TRADITIONAL HEALING AND THE PUBLIC MENTAL HEALTH SERVICES IN SÁMI AREAS OF NORTHERN NORWAY – INTERFACES AND COOPERATION

PhD dissertation

Randall Harold Sexton, M.D.

Department of Clinical Psychiatry
Faculty of Medicine
University of Tromsø

Norway

randallno@yahoo.com

Tromsø, November 2009

CONTENTS

Čoahkkáigeassu sámegillii

Dát čielggadeapmi geahčča čájehit ovttasdoaimma báikkálaš veahkehanárbevieruid ja almmolaš psykalaš dearvvašvuođabálvalusaid gaskka Finnmárkkus ja Davvi-Romssas, ja jearrá galggašii go dán guovtti vuogi gaskka leat eanet ovttasbargu. Danne geahčadit dás dárkileappot mat báikkálaš veahkehanárbevierut leat dáid sámi ja máŋggakultuvrralaš guovlluin, man ollu pasieanttat geavahit dáid, ja háliidit go sii ahte báikkálaš árbevierut eanet heivehuvvojit almmolaš dearvvašvuođadoaimmahahkii. Čielggadusas geahččalit maid guorahallat soitet go báikkálaš árbevierut ja duohtavuođaáddejupmi dál juo muhtun muddui heivehuvvon dearvvašvuođadoaimmahahkii terapauttaid barggu olis, geat ieža leat dán guovllus eret.

Duogáš

Čielggadeami jurdagat vuolggahuvvojedje dan vuođul maid mun ieš vásihin go ledjen turnusdoavttirin Guovdageainnus álggus 1990-logu, ja maŋŋel veahkkedoavttirin psykiatralaš poliklinihkas Leavnnjas, Porsáŋggus gielddas Finnmárkku fylkkas. Dán áiggis fuomášin ahte ollu pasieanttat dáin guovlluin atne oktavuođa guvlláriiguin, ja mun bessen dađi mielde ieš nai oahpásmuvvat soames guvlláriiguin. Mun ipmirdin maiddái ahte olbmuin, erenoamážit dáin guovlluin, ledje eallinoainnut ja vásáhusat mat sáhtte leat vuostálaga daid dieđalaš jurddašanvugiiguin mat leat skuvlamedisiinna vuođđun, mii dagahii dárbbu guorahallat dáid guovlluid dearvvašvuođabálvalusa iešguđet beliid. Diekkár guorahallamat orrot ge dađi mielde ožžon eanet coavcci guovllu dearvvašvuođadoaimmahagain, earret dan olis go lea ásahuvvon sámi álbmoga várás psykalaš dearvvašvuođagáhttema gelbbolašvuođaguovddáš (SANKS) ja Romssas ges lea ásahuvvon dutkanbiras komplementára (dahje alternatiiva) medisiinna hárrái (NAFKAM). Vaikko dát leat ge ásahuvvon, de orru leame nu ahte báikkálaš veahkehan- dahje guvlláruššanvuogit ain ožžot unnán beroštumi otná dearvvašvuođabálvalusain, mii čájehuvvui báikkálaš dutkama olis, mii čađahuvvui ovdal go dát prošeakta álggahuvvui. Dát váilevašvuohta lea erenoamáš danne go guvllár- dahje veahkehanvuogit leat guovddáš oasit sámi kultuvrras ja go Máilmmi Dearvvašvuođa Organisašuvdna ávžžuha ovttasbargat báikkálaš árbevieruiguin, ja riikkaidgaskasaš transkultuvrralaš psykiatriija atná dakkár ovttasbarggu hui guovddážis.

Jagis 2004 bessen fas fitnat Alaskas, gos ieš lean bajáššaddan, ja gávnnahin ahte doppe ledje iešguđet álgoálbmotjoavkkuid árbevirolaš guvllárat doaimmas iešguđet buohcciviesuin ja klinihkain. Mun máhccen Norgii dainna jurdagiin ahte dát livččii juoga mii heivešii sámi guovlluide. Máŋggas ávžžuhedje mu vuos guorahallat ahte háliidivčče go pasieanttat dearvvašvuođabálvalussii maiddái árbevirolaš veahki, guvlláriid, ja jus nu, de movt oaivvildivčče sii ahte dát galggašii buoremusat čađahuvvot. Dát lei geaidnu dutkanbargui, mii šattai mihá stuorát go ovdagihtii ledjen navdán, maiddái danne go gažaldahkii ledje čadnon máŋga guoskevaš ášši maid maiddái lei lunddolaš guorahallat seammás.

Iskkadeapmi

Iskkadeapmi geahčada erenoamážit sámi árbevieruid, vuosttažettiin danne go lea ollu beroštupmi dearvvašvuođafálaldagaide sámi álbmoga várás, ja lea dihtosis ahte guvlláruššan ain ollásit gávdno sámi birrasiin. Muhto buorádallan, dahje guvlláruššan, gávdno maiddái dáčča ja kveana servodagain, ja lea dihtosis ahte dán guovllu álbmogat ellet seahkálaga ja lahkalaga. Vaikko dát iskkadeapmi vuosttažettiin deattuha sámi kultuvrra erenoamáš beliid, de sáhttá oassi dás maiddái guoskat guovllu máŋggakultuvrrat álbmogii, erenoamážit go nu oallugiin lea sihke sámi, kveana ja dáčča duogáš.

Mu mielas lea maiddái deatalaš deattuhit, erenoamážit go ieš boađán eará guovllus, ahte mun in ane iežan makkárge spesialistan sámi dahje davvinorgalaš kultuvrra ja árbevieruid hárrái. Guorahallan vulggii das go oidnen ahte lei nu stuora erohus almmolaš dearvvašvuođadoaimmahaga ja báikkálaš veahkehanvugiid gaskka, mii mu mielas, gii lean dearvvašvuođabargi, lei imaš, várra juste dan dihte go dovden báikkálaš historjjá nu unnán. Min in leat juogo servodatdiehtti, in ge historihkkár, muhto lean buoremus lági mielde geahččalan ipmirdit eambbo dán dilálašvuođas, ja lean rahpasit jearran ahte livččii go ávkkálaš oažžut eanet lagasvuođa dán guovtti árbevieru gaskka. Guorahallan ii vikka man ge láhkái addit loahpalaš vástádusaid dása, muhto geahččala baicca geažuhit soames perspektiivvaid mat sáhtáše leat guoskevaččat oarjemáilmmi ja báikkálaš dikšunvuogádagaid ovttasteamis.

Artihkkalat leat čállojuvvon ságastallamiid vuođul psykalaš dearvvašvuođabálvalusaid geavaheddjiiguin ja sin terapauttaiguin dearvvašvuođadoaimmahagas ja sin guvlláriiguin olggobealde almmolaš dearvvašvuođadoaimmahaga ja sin jearahallamiid vuođul (oktiibuot 25 olbmo).

Dasa lassin lea jearahallaniskkadeapmi čađahuvvon, masa serve 186 pasieantta. Jearahallaniskkadeamis leat erenoamážit guorahallan pasieanttaid árbevirolaš guvllárveahki geavaheami. Ságastallamiin leat fas guorahallan dan ipmárdusvuođu man ala diekkár veahkkedoaibma lea huksejuvvon, báikkálaš duohtavuođa ja psykiatriija gávnnadansajiid, ja dearvvašvuođaásahusain dakkár terapauttaid dikšunvugiid, geain alddiineaset leat sámi dahje báikkálaš duogáš. Sámegielat mielbargi, gii ieš leat guovllus eret, lea čađahan ollu dáin jearahallamiin, ja lea leamaš stuora veahkkin guorahallamis.

Veahkehanárbevierut ovdal ja dál

Vuosttaš artihkal geahčada mii sámi servodagain ain lea oahpis ovdal Kristusa áiggi veahkehandoaimmain, namalassii árbevierut maid oallugat atnet gullat noaidegoansttaide (šamanismii). Dás guorahallojuvvo dán geavat ja ovttalágánvuohta eará arktalaš šamanistalaš árbevieruiguin, ja historjjálaš badjelgeahččanvuohta mii dáhpáhuvai girku doaimma bokte 1700-logus. Vaikko árbevierru lea ge rievdan áiggi mielde, de artihkkalis fuomášuhttojuvvo ahte otná árbevieruid duohtavuođaáddejupmi sáhttá gehččot dien dološ árbevieru čuovggas.

Artihkkalis geahčadit maiddái iešguđet rievdadusaid mat guvllárárbevierus leat leamaš, earret eará dan olis go risttalašvuohta bođii, rievdadusaid eará árbevirolaš medisiinnalaš vuogádagaid olis, ja go dál soapmásat geahččaladdet ealáskahttit dološ árbevirolaš vugiid. Artihkkalis deattuhuvvo ahte sámi árbevierru lea čihkosis geavahuvvon álo, go dálkkodeaddjit eai leat háliidan sága iežaset doaimma birra, eai ge leat mávssu váldán dan ovddas. Vaikko dát lea otná servodagas rievdame, de leat dás bealit mat sáhttet báidnit olbmuid oainnuid almmolaš dearvvašvuođabálvalusa fálaldagaid hárrái, mat leat eará prinsihpaid ala vuođđuduvvon.

Jearahallaniskkadeami guovddáš bohtosat

Jearahallaniskkadeamis vástidii badjel bealli pasieanttain ahte sii ledje ohcan veahki olggobealde dearvvašvuođadoaimmahaga. Buot eanemus ledje sámi pasieanttat dán dahkan, geain 67 % lei ohcan veahki eará sajis go dearvvašvuođaásahusain. Báikkálaš veahkehandoaimmat ledje buot dábálepmosit geavahuvvon. Dat sáhtii leat telefonságastallan veahkeheddjiin, gieđain guoskkaheapmi ja sániid dadjan, mii lea báikkálaš árbevierru, mas dihto sánit daddjojuvvojit buozanvuođa hárrái, ja maid máhttet dušše sii geat buorádallet. Mii gávnnaimet unnán erohusaid sin, geat geavahedje báikkálaš veahkkedoaimmaid ja eará pasieanttaid gaskka, árvvusge danne go dadjat olles álbmogii lea dábálaš atnit diekkár veahki. Mii gal baicca bođii ovdan, lei ahte sis, geat ohce veahki olggobealde dearvvašvuođadoaimmahaga, lei eanet jurdda iežaset eallima oskkolaš- dahje vuoiŋŋalašvuođa hárrái. Dát pasieanttat ledje maid unnit duhtavaččat psykalaš dearvvašvuođabálvalusa fálaldagaiguin, mii sáhttá boahtit das go árbevirolaš dálkkodeami ja oarjemáilmmi medisiinna gaskka leat stuora erohusat máilmmeipmárdusa hárrái.

Árbevieruid ovttastupmi

Psykalaš dearvvašvuođadikšuma terapauttat ledje deatalaš oasseváldit guorahallamis. Sii, geain alddiineaset lea sámi duogáš, dahje leat bajássaddan máŋggakultuvrralaš guovlluin, leat dábálaččat unnitlogus klinihkain, muhto guorahallamis gávnnahuvvui ahte sii sáhttet doaibmat árbevieruid ovttastupmin. Soames terapauttat sáhttet váldit oktavuođa árbevirolaš veahkeheddjiin, jus pasieanta bivdá, dahje sáhttet ieža árvalit ahte pasieanta manná dakkára lusa, jus son lea niegadan, oaidnán oainnáhusaid dahje vásihan juoidá mas lea symbolihkka sámi árbevieruid mielde. Máŋga terapautta ovttastedje báikkálaš duohtavuođaipmárdusa iežaset psykososiála bargguin. Ovdamearkkat dása leat earret eará dilálašvuođat go pasieanttat vásihedje oktavuođa jápmán fulkkiiguin. Dákkár vásáhusat dohkkehuvvojit sámi duohtavuođas, seammás go dasa lea áddejupmi transkultuvrralaš psykiatriijas.

Terapauttat atne deatalažžan iežaset barggus láhčit áiggi, saji ja dilálašvuođa nu ahte klieanttat dovdet ahte lea heivvolaš juogadit iežaset vásáhusaid ja ipmárdusa váttisvuođaideaset hárrái. Muhtun terapauttat válde olles bearraša terapiijai, deattuhedje rupmaša doaibmama ja geavahedje ložžedanvugiid, visualiserenvugiid dahje atne beroštumi pasieantta nieguin. Earát ges háliidedje ovdánahttit terapiijavugiid mat sáhttet čađahuvvot luonddus dahje heivehit juoigama terapiijai.

Vaikko dáin lahkonanvugiin lea lagas oktavuohta báikkálaš kultuvrii ja veahkehanárbevirrui, de dat eai lean namuhuvvon eanas klinihkaid bajit dásiin, mii goit lei hui čalbmáičuohcci munnje, geas alddán lea ovdalaš vásáhus báikkálaš poliklinihkas.

Vaikko terapauttain lei eanet ollislaš psykoterapautalaš oaidnu, de sii eai geavahan dikšunvugiid main lei njuolggo vuoiŋŋalaš vuođđu, nugo báikkálaš buorádallamis dahkkojuvvo. Dát earuha sin barggu álgoálbmotčearddalaš terapauttaid barggus ja oarjemáilmmi skuvlejumis Canadas, gos ovdamearkka dihte sáhttá geavahit rohkadallama, árbevirolaš meanuid dahje váldit fárrui árbevirolaš buorádalliid iežaset bargui klieanttaiguin.

Máŋga tearapautta dovddahedje ahte sii dovdet vuostevuođa iežaset kultuvrralaš duogáža ja dearvvašvuođadoaimmahaga perspektiivvaid gaskka, ja oaivvildedje ahte lea dárbbašlaš oažžut govddit perspektiivva psykalaš dearvvašvuođabálvalussii. Diagnostalaš vuogádaga deattuheapmi adnui unohassan máŋgga dilálašvuođas, go dat sáhttá álkit boastut geavahuvvot sámi duohtavuođain deaivvadeamis. Vaikko soames terapauttat sáhtte ávžžuhit pasieanttaid ohcat guvllárveahki , de dat ii leat dábálaš, ja terapauttat leat dávjá eahpesihkkarat dan hárrái livčči go dát njuolggadusrihkkun, go ásahusa bajimus dásis ii leat dahkkon oaivil oktavuođa dahje ovttasbarggu hárrái báikkálaš veahkeheddjiiguin.

