre rett til å få korrigert eventuelle feil i de opplysningene vi har registrert. Dersom du trekker deg fra studien, kan du kreve å få slettet innsamlede opplysninger, med mindre opplysningene allerede er inngått i analyser eller brukt i vitenskapelige publikasjoner.

Tidsskjema
Hvis du samtykker i å delta i denne studien undertegner du samtykkeerklæringen på siste side i dette skrivet og returnerer den i vedlagte konvolutt. I løpet av et par uker vil intervjueren ta kontakt med deg for å gjøre avtale om tid og sted for intervju. Studien avsluttes våren 2012.

Samtykke til deltakelse i studien

Jeg er villig til å delta i studien

(Signert av prosjektdeltaker, dato)

(Navn i blokkbokstaver)

(Telefonnummer og / eller e-postadresse)

Jearaldat searvat dutkanprošektii

"Samiske livsfortellinger. Erfaringer med alderdom, helse og sykdom."

(Sámi eallinmuitalusat. Vásáhusat boarisvuođain, dearvvašvuođain ja buozanvuođain.)

Duogáš ja ulbmil
Dá lea dutnje jearaldat searvat dutkanprošektii man ulbmil lea oažžut dieđuid sámi eallilanolbmuid eallinvásáhusaid birra ja sin vásáhusaid birra boarisvuođain, dearvvašvuođain ja buozanvuođain. Romssa universitehta Fuolahusdutkamiid guovddážis lea ovddasvástádus dán dutkamii. Dat dutkan lea okta golmma oassedutkamis mat guovdilastet davvinorgalaš eallilanolbmuid eallinmuitalusaid, doaimmaid ja dearvvašvuođa. Dutkama bohtosat almmuhuvvojit artihkkala hámis dieđalaš áigečállagiin. Dutkan galgá šaddat doavttergráda nákkosgirjin 2012 giđa.

Maid sisttisdoallá dutkan?
Jus mieđihat searvat dán dutkamii, de oassálasttát ovtta dahje guovtti jearahallamis. Vuosttaš jearahallamis gohččut du muitalit nu ollu go háliidat iežat eallimis. Nubbi jearahallan lea dan birra movt don vásihat iežat boarisvuođa ja dearvvašvuođa. Jearahallamat čađahuvvojit doppe gos dutnje heive buoremusat; du ruovttus dahje eará heivvolaš báikkis. Jearahallamat báddejuvvojit. Mii sihtat du maid dohkkehit dan ahte mii sáhttit duinna váldit oktavuođa ođđasit jus mihkkege lea eahpečielggas manjiidáiggis. Son guhte jearahallá du lea Fuolahusdutkamiid guovddáža stipendiáhtta ja Romssa universitehta doavttergrádastudeanta. Dat ahte mieđiheaččat go vai it searvat dán dutkamii, ii váikkut du vejolaš viidáset čuovvoleapmái dearvvašvuođasuorggis.

Vejolaš ovdamunit ja noađit
Muhtumiidda sáhttá leat lossat muitalit iežas eallima birra. Sáhttá leat bávččas muitalit vátte vásáhusaid birra vaikko dat leat dáhpáhuvvan áigá. Buozanvuohta ja dearvvašvuohta leat maiddái rašes fáttát, ja muhtumiidda lea vátti hupmat daid birra. Earát fas soitet dovdat ahte lea buorre muitalit iežas eallima birra. Deattuhuvvo ahte leat don ieš guhte mearridat maid ja man ollu háliidat muitalit iežat eallimis jearahallamis.

Oassálastima eavttut
Dán dutkamis jearahallat 16 sámi eallilanolbmo. Vai sáhtát oassálastit dutkamii, de fertet deavdit čuovvovaš eavttuid:

- Don galggat leat badjel 67 jagi boaris
- Dus galgá leat sámi duogáš / gullevašvuohta
- Don fertet vásihit ahte dus lea dearvvašvuođaváttisvuohta

Mii dáhpáhuvvá dieđuiguin mat leat du birra
Dieđut mat registrerejuvvojit du birra galget dušše geavahuvvot nu go lea čilgejuvvon dutkama ulbmilis. Buot dieđut gieđahallojit almma nama ja riegádannummara haga dahje eará dieđuid haga maiguin lea álki dovdat gii don leat. Muhtun koda čatná du dieđuide nammalisttu bokte. Leat dušše autoriserejuvvon bargit geat leat čadnon prošektii geat besset oaidnit nammalisttu ja geat sáhttet du gávdnat. Dát nammalistu sihkkojuvvo go prošeakta loahpahuvvo 2012 giđa. Buot dieđut nugo namma, riegádanjahki ja eará dovdomearkkat sihkkojuvvojit čálalaš materiálas. Jietnabáddemat ja čálalaš materiála vurkejuvvojit dihtorii

mii lea suddjejuvvon beassansániin. Jietnabáddemat sihkkojuvvojit go prošeakta loahpahuvvo 2012:s. Dutkan galgá šaddat PhD-nákkosgirjin 2012 giđa. Bohtosat almmuhuvvojit dutkanartihkkaliin dieđalaš áigečállagiin. Du ii leat vejolaš identifiseret dutkama bohtosiin go dat almmuhuvvojit.

