





“The narrative analysis of the life stories demonstrated that rather than having an established Sami identity, the older adults were actively identifying through the stories they told about their lives.”

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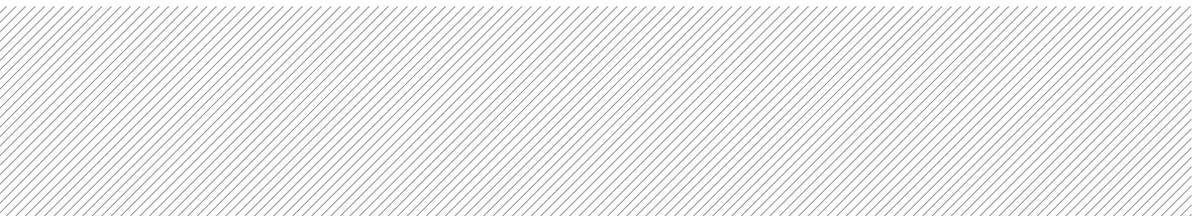
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My field of research is in the intersections of critical gerontology, narrative gerontology, and healthcare service research. I am interested in the lives and well-being of older adults in general, and indigenous Sami older adults in particular.

My PhD thesis (2014) was entitled “The construction of Sami identity, health, and old age in policy documents and life stories: A discourse analysis and a narrative study”. The thesis was based on a discourse analysis of Norwegian policy documents regarding healthcare services for Sami older adults and a narrative analysis of life story interviews with nineteen Sami older adults. Through the discourse analysis, I sought insights on the discursive landscape in which Sami older adults told their life stories. Through the narrative analysis of the older adults’ life stories, I explored their perceptions of health and how they were negotiating their identities.

A close association between Sami culture and personal identity was constructed in the policy documents. The documents constructed a rather narrow and stereotyped image of Sami culture. The Sami were presented as either Sami-speaking or bilingual, and never as monolingual Norwegian speakers. Furthermore, Sami individuals were referred to as either Sami or Norwegian, and more fluid and ambiguous identities were excluded. The discourse analysis demonstrated a high degree of discursive continuity throughout the documents published over a period of 15 years. The narrative analysis of the life stories demonstrated that rather than having an established Sami identity, the older adults were actively identifying through the stories they told about their lives. The life stories reflected contrasting public narratives on the Sami. However, the life stories varied with respect to the extent to which they actively challenged such public narratives. The study demonstrated that identifying is an ongoing process that continues throughout life. Moreover, rather than being a passive condition, being healthy is an active process in which resistance plays a central role. The life stories were, so to speak, narratives of resistance. The older adults could not change the historical and social settings of their life stories, and they could not change the fact that they experienced health problems. Nonetheless, they did control the role that these settings and health problems played in their stories. The Sami older adults challenged established “truths” about what is considered healthy and the perceptions of the Sami people as passive victims of Norwegianization.

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The insights from the study provide reasons to nuance existing assumptions regarding the strong relationship between Sami older adults and the image of “The Sami Culture” constructed in the policy documents. The current cohort of Sami older adults represents one of the generations most strongly affected by assimilation policies. However, they also experienced “the Sami revitalization”. The Sami older adults were negotiating the impact of history on their life stories. The study demonstrated that older adults’ life stories are sources of insights regarding their experiences of identity and health in old age, both as subjective conditions and influenced by broader historical and social contexts.

My current research regards formal and informal care for older adults with dementia and their families. The research project “Public dementia care in terms of equal services – family, local and multiethnic perspectives” was initiated in 2016 and will be concluded in 2019. The project is led by professor Torunn Hamran and is funded by The Norwegian Research Council. Current healthcare policies advocate for aging at home for older people in general, including persons with dementia. Consequently, the lives of close family members of persons with dementia are deeply affected. Access to healthcare services tends to vary inversely with the needs in the population served, and it is a policy goal to reduce inequities in access to and use of healthcare services. Our study aims to provide knowledge about local and individual differences in use and non-use of services. The study consists of a survey conducted among family caregivers in 32 municipalities in Northern Norway, individual qualitative interviews with family caregivers of persons with dementia and focus group interviews with healthcare professionals.

Inequity and marginalization in health and healthcare is the very core of my research interests. I am particularly interested in inquiring into how gendered, ethnic, and socio-economic inequities are sustained, and moreover, how such inequities could be addressed and counteracted. In that regard, I stand on the shoulders of giants in critical cultural theory, intersectionality theory, and critical indigenous methodologies. Moreover, I am an enthusiastic advocate for the inherent potential of narrative approaches in qualitative healthcare research. Stories are always told in social, historical, political, cultural and interpersonal contexts. At the same time as we narrate our lives, our stories are always already part of broader stories. Hence, inquiries into individuals’ stories can uncover circulating discourses and power relations.