Jurdagat integrerema hárrái – iešguđet perspektiivvat

Gaskal 75 ja 80 % pasieanttain geain lea sámi duogáš, vástidedje jearahallaniskkadeamis ahte sii háliidivčče ahte báikkálaš veahkehanvuogit heivehuvvojit dearvvašvuođabálvalusa fálaldagaide. Vaikko ledje čielga sávaldagat heiveheami hárrái, de ledje liikká máŋggas geat jearahallamiin eahpidedje lea go vejolaš doaimmahit árbevirolaš buorádallama klinihkaid oktavuođas. Oallugat ávžžuhedje oažžut áigái buoret gulahallama dán goabbatlágán árbevieru gaskka. Perspektiivvat mat bohte ovdan čájehit ahte lea deatalaš atnit muittus daid iešguđet rámmaid ja máilmmeoainnuid mat leat doppe gos oarjemáilmmi ja báikkálaš buorádallanvuogit leat geavahuvvon, ja historjjálaš dássehisvuođa mii daid gaskii lea bohciidan.

Muhtun čoahkkáigeassi oainnut

Orrot leame čielga hehttehusat mat dagahit váttisin oažžut áigái buori gulahallama ja geabbilis oktavuođa almmolaš ja báikkálaš dikšunvuogádagaid gaskka, mii dagaha čuolmmaid dearvvašvuođadoaimmahagaid siskkobealde ja muhtun pasieanttaid deaivvadeapmái dearvvašvuođabálvalusain. Dása sáhttet leat máŋggat sivat, mat sáhttet vuolgán gitta dan rájes go sámi osku deddojuvvui 1700-logu rájes ja dáruiduhttináigodagas, mii bođii maŋŋel. Dasa sáhttá maid leat duogážin skuvlamedisiinna ipmárdusvuođđu, mii sáhttá dagahit váddáseabbon dohkkehit dikšunvuogádaga, man vuođđun lea eanet vuoiŋŋalaš eallinipmárdus, ja oktavuođaid ja ollisvuođa áddejumi deattuheapmi.

Árbevieruid buoret vuostáiváldin ja báikkálaš veahkehanvugiid dohkkeheapmi sáhttá leat stuora ávkin pasieanttaide ja dearvvašvuođadoaimmahaga ollisvuhtii, ja lea juoga maid eanas sámi pasieanttat háliidivčče. Dán oainnu dorjot maiddái máŋggakultuvrralaš ja dearvvašvuođadoaimmahagat eará guovlluin go oarjemáilmmis. Seammás lea hui deatalaš vuhtii váldit dan báikkálaš dilálašvuođa gos árbevirolaš veahkehanvuohki lea geavahuvvon. Goappaš dáid čuoggáid vuhtii váldin lea čielga hástalusášši, mii dáidá eaktudit buoret gulahallama goappaš vugiid ovddasteddjiid bealis. Muhtun vuosttaš lávkkit sáhttet leat lágidit dili ovttasbargui dalle go pasieanttat dan háliidit, ja hukset oktavuođaid ja gulahallama árbevieruid gaskka.

Oppsummering på norsk

Denne avhandlingen forsøker å se på samspillet mellom bruk av lokale hjelpertradisjoner utenfor helsevesenet og offentlige psykiske helsetjenester i Finnmark og Nord-Troms, og reiser spørsmålet om et eventuelt større samarbeid mellom tradisjoner. Den forsøker derfor å se nærmere på hva lokal hjelpertradisjon i disse samiske og multikulturelle områdene består av i dag, hvor utbredt bruken er blant pasienter, og om det er et ønske blant dem om en større integrasjon av lokal tradisjon i det offentlige helsevesenet. Den forsøker også å se på om lokal tradisjon og virkelighetsforståelse allerede kan delvis være integrert i helsevesenet gjennom arbeidet til terapeuter med en bakgrunn fra denne landsdelen.

Bakgrunn

Ideene som har ledet til avhandlingen springer ut fra erfaringer jeg hadde som turnuskandidat i Kautokeino tidlig på nittitallet, og senere som assistentlege ved en psykiatrisk poliklinikk i Lakselv, innerst i Porsangerfjorden i Finnmark. Under denne tiden forstod jeg at mange pasienter hadde kontakt med helbredere, ofte kalt hjelpere i dette området, og jeg fikk etter hvert anledning å bli kjent med noen av disse. Jeg skjønte også gradvis at folk hadde en livserfaring og opplevelse som kunne stå i kontrast til den form for vitenskapelige tenkning som danner grunnlag for skolemedisin, noe som talte for en refleksjon over ulike sider av helsearbeid i området. En slik refleksjon synes også å gradvis få et økende fokus i helsetjenestene i landsdelen, blant annet med opprettelsen av et kompetansesenter for psykisk helsevern blant den samiske populasjonen (SANKS) og et forskningsmiljø for komplementær (eller alternativ) medisin ved universitetet i Tromsø (NAFKAM). Til tross for disse tiltak synes lokal hjelper- og helbredertradisjon fortsatt å bli viet lite oppmerksomhet i helsetjenestene i dag, noe som forskning hadde vist før oppstart av dette prosjektet. Denne situasjonen er særlig merkverdig da hjelpertradisjonen er kjent for å være en sentral del av samisk kultur og samarbeid med lokal tradisjon er anbefalt av Verdens Helse Organisasjon, og viet stort fokus i den transkulturelle psykiatrien internasjonalt.

I 2004 hadde jeg anledning å reise tilbake til Alaska der jeg selv vokste opp, og fant at tradisjonelle helbredere fra flere urbefolkningsgrupper var representert ved enkelte sykehus og

klinikker der. Jeg reiste tilbake til Norge med en tanke om at dette kanskje kunne være en ide for samiske områder. Her ble jeg anbefalt fra flere hold å undersøke om pasientene ønsket et helsevesen som også inkluderte hjelpere, og i så fall hvordan de mente dette best kunne gjøres. Dette var starten på en vei inn i forskningens verden som skulle vise seg å være lenger enn opprinnelig antatt, ikke minst fordi spørsmålet var nært knyttet til flere beslektede temaer som det også var naturlig å se på.

Studien

Studien har et særlig fokus på samisk tradisjon, i hovedsak fordi det er en særlig oppmerksomhet rundt helsetjenester til den samiske befolkningen, og det er kjent at en helbredertradisjon er velbevart i samiske miljøer. Men helbredertradisjoner eksisterer også innenfor norske og kvenske samfunn, og det er kjent å ha vært en utstrakt bevegelse og utveksling mellom befolkningsgrupper på dette området. Selv om denne studien fremhever unike sider med samisk kultur, kan deler av dette også gjelde for sider ved den multikulturelle befolkningen i området, særlig når mange har både samisk, kvensk og norsk bakgrunn.

Jeg syns også det er viktig å si, særlig fordi jeg selv kommer utenfra, at jeg ikke ser meg selv som noen spesialist på samisk eller nordnorsk kultur og tradisjon. Studien oppstod på bakgrunn av en opplevelse av en klar avstand mellom offentlig helsevesen og lokal hjelpertradisjon, noe jeg som helsearbeider synes var merkverdig, kanskje nettopp fordi jeg kjente så lite til lokal historie. Jeg er verken samfunnsviter eller historiker, men har forsøkt så godt som mulig å forstå mer av denne situasjonen, og stille et åpent spørsmål til om et større møte mellom tradisjoner kan være hensiktsmessig. Studien forsøker på ingen måte å gi noen endelig svar på spørsmålene her, men heller å antyde enkelte perspektiver som kan være relevant i møtet mellom vestlig og lokal behandlingstradisjon.

Artiklene er basert på samtaler med brukere av psykiske helsetjenester, deres terapeuter innenfor helsevesenet og deres hjelpere utenfor det offentlige helsevesenet (totalt 25 personer), og en spørreundersøkelse blant 186 pasienter. Spørreundersøkelsen har sett særlig på bruken av lokal tradisjon blant pasienter. Samtalene har fokusert på forståelsesrammen i lokal tradisjon, møtepunkter med psykiatri, og behandlingsmetoder til terapeuter i helsevesenet som selv har en

samisk eller lokal bakgrunn. En samisktalende medarbeider som kommer fra området har selv foretatt mange av intervjuene, og bidratt i stor grad til denne studien.

Hjelpertradisjon før og nå

Den første artikkelen ser på hva som er kjent av den førkristne helbredertradisjonen i samiske samfunn, en tradisjon som oftest er forstått som sjamanistisk. Den ser på denne praksis og dens beslektskap med andre arktiske tradisjoner, og på den historiske undertrykkelsen som skjedde gjennom kirkens virksomhet på sytten hundretallet. Artikkelen ser på mulige paralleller mellom førkristen tradisjon og dagens hjelper tradisjon.

Artikkelen ser også på ulike endringer som helbredertradisjonen kan ha gjennomgått over tid, blant annet gjennom møtet med kristendommen, andre tradisjonelle medisinske systemer, og i dag i enkelte forsøk på en revitalisering av eldre tradisjoner. Den poengterer at samisk tradisjon ofte har vært praktisert i det stille av personer som ikke ønsket oppmerksomhet rundt deres praksis, eller penger for arbeidet. Selv om disse aspekter er i endring i dagens samfunn, er de viktige sider som kan farge møtet med et offentlig helsevesen basert på andre prinsipper.

Sentrale resultater i spørreundersøkelsen

I spørreundersøkelsen sa over halvparten av pasientene at de hadde oppsøkt hjelp utenfor helsevesenet. Dette var mest vanlig hos pasienter med samisk bakgrunn der 67% sa de hadde søkt hjelp utenfor helsevesenet. Lokal hjelpertradisjon var den formen for hjelp som var mest brukt. Denne tradisjonen inkluderte telefonkontakt med hjelper, håndspåleggelse og lesing, en lokal tradisjon der spesielle ord, kjent bare av de innen tradisjonen, sies i forbindelse med sykdom. Vi fant lite som skilte de som brukte hjelpere fra andre pasienter, sannsynligvis fordi bruken er generelt utbredt gjennom hele befolkningen. Det som imidlertid kom frem var at de som søkte hjelp utenfor helsevesenet hadde et større fokus på det religiøse eller åndelige i deres egne liv. Disse pasientene var også mindre tilfredse med tilbudet innen psykisk helsevern, noe som kan skyldes sentrale forskjeller i verdensanskuelsen innen tradisjonell helbredelse og vestlig medisin.

Møtepunkter mellom tradisjoner

Terapeuter innen psykisk helsevern var viktige deltagere i studien. De som selv har samisk bakgrunn, eller er vokst opp i de multikulturelle områdene i Finnmark og Nord- Troms, har ofte vært i mindretall ved klinikkene, men kan ifølge studien fungere som viktige bindeledd mellom tradisjoner. Enkelte terapeuter kunne kontakte hjelpere når de ble bedt om dette av pasienter, eller foreslå at pasienter oppsøke en hjelper når de hadde drøm, syner eller opplevelser med symbolikk fra samisk tradisjon. Flere terapeuter integrerte lokal virkelighetsforståelse i deres psykoterapeutisk arbeid. Eksempler på dette var blant annet i møter med pasienter som opplevde kontakt med avdøde slektninger. Her kunne denne erfaringen bli anerkjent som reell innen samisk virkelighet, en anerkjennelse som samtidig er i tråd med forståelser innen den transkulturelle psykiatrien.

Terapeutene snakket om viktigheten i deres eget arbeid av å skape tid, rom og en atmosfære der klienter kunne dele deres egne erfaringer og forståelser av problemet. Enkelte terapeuter inkluderte hele familien i terapi, hadde et fokus på kroppen, brukte avspenningsmetoder, visualiseringsteknikker eller drømmearbeid. Andre ønsket å utvikle terapiformer som kunne foregå i naturen eller integrere joik i terapi. Mens disse tilnærmingene er beslektet med lokal kultur og hjelper tradisjon, er de ikke integrert ved mange av klinikkene på en overordnet måte, noe som var særlig tydelig for meg med tidligere erfaring fra en lokal poliklinikk.

Til tross for en mer helhetlig psykoterapeutisk orientering, brukte ikke terapeutene tilnærminger som hadde en direkte spirituell basis, noe som oftest er en del av lokal helbredertradisjon. Dette skiller deres arbeid fra terapeuter med urbefolkningsbakgrunn og en vestlig skolering i Canada som kan eksempelvis bruke bønn, seremoni eller inkludere tradisjonelle helbredere i sitt eget arbeid med klienter.

Flere terapeuter gav uttrykk for en opplevelse av konflikt mellom deres egen kulturelle bakgrunn og perspektiver innenfor helsevesenet, og mente det var nødvendig med et bredere perspektiv innen psykisk helsevern. Fokuset på det diagnostiske systemet var noe som ble sett på som uhensiktsmessig i mange situasjoner, og kunne lett feilanvendes i møtet med samisk virkelighet. Selv om noen terapeuter kunne anbefale at pasienter oppsøkte hjelper, var ikke dette vanlig, og

terapeuter var ofte usikker på retningslinjer i forhold til samarbeid/kontakt med lokal hjelpertradisjon særlig fordi det på institusjonsnivå ikke var noen standpunkt i forhold til et samarbeid med hjelper tradisjonen.

Tanker om integrering – ulike perspektiver

Mellom 75 og 80 prosent av pasientene med samisk bakgrunn svarte i spørreundersøkelsen at de ønsket en integrering av lokal hjelpertradisjon i helsevesenet. Til tross for dette klare ønsket om en integrering, var det flere i intervjuene som reiste spørsmål til hvorvidt det var mulig å utføre helbredelsesarbeid i en klinikksetting. Flere anbefalte større dialog mellom tradisjonene. Perspektivene som kom frem viser at det er viktig å være oppmerksom på de ulike rammer og verdensbilder som vestlig og lokal behandlingstradisjon har vært praktisert i, og den historiske ubalansen som har oppstått mellom dem.