Eaktodáhtolaš oassálastin
Lea eaktodáhtolaš oassálastit dutkamis. Don sáhtát vaikko goas ja almma ákkastallama haga geassádit dutkamis nu guhká go dutkan lea jođus. Dát ii váikkut du viidáset čuovvoleapmái dearvvašvuođasuorggis. Jus háliidat oassálastit dutkamis, de vuolláičálát mieđihancealkámuša mii lea maŋemus siiddus. Jus dál mieđihat oassálastit, de sáhtát maŋŋel geassádit iige dat váikkut viidáset čuovvoleapmái dearvvašvuođasuorggis. Jus maŋŋel áiggut geassádit dahje leat gažaldagat dutkama ektui, de válddát oktavuođa čuovvovaš olbmuin:

Bodil Hansen Blix
PhD-studeanta
Dearvvašvuođa- ja fuolahusfágaid instituhtta - Institutt for helse og omsorgsfag
Romssa universitehta - Universitetet i Tromsø
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776 60682 dahje 97163652
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Riekti oaidnit ja sihkkut dieđuid du birra
Jus mieđihat searvat dutkamii, de lea dus riekti oaidnit makkár dieđut leat registrerejuvvon du birra. Dus lea maiddái riekti oažžut divvojuvvot vejolaš meattáhusaid dain dieđuin mat leat registrerejuvvon. Jus geassádat dutkamis, de sáhtát bivdit ahte dieđut du birra sihkkojuvvojit, jus dieđut eai jo leat mielde analysain dahje geavahuvvon dieđalaš publikašuvnnain.

Áigeplána
Jus mieđihat searvat dán dutkamii, de vuolláičálát mieđihancealkámuša mii lea maŋemus siiddus ja máhcahat dan konvoluhtas mii lea dán reivve mielddusin. Moatti vahkku geahčen váldá jearahalli oktavuođa duinna šiehtadan dihte áiggi ja báikki gos jearahallan galgá lea. Dutkan loahpahuvvo 2012 giđa.

Mieđiheapmi oassálastit dutkamis

Mun háliidan oassálastit dutkamis

(Prošeaktaoasseváldi vuolláičála, beaivi)

(Namma stuora bustávaiguin)

(Telefonnummar ja / dahje e-poastačujuhus)

Appendix 5

Interview guide

Thematic interview guide with English translation

Bakgrunnsdata	**Basic background data**
(Før opptak starter) • Alder • Fødested • Sivil status, barn • Tidligere yrke	(Prior to starting the digital recorder) • Age • Place of birth • Marital status, children • Prior occupation
Åpningsspørsmål Kan du fortelle meg om livet ditt, på den måten du selv ønsker, i den rekkefølgen du selv ønsker? Alternativt hvis det er vanskelig å komme i gang: Hvor vil du starte når du skal fortelle livshistorien din?	**Opening question** Could you please tell me your life story, in the manner of your choice? Alternatively, if prompting is necessary: Where would you start when telling me your life story?
Aktuelle tema • Barndom / oppvekst • Voksenliv (familie, arbeidsliv) • Store endringer i livet (store gleder / store sorger) • Viktige personer • Ting du har likt / liker å holde på med • Det du drømte om • Å være gammel • Opplevelse av helse • Tanker og ønsker for fremtiden • Å være same (nå og da du var ung, endringer?)	**Relevant themes** • Childhood / growing up • Adult life (family, working life) • Substantial changes in life (great joys / great sorrows / regrets) • Significant persons • Activities you have enjoyed / enjoy • Things you hoped for / dreamt of • Being old • Experiences of own health • Thoughts and wishes for the future • Being a Sami (at present and when you were younger, changes?)
Avslutning Er det noe annet du har lyst til å fortelle om livet ditt før vi avslutter? Hvordan synes du det har vært å fortelle om livet ditt på denne måten?	**In Closing** Is there something else you would like to say about your life before we end this interview? How did you feel when speaking about your life in this manner?

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