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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

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.

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

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.

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".

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.

"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

> 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)

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)

> 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

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).

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

> 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

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''.

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:

> 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.

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

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

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

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".

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.

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).

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