Noen oppsummerende betraktninger

Det synes å være et klart og tydelig hinder i en god dialog og et fleksibelt møte mellom offentlig og lokal behandlingstradisjon, noe som resulterer i spenninger innenfor helsevesenet og i de møtene en del pasienter har med helsevesenet. Dette kan ha mange årsaker som strekker seg tilbake til undertrykkelsen av samisk religion på syttenhundretallet og videre fram til fornorskningsprosessen. Det kan også ha sammenhenger med skolemedisinens forståelsesramme, noe som vanskeliggjør et åpent møte med en behandlingstradisjon som er basert på en mer spirituell livsforståelse, og en vektlegging av sammenhenger og helhetsforståelser.

Et bredere møte mellom tradisjoner og en inklusjon av lokal hjelper tradisjon kan ha viktige fordeler for pasienter og helsevesenet som helhet, og er ønskelig blant flertallet av samiske pasienter. Det er også i tråd med anbefalinger om helsetjenester i multikulturelle og ikke vestlige områder. Samtidig er det svært viktig å ta hensyn til den lokale rammen hjelpertradisjonen er praktisert i. Å møte begge disse punktene er en klar utfordring som kan kreve en større dialog mellom utøvere fra begge tradisjoner. Noen første skritt kan være å åpne for et samarbeid der pasienter skulle ønske det, og muligheter for møter mellom tradisjoner der broer kan bygges på tvers av bakgrunn.

FOREWORD

The focus of this thesis is on the relevance of the healing traditions of the Sámi people of Northern Norway to the existing health services. Though the Sámi are unique as an indigenous people in the area, the case of the Sámi is to some degree representative of all people living in this region of Northern Norway as the Sámi, Kven and Norwegian cultures have in many areas mixed, and the traditional worldviews are highly palpable aspects of the multicultural fabric of the area.

The question of the role of local healing practices within the health services might even be thought to be superfluous. From one perspective, including the local medical tradition in public health services might be thought to be an obvious necessity, a matter of unquestionable relevance. One answer to the question of integration of healing traditions, especially within the mental health services, might be that local healing traditions certainly deserve a central place, and that the question should rather be turned around, asking to what degree other medical traditions from other cultural environments should have a role. In one way, it is a paradox, that the role of local healing traditions within local health services should even be questioned, yet, as most understand, the fact that it is has many historic and social reasons.

The issues raised in this thesis do not have any simple answers, and its goal has not been to attempt to provide any. However, a major inspiration for embarking on this project is a sense that the subject deserves special attention in this area, and that the questions, though they have no simple answers, should be given consideration and awareness.

ACKNOWLEDGEMENTS

I want to express my deep personal respect and regard for the knowledge and experience that forms the basis for the culture of the Sámi people. I believe that any people that can manage to survive for thousands of years in harsh arctic conditions must have a strength, endurance and tradition of which there is much to learn. I am very thankful for the opportunity to have been able to experience, meet and know some of those who carry this heritage. I would also like to give a special thanks to those helpers and healers I have met both in Northern Norway, as well as in Alaska and Peru. They have provided important and highly valuable inspiration for this project, as have all of those who have shared their stories and varying perspectives on the questions of this study.

I would also like to thank those within the research community that have granted their time and support in my initial steps into the research world. Especially to professor Tore Sørlie who has been my main advisor and who has walked much of this journey together with me. He has always had an open door for discussions, and offered a great amount of his time through this process. I would also like to thank professor Jens-Ivar Nergård for his personal inspiration and perspectives as well as Vinjar Foenebø who gave me valuable initial grounding in research. A special thanks to Ellen Anne Stabbursvik Buljo who has been an important support through her personal enthusiasm and who has carried out a number of central interviews in Sámi which have provided a basis for understanding local tradition. I would like to express my gratitude to Marit Einejord who has translated interviews from Sámi, and Joe Sexton who has given valuable statistical support. My wife Sigrid has supported me through the difficult phases of this work, and been an important partner in conversations on these subjects. I want to express my gratitude for her personal sacrifices in this process.

This work was supported financially by Helse Nord (the regional health service provider) and the Psychiatric Research Center for Northern Norway. It also received initial funding from The Sámi Parliament and The Sámi National Centre for Mental Health. A special thanks to these institutions.

ABSTRACT

Objective: To look at the question of a potential integration of traditional healing within the mental health services serving the Sámi and multicultural population in Northern Norway.
Methods: The study is based both on qualitative and quantitative approaches. Interviews looking at today's healing practices, perspectives towards integration, and existing meeting points between Western and local tradition have been carried out among patients, therapists and healers in the two most northerly counties in Norway. These are important parts of the Sámi homeland, or Sapmi, which stretches through much of northern Scandinavia and parts of northwest Russia. A cross sectional questionnaire survey among 186 patients within the mental health services of Finnmark and Nord-Troms looks at the extent of use of local healing traditions and factors related to this use. It also looks at to what degree patients desire an integration of traditional healing within the health services and factors associated with a desire for integration.
Results: The results support the conclusion that local healing traditions represent an indigenous tradition with longstanding roots in the region. The relationship between traditional and modern health services seems to have been polarized to a great degree. No direct cooperation between traditions is found within the mental health services, however some therapists with a local background might be viewed as bridges between traditions and worldviews – insuring that the perspectives within the Sámi culture and its healing tradition are to some degree represented within the mental health services.
In the quantitative study, use of traditional and complementary treatment modalities was significantly higher within the Sámi group as compared to the Norwegian group. Factors related to use also differed between Sámi and Norwegian groups. Sámi users were found to give greater importance to religion and spirituality in dealing with illness, and were less satisfied with central aspects of their treatment within the mental health services than Sámi patients who had not used these treatments. The desire for an integration of traditional healing was high among all with a Sámi cultural background. Eighty-one percent of those with Sámi speaking grandparents on both sides of the family desired such an integration. Views towards an integration expressed in interviews indicate that the question is complex, and any attempt at integration would need to consider how to meet local tradition with respect, and give high consideration to its context and integral worldviews.

Conclusion: An integration of traditional healing within the health services is desired by a clear majority of patients in this study. At the same time, the study emphasizes the importance of recognizing and respecting the environment within which traditional healing is normally practiced. If traditional healing is to find a natural place within the health service, the health service itself will need to reflect this environment in new ways, or find ways to integrate local practices within the environment in which they are already practiced. Opening up for health professionals to contact healers when desired by patients, inspiring greater dialogue between traditions and discussing guidelines for cooperation are some possible first steps in this process.

LIST OF PAPERS

1. Sexton R., Buljo E.A. Healing in the Sámi North. Paper submitted to Culture Medicine and Psychiatry
2. Sexton R., Sørlie T. Exploring interfaces between traditional and western health practices and views towards integration within the mental health services in Sámi areas of Northern Norway. Paper submitted to IJCH
3. Sexton R., Culture, Tradition and Mental Health - Approaches of local counselors in Sámi areas of Northern Norway. Paper submitted to Culture Medicine and Psychiatry.
4. Sexton R., Sørlie T. Use of traditional healing among Sámi psychiatric patients in the north of Norway. Published IJCH
5. Sexton R., Sørlie T. Should Traditional healing be integrated within the Mental Health Services in Sámi areas of Northern Norway? Patient views and related factors. Accepted for publication in IJCH

BACKGROUND

Traditional Healing

The world health organization defines traditional medicine as "The sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. Traditional medicine that has been adopted by other populations (outside its indigenous culture) is often termed alternative or complementary medicine" (1). This definition of traditional medicine emphasizes that it is a part of a particular culture. A simpler formulation might be that traditional medicine, or traditional healing as it is often called, is a helping tradition that is intimately interwoven with the culture itself. In this sense, it is also an expression of the worldview of the culture and of the place in which man has within this worldview. Though there are many differences in the specifics of the diverse traditional healing systems, many also point out clear underlying similarities (2-5). In a broad general sense, similarities include the holistic approach and the spiritual worldview associated with the practices. These facets of traditional healing practices are also what distinguish it from western medical and psychological approaches. Western health practices are founded on a scientific paradigm which relegates matter as the essential underlying basis of phenomena, including human consciousness, and has tended to have a focus on parts rather than wholes and interconnections. Some movements within science, such as systems theory, field theory, and holographic models do provide a different focus (6-8), however, these are, at least within the dominant medical paradigm, still relatively marginal movements. In contrast, traditional healing practices are most often founded on a cosmology in which human life is both intimately interwoven with its surrounding nature and society, as well as a mostly invisible reality which constitutes the spiritual world.

It is thought that traditional healing approaches throughout the world have a connection to earlier shamanic practices (9). The shamanic worldview is a stratified multidimensional cosmology (10) that differs from area to area, but its common denominator is that the everyday experience is one of several or many potential realities or dimensions. These realities can be accessed actively through what are considered sacred technologies which exist within the tradition. They may also become available for other reasons in the course of a persons life, sometimes in connection with crisis (9, 11, 12). Shamanic practices have been given special focus in recent literature as

methods of altering consciousness, and entering non-ordinary states of awareness specific for carrying out healing practices (13, 14).

From the outset, it is clear that the western perspective has no model which can be used to readily accept the worldview or cosmology of many healers. If one tries to explain it, one runs the risk of reducing it to psychological concepts. This is a poor starting point for creating a dialogue between traditions. Though there are some models of depth psychology, such as that of Carl Gustav Jung (15, 16) and more recently, Stanislav Grof (17) and the transpersonal psychology movement (14), which do grant space for the traditional world view of the healer, these are still at the margins of orthodox psychology, and most often not taught in professional schools. However, despite these incongruencies between traditional and western models of reality, it has been pointed out from a number of sources that there are clear similarities in the psychotherapeutic approaches employed by both systems (18).

Today, on one hand, in many areas of the world, traditional healing knowledges and practices are being lost, or are loosing ground to the growth of western culture (19-21). On the other, there is an increasing interest for them within both traditional societies as well as from outsiders (22, 23). At the same time, there has been an ongoing attempt at bridging traditional and western practices. This is seen in the World Health Organization's emphasis and strategies towards an integration of traditional healing (24), in the many writings within transcultural psychiatry which suggest an integration, as well as in an increasing number of attempts by both scientists and lay persons to find common ground between traditions (25-28).

A special situation exists for indigenous or non-western people who use local healing traditions outside of the western health services. How these two systems interface each other is a multifaceted question that certainly has different answers in different regions as well as for different people within the same area. Some of the questions that are raised when considering the interfaces of traditions are: How do patients use both systems together? Do they share this use with their doctors and therapists? Are traditional views and practices also somehow a part of the official health care system, and how? Do patients feel they receive respect for their practices

from within the health care system? Do patients desire traditional medicine and healing within the health care system?

Many questions also arise from a more fundamentally ethical perspective, most importantly: To what extent should western science, be it anthropology or medicine, engage in researching traditional medicine and healing from a western perspective, and if so, for what reasons and how?

Nord-Troms and Finnmark

Finnmark and Nord-Troms are the two most Northerly districts of Norway. They cover large areas, are sparsely populated, and have been a multi-cultural region for centuries populated by Norwegians, Sámi and a small minority of Kven, descendents of Finnish speaking immigrants to the area. In the coastal regions there is a greater proportion of Norwegians and people with mixed Sámi, Norwegian and Kven heritage. In some of the inland regions, the Sámi population is in clear majority, with several small towns being primarily Sámi.

The Sámi are an indigenous people living in Norway, Sweden, Finland and Northwest Russia. They have traditionally been semi-nomadic reindeer hunters and later herders, or lived on small-scale animal husbandry and fishing. Today only a minority are occupied in these traditional ways. The history of the Sámi is in many ways similar to that of many other indigenous peoples. They have been colonized and subjected to powerful missionary practices and assimilation policies, all of which have exerted a long series of pressures on the culture and way of life. In comparison with native peoples of for example America or Australia, they have also had sporadic contact with western culture for a considerably longer period of time. Despite the forceful assimilation policies, and this extended contact with the West, the original Sámi language, tradition and belief systems have been to a great degree preserved (29), though many people with Sámi background do not speak the language, and mainly only children in inland Sámi areas learn Sámi as their mother tongue today.

Due to the longstanding contact between the Sámi, Finn and Norwegian communities, many people have ancestors from all three cultural groups. This is one reason why the concept of

ethnocultural groups and identities is complex in this region. Another important reason is the varying degrees to which the assimilation policy has impacted different geographical areas (30). For this reason, people with Sámi ancestry in coastal regions may consider themselves as Norwegians today.

Some initial experiences in the area

I came first to the area as a general practice resident in 1993 where I worked in Kautokeino. Though I was originally scheduled to do a residency elsewhere, my wife, who had had a Sámi grandmother, wanted to spend time in a Sámi area, and I was able to trade my residency spot for Kautokeino which at that time was not a popular destination for residents due to its isolated location.

Kautokeino is in inner Finnmark and can probably be said to be the most characteristic of the reindeer-herding Sámi areas in Norway (possibly sharing this distinction with Karasjok, another inland area an hour and a half drive away). Many still use traditional dress, and Sámi is the main language used in the area. Not versed in Sámi, I often needed an interpreter in my meetings with elderly patients who spoke little or poor Norwegian. Though where I was working was a general medical clinic, it reflected local culture in its atmosphere in several ways. A half an hour was generally given for appointments, instead of the usual fifteen or twenty minutes in other parts of Norway. I understood then, that this was to allot for both the possible use of an interpreter and to allow patients time to remove their “kofte” or local dress when coming for blood pressure checkups, a fairly involved process for many of the elderly. I realize now that most importantly, this extra time gave the opportunity for an unrushed and spacious meeting more in tune with local ways. The chief doctor, Øyvind Vannbakk, though Norwegian, had spent his whole professional life in the area, and most certainly understood this. Also, the rest of the staff were locals. Berit Ellen, a woman who had worked in the laboratory with Vannbakk for many years was especially important in providing a local cultural orientation for myself. Not only in sharing about local culture, but in creating a space and atmosphere for the work which was open, relaxed and accepting. After hours, patients needing more acute help were generally met in their homes, providing an opportunity to come into closer contact with them, their family and lifestyle.

Kautokeino has been a center for reindeer herding for generations, a place people lived during the winter months while the reindeer were in the general inland vicinity. However, during the early nineties while I worked there, many were being forced to leave reindeer herding due to over grazing and new regulations. People in their forties and fifties were given money to slaughter herds, and take new educations. This was understandably difficult for a number of people who knew no other lifestyle, and for whom little other opportunity existed, a situation that colored the work at the health center during that period.

This early period in inner Finnmark spiked my interest in local healing traditions, which I was often told about by patients. My first encounter of the healing traditions was through patients with cut wounds, sometimes from the broad sharp knives used in the reindeer herding, who would often tell me that they had stopped off at someone who could "quiet blood" before coming to the office. These are people known to have an ability to stop bleeding through the use of particular verses. Later, I heard that even surgeons at more centrally located hospitals would occasionally in real bleeding crisis have a staff member call such a person.

Eight years later, in 2001, I came to Finnmark again, this time to Lakselv, a coastal town along the Porsanger fjord. This area is referred to as "where the three tribes meet". These tribes being the Sámi, Kven and Norwegian. Though many over forty knew Sámi, Kven or both, these languages were less often heard in town. However the sense of a Sámi influenced culture in the area was still clearly felt though it is somewhat difficult to explain exactly why. Possibly it was in the unhurried atmosphere, the closeness and importance of nature and the stories peoples told. This sense reminded me both of my time in Kautokeino and experiences with indigenous people during my upbringing in Alaska. I also noticed the deep importance and meaning the local helping tradition held for people here. However, in contrast to Kautokeino I became particularly aware of a sensitivity surrounding the topic of cultural background. There was a palpable discrepancy between the everyday life and beliefs of local people, and the services offered to patients for mental and psychological ills. There was little at all at the policlinic which gave it a local or Sámi distinction. Only one of six of the therapists there spoke Sámi, we did not travel out to meet people in their homes, and there was no cooperation with local helpers (traditional healers). I also noticed a considerable gap between the informal and interesting conversations

relating to culture and local tradition between coworkers, and the focus at formalized staff meetings. A focus that was primarily on diagnostics and standard treatment approaches. It was at this time that I began to try and become more familiar with the traditional medicine of the area, and started to meet with some of the local healers.

Several experiences I had while working within the mental health services have remained clear in my memory. I noticed that many of the stories and experiences people shared with me depicted a close bodily felt connection with nature. I remember especially well one story often returned to during the therapy sessions I had with one particular patient. He told me of an experience he had had in the mountains as a young healthy and active man. Here he had come over a large stone which he had felt a particularly strong and deep connection to, an experience which he explained was one of the most powerful in his life. He repeated this story to me a number of times throughout our period of contact, somehow trying to find meaning in it. My focus was to try to reflect a recognition of the importance of this experience for him, however, I always felt he was looking for a deeper explanation that never emerged in our time together. Later I have pondered on what this could have meant for him, as no clue emerged during our meetings. A possible connection we did not explore is the significance of the offering stones and sacred spots in nature within the Sámi culture of the area. Though offering stones are generally not thought to be used today, Jens-Ivar Nergård who has done considerable fieldwork in the area, has described his meetings with a Sámi healer who spent much time in proximity to an offering stone that carried deep significance for him, and from which he gathered renewed strength and energy (31). I have also heard others speak of the significance and bodily felt connection with sacred sites in the area which they visit for personal renewal. I still do not know if this was a connection relevant for that particular patient, however, had I been more aware of these connections it might have emerged in our meetings.

Project development

In 2003 I visited the Alaska Native Medical Center in Anchorage Alaska which had a Traditional Healing Program in which native healers from the indigenous populations of Alaska were engaged. I returned to Norway with the idea that such a program could be an idea for the local mental health services in Northern Norway, and found that some local therapists who knew of

similar programs had had the same thought. Professor Tore Sørlie, who was very positive to exploring the possibilities of some form of cooperation between healers and the health services, suggested to start by looking into patients' perspectives towards an integration of traditional healing within the mental health services. A similar suggestion had been earlier given to me by a leader at one of the mental health centers in Finnmark. The idea seemed therefore to have resonance within both the therapeutic and research communities. The project was developed further in cooperation with Tore Sørlie at the Department of Clinical Psychiatry at the University of Tromsø, and local mental health clinics in Troms and Finnmark, and we were eventually granted funding for a combined qualitative and quantitative study through the Sámi parliament, the Sámi National Center for Mental Health, and the Northern Norway Regional Health Authority (Helse Nord).

AIMS

The primary aim of the project was to access attitudes among patients, therapists and local healers towards an integration of traditional healing within the mental health services. Within this aim was an exploration of the interfaces of local culture, traditional healing and the existing mental health services. We wished to know more about which patients use traditional and complementary treatment modalities and which would like these modalities available within the health services.

After initial interviews with patients and therapists, it became clear that it was important to also focus on what traditional healing is today, and how local culture, and possibly traditional healing, might already be integrated within the mental health services.

SPECIAL CONSIDERATIONS

Ethical aspects

The subject of traditional healing in the area is for many a sensitive one, probably for several related reasons. Healing traditions were made illegal and punished during long historic periods,

and they are closely related to both identity and culture which have similarly undergone suppression during assimilation policies. Both healers and patients are often of the opinion that local healing traditions are not respected within the health services, and traditional healing has been a subject that has not always been discussed openly. In core Sámi areas healers preferred to keep a low profile, and could ask that patients not speak about the treatment. There is also little published on today's healing traditions in the area, and it is noteworthy that few Sámi or local academics and health professionals have pursued the subject themselves.

The project was carried out with an awareness of these issues which have influenced the approach in several ways. Having lived and worked for some years in the area was for me personally an important experience to have had before becoming involved in the development of the project. This time gave some awareness of the issues surrounding the subject. Much of the development of the study was also done in consultation with local clinics and therapists. A Sámi speaking coworker was found to carry out some of the qualitative interviews, and her help has been very valuable in providing a greater understanding of local tradition. The study was accepted by the regional ethical committee which included a review by an individual appointed by the Sámi parliament. It also received financial support from both the Sámi parliament and the Sámi National Center for Mental Health. This support was an important encouragement that the study was seen as potentially beneficial and ethically appropriate within the Sámi community.

In carrying out the study efforts were also made to avoid participants experiencing any pressure to participate. For example, with respect to the questionnaire package, patients had the opportunity to either fill it out at the clinic or bring it home, read through it, and decide whether they wanted to participate. No follow up phone calls were made that might be construed as some form of pressure. For the qualitative interviews, an open interview style was also chosen in order to remain flexible and in tune with a more natural flow of conversation during the interviews. Participants were asked whether they were comfortable with being recorded during these interviews. If they either said they were not, or this was sensed, no recording was taken. In those few cases where participants wished not to be recorded, audio notes were taken immediately after the interview.

Much of the literature that does exist on Sámi healing tradition is historic, and looks at the functions of the Noaidi, or shaman in pre-Christian Sámi culture. This reflects a clear academic interest in these historic aspects of Sámi culture. However, in my experience, the shaman or Noaidi is seldom mentioned in Sámi areas. Despite this, the figure still seems to be alive in modern Sámi literature and film. To what extent the Noaidi is a taboo subject, and to what extent it has disappeared from the awareness of people today is difficult to say. In my experience, when the Noaidi is referred to, this is often done in a negative sense, referring to someone who uses psychic powers in a negative way. I have also seen similar attitudes towards shamanism in discussions with healers in Alaska where a forceful missionary presence has similarly repressed local tradition. Therefore, including some discussion of the traditions of the Noaidi and possible links between these and modern healing tradition may be offensive to some. To those who might experience this, I would like to emphasize that my use of the word Noaidi is with regards to the practitioners of healing traditions before the repressions, and not to the sense of the word as it is sometimes used today.

I believe it is important to include some discussion of what is known of the traditions of the past for several reasons. With respect to local tradition and its possible place within the health service, it may be important to consider whether local tradition can be conceptualized within a longstanding tradition in the region. Also, as most of the literature on Sámi tradition is on pre-Christian tradition, it is important to include this in framing the discussions of the tradition today. Also, many Sámi people wish to understand their own traditions from within an indigenous framework. Shamanic practices are still widely used in some indigenous areas. As it is known that Sámi culture has roots in a shamanic culture, it would be difficult to not include this topic in these articles.

Ethnicity

As this study looks specifically at the Sámi population, a short discussion on ethnicity, and how it has been defined in international and local research is included here.

Ethnicity and culture are to a great degree elusive concepts, without a widely accepted definition of what they actually are and how they might be ascertained. They are also often used

interchangeably in medical and psychological literature, sometimes together with the concept of race, all contributing to some confusion (32, 33). One definition of ethnicity is a "multi-faceted quality that refers to the group which people belong, and/or are perceived to belong, as a result of shared characteristics including geographical and ancestral origin, but particularly cultural traditions and origins"(32). The concept of ethnic identity, as opposed to just ethnicity, includes a more explicit element of self-identification, and researchers share a broad general understanding of it, but differ in what aspects are emphasized. These can be self-identification, feelings of belonging and shared values or cultural aspects such as language, activities and knowledge of group history (34).

Studies have looked at the processes of identifying with a particular culture or ethnic background, a process that may be more or less conscious and involve individual search, exploration and conscious decision making (34). Ways in which people deal with conflicts resulting from participating in two different cultures, such as trying to pass as members of the majority culture, or forming a workable bicultural identity have also received attention. In addition, some have looked at the changing meanings an identity can carry for the same person over time (34).

In general, different approaches have been used in the existing research on Sámi health questions. Though some have used the self defined identity (35), others have looked at Sámi speaking individuals (36) or at the language use of close relatives (37). Some have also used a combination of these approaches (38). Though there are thought to be weaknesses with self-identification due to stigma in reporting Sámi identity (39), others have reported self-identification as a valid measure of ethnicity among patients within the mental health services (40). The difficulty here is that while some with a Sámi cultural background are thought to not report Sámi identity due to stigma, others who may have some Sámi heritage will possibly in reality have little connection with Sámi culture due to assimilation and intermarriage and being raised predominantly in a Norwegian setting. This provides some possible weaknesses with looking exclusively at either Sámi self-identification or Sámi family background. Using the language of relatives in defining ethnic groups also raises an ethical question as to whether it is appropriate to assign a person to a group they themselves do not report belonging to.

For this study self-defined identity was used in both questionnaire studies. In considering the possible weaknesses with this, either both the number of individuals speaking Sámi or with Sámi speaking grandparents in the Sámi group was also reported (article 4) or the group of patients with Sámi grandparents on both sides of the family was looked at in addition (article 5). It is also important to remember that this study has been carried out throughout a large region where there are different ways of life, use of language and historic trajectories connected to Sámi background. Most relevant are the histories and current situation for the reindeer-herding Sámi, the coastal Sámi and the Eastern Sámi. The Eastern Sámi were for example christened by Russian monks in the fifteen-hundreds, while christening in other areas occurred through missionaries sent by the Danish king in the seventeen-hundreds. Another issue today is that Sámi culture is in a revitalization process and the stigma once associated with being Sámi has to a great degree abated or been reversed. The value of Sámi culture, as other indigenous cultures, is also being increasingly recognized, and some may have a strong sense of personal affiliation with Sámi culture and values though having only more distant family ties. These differences in the history, lifestyle and effects of the assimilation policies and revitalization emphasize that the Sámi population is a varied population where identity may have vastly different meanings for different individuals.

Considering the findings

I am reluctant to call the perspectives emerging from the interviews as results, though I have done so in the submitted articles in order to conform to the style of writing used in medical literature. I am reluctant to use the word "result" as it gives associations to some form of "hard data". In keeping with a reflective ethnographic and qualitative tradition (41, 42), I see the findings as perspectives emerging from unique meetings in which the context both historically and of the moment of the meetings, as well the personal backgrounds of those who meet, are highly relevant. This perspective is also supported by an increasing literature emphasizing the importance of a reflexive view of the researchers own role as an integral part of the emerging findings of ethnographic and qualitative research (41, 43).

In framing the findings of this study within academic articles, I openly acknowledge that the ways diverse healing traditions have been conceptualized within both anthropological and bio-medical literature have been influential in the structure of the articles, and to some degree, this may distance the described tradition from its own reality and the experience of those who know it. This is hard to avoid within a scientific tradition that is based on the written word and certain forms of knowledge and reasoning.

The written word is also limited in transmitting the flavour of a tradition that may more easily be captured in the many nuances expressed in a spoken narrative or through other avenues. This may include listening to the stories, experiencing the art and images that reflect a tradition, exploring the natural and social landscape, submersion in the musical tradition of the area, meeting healers and participating in the healing work itself. Immersion in these aspects of culture has also formed an integral part of the study for my part. It is also important to acknowledge that knowledge can not be compartmentalized. It can come from any source. As pointed out by Gonzalez “all that exists and occurs within a culture is data and related to the awareness of meanings for the persons for whom it provides primary human grounds for interpretation” (43). Though the interviews have been referred to as the primary source of data for the qualitative studies, they have been guided and understood within this broader context of experience within the culture.

METHOD QUALITATIVE PORTION

Field work and qualitative interviews

Recognizing some of the limitations referred to above, I have tried to approach the questions of this study from several angles in order to see different reflections of local tradition and views towards the questions of this study. The study is from several different areas and clinics, has included interviews and conversations of both a more formal (those being recorded) and informal nature with healers, patients, therapists and laypersons by myself and a Sámi speaking colleague. It has also included some personal observations from stays in the area totaling around three of the last sixteen years. During this time I have worked for periods within general practice, the mental health services and on this research project. As a whole, this provides several perspectives, or a form of "triangulating", in order to see if similar themes are gleamed throughout these differing approaches and sets of encounters between individuals.

The conceptual framework of this study draws on reflexive (42) and social constructivist perspectives (44), emphasizing the importance of context in the meetings and interviews which form the basis for the study. It seemed to me that this framework and a focus on the narrative tradition of the area were most appropriate for the study and region. Interestingly, I recently also found that a similar framework and approach has been utilized within a recent study of a similar nature among native counselors in Canada (45).

The interviews which the qualitative articles are based on were carried out throughout 2006 and spring of 2007, in most cases at peoples' homes providing space for the narratives or personal stories they wanted to share. The focus of interviews, which were open in style and might more accurately be called conversations, was on the personal experiences participants had of traditional and western health services. They included the personal backgrounds of the participants as well as stories and experiences which could help to illustrate local understandings. These were carried out by myself and Ellen Anne Buljo Stabbursvik, a Sámi speaking colleague, grown up in Kautokeino and educated as a psychiatric nurses aid. Her interviews had a special focus on local healing traditions and associated beliefs and worldviews.

The interviews have been transcribed verbatim in whole or in part where the discussions diverged substantially from the main questions of the study. Themes have gradually emerged through the transcription process, re-listening and rereading the interviews and discussing them with colleagues knowledgeable of the local circumstances. Though the themes are thought to be relatively explicit and obvious within the interview material, they should be considered within the reflexive qualitative tradition.

Participants

Patients and therapists were recruited from one of nine different outpatient mental health clinics in the region as a part of the questionnaire based survey carried out in 2006. The remaining healers and lay persons interviewed were people I came into contact with during stays in the region, or were people known to Ellen Anne and thought to have insight on local healing tradition.

EMERGING PERSPECTIVES IN QUALITATIVE PORTION OF THE STUDY

Article 1. Healing in the Sámi North

These perspectives on local healing tradition are gathered from accounts emerging in a narrative form. Stories people have shared about visiting a helper and stories healers have shared about important experiences in their lives and accounts of their work. A total of twenty-five individuals were interviewed. Eight of these were healers, and the remainder those who utilized healers. Nine interviews were carried out by Ellen Anne Buljo Stabbursvik in Sámi.

Inherent in these accounts are the views that certain people have a gift, or special abilities to help other. Though they may also have concrete and practical knowledges of plants or healing techniques, it is their special gifts and abilities which seem to be considered most important. These abilities are thought to be carried in certain families. They are abilities of both a psychic, spiritual and social nature.

Transferences of the healing tradition have several underlying themes. As mentioned, healers often have other healers in the family. Several of those I spoke with were told by a healer within or outside the family that they had such abilities. One was first told to use them on her own sick brother. Being told one has healing abilities can also take the form of being offered to inherit the formulas used in "reading" for the sick. However, some who are offered do not necessarily accept this. Another characteristic that seems to be integral among several of the healers are hardships within their own lives, either in health, or some practical difficulties that they emphasize.

Healers framed their practice in different traditions. Some referring to the deep historic roots of healing traditions in the area and healing traditions of other indigenous peoples, some clearly connected their practice to Christian beliefs, and others included perspectives from other healing traditions such as Indian medicine and the Chakra system. I also met several healers who had traveled abroad and gathered inspiration and knowledge from other healing traditions in neighboring countries such as Russia, as well as from more distant cultures in Africa and South America. However, despite the references to these diverse systems, there appeared to be many similarities among healers.

Healers emphasized the importance of an inner source of knowledge. Some referred to the importance of thoughts that could tell them something important about a person seeking help, others to visual images that came to them or an experience of their awareness changing qualitatively and in which they could have access to other sources of knowledge.

This article compares todays tradition with what is known of that of the noaidi, the Sami shaman of pre-Christian times, and suggests that though local healing traditions among the Sámi in Northern Norway have gone through major transformations during the last several hundred years, they might still be considered an extension of an indigenous tradition with deep roots in the region. Though the drum, a tool central in the healing and shamanic work of the noaidi is not used among the healers in this study, there seem to be a number of similarities between this past tradition and healers today. These include, among others, an inner or intuitive source of knowledge, seeing healing as a "force", and its connections with worldviews and cosmologies

that honor an existence of spirit beings and other planes of reality. The article looks at how Christianity, in the form of Læstadianism has merged with local healing tradition, a situation which is known from other indigenous healing traditions in the arctic. It also briefly discusses how tradition today is to some extent fusing with other healing traditions and mentions the attempts at revival of the shamanic tradition in Norway.

Article 2. Exploring interfaces between traditional and western health practices and views towards integration within the mental health services in Sámi areas of Northern Norway

The article is based on interviews with nine patients, six healers and seven therapists. It looks first at the question of whether or not there is any existing cooperation between therapists and healers within the mental health services, and then at perspectives towards such cooperation and integration. Though no existing cooperation was found, the therapists in the study, all having Sámi or local background, did acknowledge patients use of traditional healing and expressed that using both traditions could be important for many. One who worked in a ward said she was often asked by patients to call a healer, in which case she would most often give the patient a number so they could call the healer themselves. She would record this in the journal. Another would sometimes suggest that a patient contact a healer. This might be when the patients' problems contained many cultural issues, dreams and visions that she did not think were psychotic, but which might be signs of a crisis that portended a sensitivity and possibly a gift from a Sámi perspective.

Therapists in general felt unsure of what was acceptable or good practice with respect to relating to the subject of traditional healing or referring to healers. At an institutional level, no position or standpoint within the clinic had been formulated with respect to the subject.

The article then looks at the perspectives of patients, therapists and healers concerning a greater integration of traditional healers within the health services. Generally a greater openness towards traditional healers and possibilities for cooperation were desired. Two important issues that emerged were whether traditional healing could fit within the medical context, and the need for

mutual understanding and respect between traditions. Some, especially therapists, were skeptical towards integration from the perspective that the traditional and western systems are so different, and the fear that traditional healing could suffer within the restrictions and institutional framework of the public health services. Healers were generally positive to a cooperation but emphasized that an acknowledgement and acceptance as well as respect of local tradition was necessary.

Article 3. Culture, tradition and mental health – Approaches of local counselors in Sámi areas of Northern Norway

During the interviews with local therapists from within the mental health services for the purpose of article 2, it became clear that their approaches integrate culture in unique ways due to their personal knowledge and experience. The approaches of nine local therapists, eight of whom were Sámi, were therefore explored in more depth in this article. Some of the central themes arising were the importance of providing an atmosphere and space for patients to share their own personal experiences and stories. Several of the therapists also used more experiential approaches, including relaxation techniques, body oriented approaches, guided imagery (visualization), and dream work in their therapies. Others hoped to develop culturally attuned therapies such as doing therapeutic work in nature and using Yoik, the Sámi song tradition, in their work. However, the potential of integrating such treatment approaches deemed more culturally appropriate by therapists was felt to some extent to be hampered by ingrained traditions within the mental health services.

Traditional and western approaches seem to in some sense converge in the work of these therapists. Though therapists in this study do not use the same healing practices as those healers in the community, and consider their own role as different, their perspectives do include the cultural foundation that traditional healing is based on, and some of their approaches are similar to the holistic approaches within traditional healing. Of special interest is the work of Tom Andersen (46) and Systemic therapy which has been seen as especially valuable by a number of

counselors and therapists in the area. This approach has a special focus on context that includes the extended network of the patient.

METHOD QUANITITATIVE ARTICLES

This was a cross-sectional study throughout a three-month period between February and April of 2006. Information about the study was made available through brochures and posters at each treatment center. Patients were recruited to the study by their primary psychiatric therapist or a secretary at the clinic who informed them briefly about the survey and gave them a packet with more information on the survey as well as the questionnaire.

The questionnaire, which was available for patients in both Sámi and Norwegian, was developed in cooperation and consultation with 4 of the study centers and the National Research Centre on Complementary and Alternative Medicine (NAFKAM). In order to further improve initial questions, the questionnaire was pre-tested in a preliminary study with a group of 5 patients at an outpatient treatment centre in a core Sámi area.

Participants

This survey was taken among patients receiving treatment at one of nine different treatment centers throughout Finnmark and Nord-Troms. These treatment centers included five psychiatric outpatient clinics, two communal health centers, one private psychologist, and two wards at the psychiatric department of the University Hospital of North-Norway. All the treatment centers served patients from large, sparsely populated districts and except for the University hospital in Tromsø, were located in small rural towns. The study design called for all patients in a stable phase and able to understand the implications of informed consent to be invited to participate.

Measures

A brief description of the measures used is included here. I refer to the original articles for a fuller description and references.

Measures

General demographic factors: Age, Gender, Marital status, Years of education, length of mental health problems

Cultural affiliation: We have used two different measures of cultural affiliation

- ***a)*** Self-defined cultural affiliation: five point scale ranging from not at all to very much with respect to Norwegian, Sámi, Finn, Kven or other cultural affiliation. Only this measure was used in article 4.
- ***b)*** Having Sámi speaking grandparents on both (mothers and fathers) side of the family.

Treatment type within mental health services*: use of medicine and hospital admissions*

Traditional and complementary treatments used: participants were asked if they ever had contacted therapists or helpers outside the public health services, either in person or by phone, if this treatment was for physical or psychological health problems, when the last contact had been and what form of treatment they had received. Types of treatments used were chosen from a list of traditional and complementary treatments**.**

Traditional treatments desired within the health services: Participants were asked which forms of traditional treatments they desire within the health services. Options were given in a list including room to fill in other treatments desired.

Spirituality and religious mindedness: Three items, concerning use of prayer to a higher source and importance of belief in dealing with illness (Alpha = 0.68, scoring range 3-15).

Emotional symptoms: The SCL-5 version of the Hopkins Symptom Checklist (Five items; Alpha = 0.87, scoring range 5-25).

Daily level of function: Two intercorrelated items assessing the degree to which patients' needed practical help and support in their daily life (Alpha = 0.64, scoring range 2-10).

Social support: Four item scale measuring how likely the patients believed they would receive necessary help from family, friends neighbors and colleagues if they were bedridden due to illness (Alpha = 0.73, scoring range 4-20).

Multidimensional Health Locus of Control: A 12-item version of the MHLC. Assesses the degree one believes in ones owns or others potential to influence ones health (Alpha 0.76 for the internal control scale and 0.63 for the powerful others control scale).

Personality: A 10-item version of the Big-Five personality inventory was used. We used the emotional stability (two items; alpha = 0.49), extraversion (two items; alpha = 0.50), and conscientiousness (two items; alpha = 0.56) dimensions.

Global satisfaction with treatment: a single Likert scaled question in which patients were asked how satisfied they were with all treatments received within the mental health services.

Quality of the patient-therapist relationship: Nine items assessing alliance and satisfaction with treatment. A factor-analytic approach showed that all 9 items were included in a one-dimensional relationship factor (Alpha = 0.92, scoring range 9-45).

Statistical analysis

Missing values raged from 0-10 percent, and percentages given in the text are valid percentages based on the number of patients answering. Missing values in the variables used in the analysis were replaced by the mean of the user or non-user group that the patient belonged to. The most frequent answer in this group was also used for missing dichotomous values.

In article IV, cross-tabs and chi square analysis were used to determine relationships between the different variables and use of traditional and complementary treatments for psychological problems. The comparison group was those patients who had not used traditional and complementary treatments for psychological problems. Those variables that were significant or trended to significance ($p < 0.1$) in the univariate logistic regressions were included in a multiple logistic regression analysis.

In article V**,** univariate logistic regression analyses were performed with respect to potential predictors of attitudes towards integration. Those variables that were significant or trended to significance ($p< 0.1$) in the univariate analysis were then entered into the multivariate logistic regression. We used SPSS for Macintosh 13.0 (article IV) 16.0 (article V) for all statistical analyses.

FINDINGS QUANTITATIVE PORTION

Of the 389 patients invited to participate 186 responded to the survey, a response rate of 48 percent. The calculation of a response rate of 48% is a calculation of a minimum response rate. In the original design of the study, we planned to calculate the response based on therapists noting the number of patients receiving a study packet. However, not all therapists wrote down the number of packets given out. We decided therefore at the end of the study to ask the participating centres to return questionnaires not given to patients back to us in order that we could calculate the number of patients receiving questionnaires (and thereby the response rate). It is probable that not all undelivered questionnaires were returned to us, as this was not explicit in the original design. The response rate of 48 % is therefore a calculation of the minimum possible response rate.

The mean age was 39 (SD = 12.7). 140 (77%) of the patients were women and 98 (53%) were married or co-living. 156 (84%) of the patients were being treated as outpatients.

Findings article 4: Use of traditional healing among Sámi psychiatric patients in the north of Norway

Defining cultural groups

72 (39%) of the patients reported some Sámi affiliation, considering themselves a little Sámi or more. Forty-three (23%) considered themselves “Quite a lot” or "Very much" Sámi. This last group ("Quite a lot" or "Very much") was defined as the Sámi group and used in comparisons

with the Non-Sámi group (n = 114), designated the Norwegian group as it primarily consisted of Norwegians. Within the Sámi group, 30 (70%) had learned Sámi at home and 39 (91%) reported having one or more Sámi speaking grandparents. There was no significant difference between the Sámi and Norwegian groups with respect to age, gender, years of schooling, marital status, hospital admissions, length of psychiatric problems or satisfaction with psychiatric treatment. However, the Norwegian group had a significantly higher symptom level ($p = 0.02$), scored lower on daily functioning ($p = 0.04$) and emotional stability ($p = 0.01$), and had used significantly more psychopharmacological treatment ($\chi^2(1) = 10$, $p = 0.002$). In addition, the Sámi patient group also scored higher on the scale of spirituality and religious mindedness ($p = 0.001$)

Extent of use of traditional and complementary treatments

Within the Sámi group, 29 (67%) had used traditional and complementary healing modalities for all problems (both physical and psychological), and 19 (50%) for psychological problems. In comparing the Norwegian group to the Sámi group, Sámi patients had used significantly more traditional and complementary healing modalities than Norwegian patients for both all problems ($p < 0.01$) as well as for psychological problems ($p < 0.05$). TABLE 1.

Table 1. Frequency of use of traditional and complementary modalities among Sámi and Norwegian patients.

	Sámi patients (n = 43)	Norwegian patients (n = 109)	Pearson Chi-square	p
Use of traditional and complementary medicine for all problems	29 (67%)	49 (45%)	6.2	0.01
Use of traditional and complementary medicine for psychological problems	19 (50%)	36 (31%)	4.2	0.04

Sámi patients who had used traditional or complementary healing modalities rated both their global satisfaction with the psychiatric services, as well as the quality of their relationship with the psychiatric therapist as lower than those Sámi patients who had not used traditional and complementary treatment for psychological problems ($p < 0.05$ for both). They also scored significantly higher on the scale of spirituality and religious mindedness ($p < 0.001$), and were found to have more often used psychopharmacological treatment ($p < 0.05$).

Norwegian patients using traditional and complementary healing modalities for psychological problems also rated their global satisfaction with the psychiatric services as lower than those Norwegian patients who had not used traditional or complementary healing modalities ($p < 0.05$). However, contrasting to the Sámi group, there was not found to be any significantly poorer relationship with the psychiatric therapist and use within the Norwegian group was also found to be significantly associated with earlier or current hospital admission.

Table 2. Factors related to use of traditional and complementary healing modalities for psychological problems among Sámi patients

Table II. Factors from the univariate analysis found to be related to use for psychological problems among Sámi

	Sámi users M(SD)	Sámi non-users M(SD)	t(df)	p
Spirituality and religious mindedness	10.4 (4.0)	5.7 (3.3)	3.9 (36)	<0.001
Global satisfaction with psychiatry	3.6 (1.1)	4.3 (0.7)	-2.2 (36)	0.04
Quality of contact with psychiatric therapist	34.4 (7.8)	39.1 (6.0)	-2.1 (36)	0.05
		Cross tab analysis	$\chi^2(1)$	p
Use of psychopharmaca	11 of 18 patients	5 of 19 patients	4.6	0.03

In the regression analysis, only spirituality and religious mindedness ($p = 0.008$) was found to be an independent predictor of use among Sámi patients. However lower scores on the scale of conscientiousness was close to significant ($p = 0.07$).

For the Norwegian group lower scores on emotional stability ($p = 0.02$), higher scores on extraversion ($p = 0.03$), higher age ($p = 0.03$) and earlier or current hospital admission ($p = 0.04$) were all found to be independently related to use for psychological problems. These results were interpreted as possibly indicating that use of traditional and complementary treatments among the Sámi group was more associated with the culture of traditional healing (and related spirituality), and that within the Norwegian group more with the use of complementary approaches.

Findings article 5: Patient Attitudes towards an integration of traditional healing within the mental health services in Sámi areas of Northern Norway.

Here, traditional healing was defined as the use of healing, reading or clairvoyants. Two different Sámi groups were looked at in this article. Those with any degree of self-defined Sámi affiliation (n=72), and those with one or more Sámi speaking grandparents on both mothers and fathers side of the family (n=48).

Patients' attitudes towards integration

Within the group with any degree of Sámi affiliation, 75% (54 of 72) desired traditional healing, while 37% (39 of 106) of those with no Sámi affiliation, the Norwegian group, desired an integration of traditional healing. Among those having Sámi grandparents on both sides of the family, 81 % (39 of the 48) desired such integration. This relationship between Sámi background/cultural affiliation and the desire for integration was found to be highly significant ($p<.0001$) in both uni- and multivariate logistic regression analysis.

Factors associated with a desire for integration of traditional healing

In the univariate analysis among all participants, demographic factors, cultural affiliation, spirituality, function, emotional symptoms, global satisfaction with the mental health services, and health locus of control were tested as potential factors associated with a desire for integration. We found that the desire for integration of traditional healing was significantly related with any degree of Sámi affiliation ($p<.0001$), having Sámi grandparents ($p<.0001$), having used traditional healing approaches ($p<.0001$) and religious mindedness ($p<.01$). There was a tendency towards a negative relationship with the level of symptoms ($p<.06$).

In the multivariate regression analysis, both Sámi affiliation ($p<.0001$) and having used traditional healing ($p<.0001$) were found to be independent predictors of a desire for an integration of traditional healing. Patients with Sámi affiliation had an odds of supporting an integration of traditional healing that was 5.3 times higher than that of Norwegian patients (CI 2.6-10.6), and all patients having used traditional healing were found have a 4.9 times higher odds of supporting an integration (CI 2.4-10.3).

Verbatim item

27 patients provided additional comments in regards to an integration. These comments grouped in three major areas: a) underlining the importance of a holistic perspective towards the patient b) supporting the idea of an integrative treatment approach, and c) receiving economic support for traditional and complementary treatment approaches. Here are some examples of these comments:

> a) *"I would gladly see a greater holistic horizon within the treatments with an acknowledgement of soul and spirit and different forms of spiritual energy with more interest in utilizing this and thereby complementing Western medicine with ancient knowledge about man and the nature of life."*

> b)*" A close cooperation will provide a more holistic treatment form where the physical, psychological and spiritual treatment needs and desires of the patients will be better covered."*

c) *"Alternative treatment should be subsidized like Western medicine."*

Several other comments were concerning the importance of a healer or helper having been born with or given the gift or ability, and that healing was not something that could be learned.

DISCUSSION

First, to briefly sum up what I believe to be the central findings and themes within these articles. The first article discuses how local healing traditions can be conceived as a part of a longstanding tradition in the area though it has undergone transformation and change. Perspectives among healers, therapists and patients towards an integration of traditional healing within the mental health services are then looked at in the second article. The third article illustrates the important role of western educated Sámi therapists within the mental health services today, and illustrates ways in which they include a knowledge and understanding of local culture in their work. The last two articles, both which take a quantitative approach, show that the of use of traditional healing is still quite extensive among patients with a Sámi background, and that a large majority of patients do desire to have healers within the health services. They also show that traditional healing is closely associated with a spiritual perspective, and that there is a lower satisfaction with the mental health services among patients with a Sámi background who use traditional healing.

This study has been an initial attempt to open a discussion on healing and the health services. Being an initial study on such a wide topic, more studies of greater depth on some of the areas and themes are called for. There are also some clear limitations in this study that need to be kept in mind when considering the findings.

Design, limitations and bias

This study design has tried to include several angles by interviewing patients, therapists and healers, and using a Sámi interviewer from the area. Other angles and perspectives such as those seen by others from the region will certainly add depth to the findings.

A questionnaire study exploring the use of traditional healing also has its clear shortcomings. Especially in this area where many may be skeptical to research and questionnaires. In interviews I had with patients after they had filled out the questionnaire, it was clear that a number who had actually used healers or complementary therapists had not written this in the questionnaire. Either they did not construe their use as such as it was so integrated within their every day life, for example a neighbor or family member healer, or they had forgotten it at the time. Also, considering the stigma the use of traditional healing has had within the health services, some may not wish to expose this use in a questionnaire. Probably a better design for a deeper understanding of the extent of use of healers and complementary therapists and issues related to this use would be through interviews with a larger number of patients representative of the patient population. These interviews would probably be best if conducted by locals or at least by people with a good knowledge and understanding of the local tradition history and context.

Though the response rate of 48% in the questionnaire study was relatively low, high response rates are hard to attain within the metal health services. This response rate is possibly as high as one can expect in a study design of this sort, which tries to avoid patients feeling pressure to participate. Nevertheless, it does also raise question of a possible selection bias among those responding. Whether such a selection bias has favored those positive towards an integration or not is difficult to say. Those patients more favorable towards traditional healing might be more likely to participate skewing the results. However, one cooperating therapist did say that some elderly Sámi patients who most probably did use healers, did not want to fill out a questionnaire on this subject.

Integration

A central finding of the study as a whole is that there is no cooperation with traditional healers within the mental health services despite a desire for this among patients. If the voice of the patients in this study is representative of the patients in general, this desire is quite clear. Such a desire is also in tune with the growing literature within transcultural psychiatry recommending a cooperation with traditional healers or an integration of traditional healing approaches within the health services. These two points together should provide an important argument for including

this issue in the future development of the health services. Necessary consideration of this question from a democratic position, acknowledging that services are paid for by the tax paying individuals and families they cater to, also speaks for the importance of considering patient voice in service development.

An added argument particularly relevant to this area and the Sámi population, is clearly also the historic fabric within which the mental health services are today set. The deep and powerful suppression of tradition, culture and identity is a historic wound. Though it may be less visible today, it has not disappeared with a few short years of changed political policy. For some patients this wound may be a central part of the problems that they carry, and the importance of the mental health services in addressing this wound is obvious. Healing from colonialism is an important mental health issue for clients noted in literature from other indigenous areas of the world (45). In this light, it becomes especially clear that the health services should take care not to echo in subtle ways the suppression of local tradition that has gone on for extended periods of history. An absence of local healing tradition, or open recognition of its importance for the population might be construed as such an echo.

The Sámi and local therapists do provide an important bridge between the culture of the community and that of the clinic, yet a number of those in the study describe feeling resistance in finding ways to integrate culture within the services, or feel a need to widen the framework within the mental health services. This and the fact of a non-existent cooperation seems to indicate that finding a balance between culture, tradition and the health services is a major challenge. This challenge is probably to a large degree embedded in the structure of the health services and the underlying values and frameworks conceptualized there. It is a challenge that certainly would be felt in an attempt at finding a natural place for local healing tradition within the health system.

Traditional healing has its own contexts. In becoming a part of the health services, these contexts might easily be altered. The question as to whether healing work can find a place within health services as they are today structured is a very important one, especially as western and local tradition have been entirely separated to this point. Finding a fresh and innovative format for

services so they may include and reflect local tradition would be an important first step towards integration. This might include consideration of architecture, closeness to nature, and the possibility of doing healing and therapeutic work outside of office settings. It is also important that there remains a vital healer tradition outside of health services, uninfluenced by their structure and thinking and providing an independent alternative to public health services.

The centrality of a spiritual worldview within traditional healing is not shared within the concepts and practice of psychiatry and psychology in the area today, and this may be one explanation for the different arenas of the mental health services and the traditional healers. Finding ways of bridging the perspectives of psychology and the spiritual worldview is probably necessary in bringing these arenas closer together. How this might be done is an important and open question that calls for research as well as new thinking in the training of health practitioners. Such training in the future might include an extended period of time in cooperation or practice with traditional healers, and dialogues with them on their approach.

Future perspectives

This thesis as a whole supports a continued integration of local values, perspectives, understandings and healing approaches within the mental health services. This certainly is a long term process that must consider the situation of the services today, and how they might gradually seek to further include culture, tradition and traditional approaches. How this process might go about, is certainly different from area to area, and may benefit from local consultation including not only health professionals, but also other academics such as anthropologists and members of the community from outside academic circles - In particular, those who are carriers of the local tradition and cultural heritage.

Additional research is also called for. Some research on therapeutic tools used by indigenous peoples has already begun to receive increasing attention. One example is research on the use and therapeutic effects of drumming (47). From a local perspective, interesting and potentially fruitful fields of research may be the role of narratives, of yoik, and of body oriented approaches in psychotherapy.

The call for traditional healing, widening the framework of the mental health services, and more holistic perspectives would probably require therapists and health professionals to have not only a rational understanding, but also an experiential understanding of these approaches. As the holistic nature of traditional healing includes all sides of a person – including the body, mind, and spirit – including this holistic perspective in the education of health professionals, as a counterpart to the more rational educational programs in medicine and psychology today may be important. This might possibly include experiential training with holistic and traditional approaches in order for therapists to gain a personal understanding of what they entail.

As a part of a continuation of these studies, a treatment program which provides a special focus on the role of culture in the region, including a greater awareness of patients use of traditional approaches, and accompanied by research on its effects for patients, has been initiated at one of the clinics in this study. Integral to this program is an attempt for therapists in their treatment approach, to include and see other approaches patients use outside the clinic as an integral part of the treatment as a whole.

REFERENCES

1. WHO. Traditional medicine. 2003, cited 2009 Jun; Available from: http://www.who.int/mediacentre/factsheets/fs134/en/
2. Abbott PJ. Traditional and Western healing practices for alcoholism in American Indians and Alaska Natives. Substance Use & Misuse. 1998 Nov;33(13):2605-46.
3. Bhana K. Indian indigenous healers. S Afr Med J. 1986 Aug 16;70(4):221-3.
4. Vance B, Gaw AC, Geller JL. Handbook of Culture, Therapy, and Healing; 2005
5. Quah SR. Traditional healing systems and the ethos of science. Social Science & Medicine. 2003;57(10):1997-2012.
6. Barabasi AL, Crandall RE. Linked: The new science of networks. American Journal of Physics. 2003;71:409.
7. Bischof M. Holism and field therories in biology. Biophotons. 1998:375.
8. Frederick C. A holographic approach to holism. Journal of Interprofessional Care. 1995;9(1):9-13.
9. Winkelman MJ. Shamans and other" magico-religious" healers: a cross-cultural study of their origins, nature, and social transformations. Ethos. 1990:308-52.
10. Balzer MM. Flights of the sacred: Symbolism and theory in Siberian shamanism. American Anthropologist. 1996:305-18.

11. Vitebsky P. From cosmology to environmentalism: shamanism as local knowledge in a global setting. Shamanism: A Reader. 2003:276.
12. Walsh R. The world of shamanism: new views of an ancient tradition: Llewellyn Worldwide Ltd; 2007
13. Noll R, Achterberg J, Bourguignon E, George L, Harner M, Honko L, et al. Mental Imagery Cultivation as a Cultural Phenomenon: The Role of Visions in Shamanism [and Comments and Reply]. Current Anthropology. 1985:443-61.
14. Grof S, Prague C. Theoretical and empirical foundations of transpersonal psychology. Transpersonal psychotherapy. 1996:43-64.
15. Petchkovsky L, Roque CS, Beskow M. Jung and the Dreaming: Analytical Psychology's Encounters with Aboriginal Culture. Transcultural Psychiatry. 2003;40(2):208.
16. Molina MNA. Archetypes and spirits: A Jungian analysis of Puerto Rican espiritismo. The Journal of Analytical Psychology. 1996;41(2):227-44.
17. Grof S. Beyond the brain: Birth, death, and transcendence in psychotherapy: State University of New York Press; 1985
18. Dow J. Universal aspects of symbolic healing: a theoretical synthesis. American Anthropologist. 1986:56-69.
19. Anyinam C. Ecology and ethnomedicine: Exploring links between current environmental crisis and indigenous medical practices. Social Science & Medicine. 1995;40(3):321-9.
20. Stephens C, Porter J, Nettleton C, Willis R. Disappearing, displaced, and undervalued: a call to action for Indigenous health worldwide. The Lancet. 2006;367(9527):2019-28.
21. Cook PM. Sacred music therapy in North India. World of music(Wilhelmshaven). 1997;39(1):61-83.
22. Atkinson JM. Shamanisms today. Annual Review of Anthropology. 1992;21(1):307-30.
23. Hoppal M. Shamanism in a postmodern age. Folklore: Electronic Journal of Folklore. 1996(2):29.
24. WHO: Traditional Medicine Strategy 2002-2005 [Internet]. 2002 [cited December 19]; Available from: http://www.who.int/medicines/publications/traditional/policy/en/
25. Yeh CJ, Hunter CD, Madan-Bahel A, Chiang L, Arora AK. Indigenous and Interdependent Perspectives of Healing: Implications for Counseling and Research. Journal of Counseling and Development : JCD. 2004 Fall;82(4):410.
26. Balde S, Sterck C. Traditional healers in Casamance, Senegal. World Health Forum. 1994;15(4):390-2.
27. Al-Krenawi A, Graham JR. Culturally sensitive social work practice with Arab clients in mental health settings. Health Soc Work. 2000 Feb;25(1):9-22.
28. Sharma M. Traditional Aboriginal Medicine From Illicit to Vogue HISTORY OF MEDICINE DAYS; 2005; Calgary AB; 2005.
29. Todal J. Minorities with a Minority: Language and the School in the Sami Areas of Norway. Language, Culture and Curriculum. 1998;11(3):354-66.
30. Spein AR, Sexton H, Kvernmo SE. Longitudinal drinking patterns in indigenous Sami and non-indigenous youth in Northern Norway. Journal of Ethnic Substance Abuse. 2006;5(3):103-17.
31. Nergård JI. Det skjulte Nord-Norge (p.129): Ad Notam Gyldendal; 1994(In Norwegian)
32. Bhopal R. Glossary of terms relating to ethnicity and race: for reflection and debate. Journal of Epidemiology and Community Health; 2004. p. 441-5.
33. Betancourt H, López SR. The study of culture, ethnicity, and race in American psychology. American Psychologist. 1993;48:629-.

34. Phinney JS. Ethnic identity in adolescents and adults: Review of research. Psychological Bulletin. 1990;108(3):499-514.
35. Javo C, Alapack R, Heyerdahl S, Rosnning JA. Parental values and ethnic identity in indigenous Sami families: A qualitative study. Family Process. 2003;42(1):151-64.
36. Nystad T, Melhus M, Lund E. The monolingual Sami population is less satisfied with the primary health care. Tidsskrift for den Norske lægeforening: tidsskrift for praktisk medicin, ny række. 2006;126(6):738.
37. Selnes A, Bolle R, Holt J, Lund E. Atopic diseases in Sami and Norse schoolchildren living in northern Norway. Pediatric Allergy & Immunology. 1999;10(3):216.
38. Spein AR, Sexton H, Kvernmo SE. Longitudinal drinking patterns in indigenous Sami and non-indigenous youth in northern Norway. Journal of Ethnicity in Substance Abuse. 2006;5(3):103-17.
39. Kvernmo S. Language and ethnic identity in indigenous adolescents. In: Skoe EEA, von der Lippe AL, editors. Adolescence and society. Florence, KY: Taylor & Frances/Routledge; 1998. p. 123-40.
40. Sørlie T, Nergaard JI. Treatment Satisfaction and recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. Transcultural Psychiatry. 2005;42(2):295-316.
41. Alvesson M. Beyond neopositivists, romantics, and localists: A reflexive approach to interviews in organizational research. Academy of Management Review. 2003 Jan;28(1):13-33.
42. Davies CA. Reflexive ethnography: A guide to researching selves and others: Routledge; 1999
43. González MC. The Four Seasons of Ethnography: a creation-centered ontology for ethnography. International Journal of Intercultural Relations. 2000;24(5):623-50.
44. Gergen KJ. An invitation to social construction. London: Sage; 1999
45. Stewart SL. Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. International Journal of Health Promotion and Education. 2008;46(2):49.
46. Anderson H, Jensen P, Andersen T. Innovations in the Reflecting Process: The Inspirations of Tom Andersen: Karnac Books; 2007
47. Bittman BB, Berk LS, Felten DL, Westengard J, Simonton OC, Pappas J, et al. Composite effects of group drumming music therapy on modulation of neuroendocrine-immune parameters in normal subjects. Alternative Therapies in Health and Medicine. 2001;7(1):38.

34. Phinney JS. Ethnic identity in adolescents and adults: Review of research. Psychological Bulletin. 1990;108(3):499-514.
35. Javo C, Alapack R, Heyerdahl S, Rosnning JA. Parental values and ethnic identity in indigenous Sami families: A qualitative study. Family Process. 2003;42(1):151-64.
36. Nystad T, Melhus M, Lund E. The monolingual Sami population is less satisfied with the primary health care. Tidsskrift for den Norske lægeforening: tidsskrift for praktisk medicin, ny række. 2006;126(6):738.
37. Selnes A, Bolle R, Holt J, Lund E. Atopic diseases in Sami and Norse schoolchildren living in northern Norway. Pediatric Allergy & Immunology. 1999;10(3):216.
38. Spein AR, Sexton H, Kvernmo SE. Longitudinal drinking patterns in indigenous Sami and non-indigenous youth in northern Norway. Journal of Ethnicity in Substance Abuse. 2006;5(3):103-17.
39. Kvernmo S. Language and ethnic identity in indigenous adolescents. In: Skoe EEA, von der Lippe AL, editors. Adolescence and society. Florence, KY: Taylor & Frances/Routledge; 1998. p. 123-40.
40. Sørlie T, Nergaard JI. Treatment Satisfaction and recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. Transcultural Psychiatry. 2005;42(2):295-316.
41. Alvesson M. Beyond neopositivists, romantics, and localists: A reflexive approach to interviews in organizational research. Academy of Management Review. 2003 Jan;28(1):13-33.
42. Davies CA. Reflexive ethnography: A guide to researching selves and others: Routledge; 1999
43. González MC. The Four Seasons of Ethnography: a creation-centered ontology for ethnography. International Journal of Intercultural Relations. 2000;24(5):623-50.
44. Gergen KJ. An invitation to social construction. London: Sage; 1999
45. Stewart SL. Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. International Journal of Health Promotion and Education. 2008;46(2):49.
46. Anderson H, Jensen P, Andersen T. Innovations in the Reflecting Process: The Inspirations of Tom Andersen: Karnac Books; 2007
47. Bittman BB, Berk LS, Felten DL, Westengard J, Simonton OC, Pappas J, et al. Composite effects of group drumming music therapy on modulation of neuroendocrine-immune parameters in normal subjects. Alternative Therapies in Health and Medicine. 2001;7(1):38.

ARTICLE 1

HEALING IN THE SÁMI NORTH

Randall Sexton, MD & Ellen Anne Buljo Stabbursvik

Department of Clinical Psychiatry

Institute of Clinical Medicine

University of Tromsø

Postbox 6124

9291 Tromsø

Norway

Corresponding author Randall Sexton, e-mail: randallno@yahoo.com
Phone number: mob. +47 95808049; Fax number: +47 77627806

Abstract

There is a special emphasis today on integrating traditional healing within health services today. However, most areas in which there is a system of traditional healing have undergone colonization and a number of pressures suppressing tradition for hundreds of years. A question arises as to how to understand today's tradition in light of earlier traditions. This article comes from Sámi areas of Finnmark and Nord-Troms Norway, and compares local healing traditions with what is known of earlier shamanic traditions in the area. The study is based on 25 interviews among healers and their patients. The findings suggest that though local healing traditions among the Sámi in Northern Norway have gone through major transformations during the last several hundred years, they may be considered an extension of an indigenous tradition with deep roots in the region. Of special interest are also the new forms tradition may take in today's changing global society. This open and dynamic understanding of tradition may be important to keep in mind in today's focus on an integration of local tradition within the health services.

Key words: Healing, Sámi, Traditional, Shamanism, Integration,

Introduction – The Meeting of Three Tribes

This article comes from Finnmark and Nord-Troms, the two most northerly counties of Norway, and a crossing point between three cultures, or as it is said locally, the "meeting point of three tribes". These are the Sámi, an indigenous people residing in the area for at least nine-thousand years (Haetta 1993; Ingman and Gyllensten 2007), the Kven, Finnish descendents who first came to farm in the area around three hundred years ago, and Norwegians who have had a presence in the area probably since the thirteenth century, originally arriving in connection with fishing trade, and at that time primarily holding trading posts along the coast (NOU 1994). In addition to being a crossing point between three cultures, and their integral worldviews, it is today a crossing point between tradition and the modern era, where the traditional subsistence lifestyles of fishing, farming and reindeer herding are giving way to more modern ways of life.

Though this article focuses primarily on healing traditions within the Sámi community, these are to some degree representative of practices throughout the multicultural regions of Finnmark and Nord-Troms as cultures have blended and merged throughout centuries. Though the communities in this area are geographically close, they are in many ways diverse as the livelihoods and extent of assimilation and intercultural marriage have differed – Inland communities often having a more preserved and apparent Sámi culture, while coastal communities are more clearly marked by the effects of assimilation policies.

The Sámi themselves are likewise not one clear homogenous group, but are historically several different yet related cultures with their own languages and history – The Northern (coastal and inland), Southern, Lule, Skolte, Pite and Inari cultures and language variations being some examples. This article focuses on the Northern Sámi coastal and inland

communities, many of which are multicultural today due to intermarriage, the effects of assimilation and peoples taking part in modern Norwegian culture and life.

Today there is an international emphasis on rethinking health services in light of local practices, world-views and understandings (2002), a call especially emphasized within mental health services (Kirmayer, et al. 2000). Though there is a also an emphasis on providing culturally relevant health services to the Sámi people in Norway, there is often little awareness of local traditions among health professionals in the area (Sørlie and Nergård 2005). While some believe that traditional shamanism is still practiced in the area many seem unaware of any particular local healing traditions in use today at all. Patients however do continue to use traditional healing approaches widely, and, according to a recent questionnaire study, desire a greater representation of local healing tradition within the health services (Sexton and Sorlie 2008; Sexton and Sørlie In Press). This article is an attempt to provide some background on the traditional healing practices within the region today, focusing specifically on the world views which appear to form the framework of this tradition, and seeing these in light of what is known of Sámi healing traditions of the past. These traditions have been given little awareness in the existing health services, and are of special interest as the Sámi are quite unique as an indigenous people n Northern Europe today.

Help in Times of Need – an Opening Story

Most of the themes in this article have emerged through the narratives told by healers and their clients. Here is a short account of an elderly woman and healer who on several occasions had experienced being protected by some form of helper. Like many of the narratives, it contains

several of the themes central to the worldviews surrounding local healing tradition, themes that may also be linked to traditions and symbolism of the past.

> "I was walking along the wall of a house that had been taken down and moved after the landslide in the area, and there was snow on the ground. First I followed along some footprints in the snow, and then I was going to go by a boulder above the house. As I started going towards the boulder I raised my foot to take a step and suddenly felt two strong male hands on my shoulders that pulled me back. Oh, so powerful those hands were! I turned around to see who it was that had been following me, and nobody was there. Then I looked in front of me again, and saw that I was just about to step into a water well. There were just some boards laying over that well and some snow above them, and when I pushed them aside I saw how deep it was. And I thought to myself, if I had fallen in that well, no one would have found me, no one would have known where I had disappeared….Afterwards, the reaction came, I could hardly walk up the hill to the road, I was so weak in my knees thinking I could have ended my days in that well …The night before I had a dream that I was out traveling, going to take a ferry from Lyngseidet. I was in a hurry, and there was a little ferry at the dock. I was going to go on board and I just lifted my foot up, and the ferry took off from me. They waved and smiled to me from on board and were glad, smiled when I didn't come along. It was exactly as what happened later that day, when I lifted my foot and was going to take a step….Had I come on board that ferry I would have drowned. It was only a warning for me."

The elderly woman who recounted this story was herself strongly rooted in the Læstadian church of the area, and sometimes referred to such helpers as the one in her near accident as angels. She had lived a rich though difficult life, of which she had many vivid stories to share, and was sought by many for help in the coastal area where she lived. After meeting her, we later met a person who himself was struggling with psychological after effects of a near drowning accident. He told how he had brought his wife to this elderly healer for help with a shoulder problem. Although he himself had not sought her for his own problems, he told how the stories she shared from her own life during their visit had made a very deep impression on him. "*I did not tell her of my problems, but it was fantastic to hear her stories*." He explained, saying that the stories helped him believe in a force outside of him, in the Universe as he put it.

Conceptual and Methodological Framework of the Study

It was clear in the initial preparation of this study that traditional healing is a sensitive issue for many. Though most healers we spoke with had chosen to be open, some had a harder time talking about tradition, explaining that it was an inner knowledge that really could not be shared, and that *not* sharing or speaking openly of it was itself a part of the tradition. There has clearly been a silence around helping and healing practices that has today eased among some, and still exists among others, especially those living in inland regions. Considering this silence, one can question whether Sámi healing tradition ought to be made a subject of research at all, and if so, how.

These considerations have guided the framework surrounding this study - the goal of which, rather than looking at specific details, or attempting to expose local healing tradition, is to highlight the framework and some of the world-views within which it seems to be set. For this reason, we also chose to use primarily interviews, rather than observation of healing work that could possibly be experienced as to invasive for some healers or their clients.

We see the ethnographic and qualitative approach used here within the light of a reflexive and social constructivist tradition (Gergen 1999), emphasizing that the reality emerging from these interviews is both highly dependent on their context, as well as the researcher's own background. The fact that local tradition has not always been openly talked about, and may have aspects which would not be shared in such a study, also make it important to emphasize that the findings here are seen as findings emerging in this study, at this particular time, and clearly just one reflection of local healing practices.

Participants and Interviews

The study was approved by the regional ethical committee and is based on a total of twenty-five interviews. Though all partcipants had a Sámi background, most Sámi in Norway consider themselves both Norwegian and Sámi (Sørlie and Nergård 2005), and some in this study also had a mixed family heritage of Sámi, Norwegian and/or Kven.

Eight of the interviews were with healers, and the remainder with clients of healers, or people who knew of local tradition. Though some of the interviews with healers were taken as early as 2003, most interviews were taken between February 2006 and April 2007. A number of the clients of healers were people recruited through their participation in a study on the interfaces of traditional and western mental health services in Nord-Troms and Finnmark. Nineteen interviews have been recorded, and audio notes were taken immediately after the other six. Nine of the interviews were in Sámi.

Interviews were open in form and carried out in peoples homes with a focus on providing a space for them to share their own personal stories and backgrounds independent of whether these were initially thought to be related to local healing tradition or not, and entering on experiences within local healing tradition if and when natural during the course of the conversations, which could be followed up with subsequent conversations.

In addition to these interviews are some observations from the region noted by both authors. We have two different backgrounds. Ellen Anne comes from the area and grew up in a reindeer-herding family. She has worked as a nurse's aid within the mental health services of the area for over twenty years, and carried out the interviews in Sámi. Randall, though grown up in Alaska, has spent much of his life in Norway, and worked as a physician in general practice and the mental health services of Finnmark for around three years before starting to work on this study.

He has also had a long-term interest in diverse healing traditions, an interest partly spurred by experiences in this Northern area of Norway.

Analysis

Analysis was a continual process from the start of the project. Notes were taken both of observations in the region, after informal conversations about local traditions, as well as after interviews which were transcribed, and those in Sámi translated into Norwegian. As the focus here is a general understanding of the framework and worldviews associated with healing practices, we sought for broad themes or topics related to beliefs and worldviews guiding local tradition, ways of helping, and ways of knowing. These have been found through a paradigmatic analysis of common themes throughout narratives (Hatch and Wisniewski 1995), and emerged through the transcription process, re-listening and rereading the notes and interviews, discussing these with colleagues, and comparing with existing literature on Sámi healing traditions of the past.

Historical Context-The Noaidi in Times of Change

The original Pre-Christian Sámi religion and spiritual life are thought to have been intimately interwoven with the life style, and the arctic nature around (Bergman, et al. 2008), a nature which was seen as an expression of the creative energies inherent in the Gods and Goddesses within Sámi mythology (Myrhaug 1997). The *noaidi*, generally considered a figure that practiced a form of shamanism, played a central role as an intermediary between the spirit and human planes in Sámi life, and healing practices were an integral part of the shamanic vocation (Pollan 1993). Sámi shamans are thought to have been primarily men, often having female assistants –

distinguishing the tradition from *Seidr*, the shamanic practices of the neighboring Nordic agricultural communities primarily practiced by women (Blain and Wallis 2000).

Though there has been much discussion and debate within academic circles around what an actual working definition of shamanism should be, much of the recent literature on shamanism as a therapeutic approach has focused on the use of differing techniques for accessing a non-ordinary state of awareness by practitioners (Grof 1996; Noll, et al. 1985). It is within non-ordinary states that practitioners have been thought to access some inner form of knowledge, carry out spirit travel or make necessary visits to spiritual or mythological planes of existence. From an anthropological perspective, the role of the shaman as a mediator between physical and spiritual realms, often in contact with personal spirit helpers, is in focus (Balzer 1996)

A few Sámi shamanic drums are still in existence, and a rich iconography on these drums has granted some understanding of traditional Sámi cosmology (Keski-Säntti, et al. 2003). Existence is thought to have been divided into three realms, the earth, heaven and underworld, all of which were mapped on the drums with symbols representing these different regions and their inhabitants. Included on some drums were also symbols from Nordic mythology and Christianity indicating some confluence of tradition even from early times (Pollan 1993). Similar to other cultures of the arctic, such as that found among Siberian tribes and Inuit people, drumming and a unique form of song or chant, locally called *joik*, was used as a means or vehicle for spirit travel through the different regions of the Cosmos. Such spirit travels in which the spirit of the Shaman leaves his or her body, is characteristic of arctic shamanism where such voyages were taken in order to make contact with the forces of nature, to find animals, understand causes of disease and negotiate cures (Sergejeva 2000) (Price 2001).

Similar to what is known from other shamanic traditions, those moving into the function of a noaidi would often undergo a difficult transitional period in which experiences of the spirit world could become overwhelming for a time – an initiation phase often termed "shamanic illness" in the literature on shamanism. In Sámi areas, the Noaidi to be could be approached by helper spirits that made it clear that individual should take on the role of a shaman (Miller 2007), a role not often taken lightly, and sometimes refused, or only taken after seeing that the option of not taking the role would result in personal illness or misfortune.

A particularly severe missionary activity, initiated by the Danish king, was carried out in much of Sámi areas of Norway during the sixteen and seventeen hundreds (Berglund). Drums were outlawed and burned. Some noaidi were accused of witchcraft and tried (Hagen). This suppression of Sámi tradition through the church was a central part of the political power play in the area, and later continued in a new form until the late nineteen-fifties with the assimilation policies of the Norwegian government playing a modern role in this process (Nergård 2006).

While the missionaries sent by the Danish king had learned Sámi before arriving, the Sámi language was later a target for these assimilation policies, with the national authority exerting it's presence and language in the area through the church, schools and courts of law. In schools, Sámi children were punished for using their mother tongue, and often seperated from parents and sent to boarding schools. Despite this, the Sámi language has survived, is still spoken among the majority in some inland areas, yet practically lost in others areas such as the coastal regions of Northern Norway and more Southerly Sámi regions.

Healers Today

Becoming a Healer

"We have often heard from the time we were children that there are people who can remove pain and illness, and it is because we believe in this that we seek help from them."

The view that some people, either men or women, have an often inherited innate gift or ability, to heal or help others is widespread throughout the region and often spoken of and integral to conversations on the subject. Some of the elderly however told that a generation or two ago, healers had different gifts and were specialized in different areas. Some were known to remove pains of different sorts, others to stop bleedings and still others to find lost or stolen articles or help to provide an understanding of a situation through a conversation. Some of these healers are still renowned in the area as particularly skilled and respected healers, and there are many stories circulating about the cures they have performed.

One elderly healer told that people began visiting her for healing already while she was a child. Her sister had been bothered by severe eczema, and when her mother had brought the sister to the local doctors and healers without help, she finally asked the young girl to try. The eczema soon cleared, and she became known for such abilities and visited already then. However, this story was more an exception as most healers we spoke with became active as healers later in life, sometimes going through a period or process of personal difficulties before openly working with healing. This theme of some sort of personal difficulty before becoming a healer, be it in health, work or family life, was a theme that seemed to stretch through most of the life stories of healers. Some also described a transitional period in which they gradually

became aware of and comfortable with their abilities in parallel with these being gradually acknowledged by others.

All healers that we met had had other healers in their family, and shared this family linkage as an important part of their background, often sharing stories of other family members who had worked as healers. An important ancestor, generally a parent or grandparent had worked as a healer, and some remembered their parents or grandparents being contacted by many people during their childhood. One, however, who although he had ancestors who worked as healers, told how he had "inherited" his abilities from an older man outside of his family he had met seemingly by chance. This older man had recognized him has as his successor at their initial meeting, and when the older man died, the younger experienced that he had received an ability to understand others and heal which he had not had before. This passing of the healing ability as a dynamic force mirrors stories of noaidi, and is also suggested as a continuing form of inheritance in a recent anthropological thesis which has looked specifically at one family of healers in a coastal region of Norway (Miller 2007) .

Ways of Helping

The healers we spoke with did not call themselves healers. Most stressed that it was another force doing the work through them and emphasized that they were only a tool or a channel. Sometimes the force was referred to as God, sometimes more to a general yet unnamed source. Locally they are often referred to as helpers and work mostly in their own homes, generally providing their services for free as one traditionally did not take money for healing. Though there are many ways a helper can work - through conversation, the laying on of hands and the use of plants - they are often contacted by phone and help or heal over a distance, often practicing what

is called *reading*, the reciting of special verses known only to the healer, and thought to come from biblical tradition. In some cases a healer is called when the patient is in the hospital. In the words of a patient who had called a healer for help before a major operation: *"It was the healer who prayed that the doctors would receive wisdom from God so they could carry out this operation they had never done before."*

When healing is done through the laying on of hands, it is often explained as a way of "pulling out" pain and illness, and healers may often feel the pain itself, or the nature of the pain when touching patients, and shake the absorbed pain away from their own hands or wash them in flowing water after a session to release the energies. One healer made a particular point of the importance of clearing the negative energies one might gather in contact with people who are ill, pointing out that this was important for healers to be aware of, and should be given more awareness among health professionals working in clinic settings.

Some of the healing work takes on more of a ritual form. An example is *reading* the sacred verses to water and then giving the water to a patient, sometimes to be taken over a period of time. One healer also told how she might read to fire or earth depending on if the illness was seen as coming from or being related to that element. Fire for example if it was a burn. If a rash is seen to come from a swamp, moss from the swamp may first be read to and then passed over the body of the person with the rash. If it has come from a river or stream area, the patient and reader may go to the stream and carry out the reading. Cleansing of homes and places were there is "unrest", meaning people have heard and experienced noises or unexplainable things often thought to be spirits residing in the house. In such cases matches or candles may also be used throughout the house to bring "light" to the house and help the attached spirits move out and into the light.

More natural medical techniques are also used, though these are mostly referred to in stories of healings in the past, and elders believe these traditions have to a great degree disappeared. Such techniques that we heard of in a number of stories include the use of earth or turf from specific areas for skin problems, and the knowledge of specific herbs and plants for inner or outer ailments. Cupping, or a form of suction treatment, where a vacuum is formed within a cup and placed on the surface of the body, as well as a the burning of an herb over points on the body, both similar to treatments known from Chinese medicine, are only scarcely in use today.

Sources of knowledge

Though helpers had often grown up close to a family member who was a healer, the kind of knowledge they emphasized was not one of learning. Helpers rather explained in one way or another that they received knowledge from somewhere inside themselves or from somewhere they could not explain. One, when asked how he did his healing, responded: *"It is inside me, I do as I believe I am supposed to."* One who was often contacted by phone for help told how the first thought that came to her when someone called was essential and often suggested what the problem was:

"It is like someone (inside me) tells me things, that things are this way or that…That this person has a particular illness….It comes from above….And if I ignore the thought, and don't do it, they don't get well. I have tried to get used to it, the first thought that comes, and not overlook it."

She also told that though she knew special verses used in reading, sometimes other words would come to her as an inner voice or thought. Another helper explained it as if her awareness was raised to another level beyond herself in which she would receive insights that could be useful for those who came for help. She could also experience this at times in her own life and felt she received valuable practical direction that she could use in her everyday life.

One helper, who had come from a long line of healers, had had a series of out of body experiences as a young child where she experienced traveling beyond her home and seeing things throughout the neighborhood, things should could later confirm actually happened. When she spoke to her parents about this, she was adamantly told not to speak about it, and kept the experiences inside her until adulthood, not daring to tell anyone and feeling ashamed of the experience. As an adult, she was contacted when people needed help finding lost or stolen objects, and explained that she would often, in a similar way as during childhood, receive a picture or vision of where something was or how it had happened that an item had been lost or stolen.

Both helpers and others we spoke with in the area told of many experiences of precognition, of knowing things before they happened, especially unexpected deaths or tragedies. This could come in a dream, or was described as a bodily knowing, sometimes a sense of unease:

"You know, when it comes to death, I feel so strange in my stomach when I look out the window, and I cant sit still, and I tell others that now I know for sure that I will hear someone has died…. it has been like that for me for years."

Another:

"I have in some way known before something is going to happen that it will. But it has been…many times it has been very tiresome. My grandmother was the same way, so my mother said that I had probably inherited this from her."

One healer told how she used to work herding with her grandfather, a renowned healer, in the mountains several hours from the village at a time before telephones and doctors in the area. Sometimes while they were working he could suddenly say that they had to return to the village as so and so was sick, naming the individual. On returning they would find the person in question in need of help.

Framing in different traditions

Broadly, each of the Sámi healers here leaned towards what might be thought of as more of an indigenous or Christian tradition. In addition, a few of the somewhat younger healers in the area held perspectives that were more global or composite, including more obvious influences from sources such as the Indian Chakra system or Native American medicine or even modern knowledge of vitamins and minerals. Though these perspectives might be thought to be more complementary, they were held by people who were in a family line of healers, and also practiced healing as had been done by their parents or grandparents.

Within a more indigenous tradition, a personal access to a healing force and an intuitive knowledge were central. Two of the healers stressed that the tradition was similar to what had

been practiced for thousands of years, and had parallels to that practiced in other indigenous communities. Though witchcraft, locally called "ganning" is believed by some to be the cause of illness, often mental illness, healers we spoke with did not emphasize that witchcraft was an important source of illness, rather framing it as a superstition of the past. However, mental health therapists do say that a number of patients still believe this, and will in this case use healers known to be able to remove such curses.

Though others clearly framed their work within a Christian tradition, such as those who used "reading" and had a personal affiliation with the Læstadian Christian movement, these still contained many of the understandings within the traditional or indigenous tradition. They would for example tell stories that referred to encounters with spirits, or beings in nature or used natural medical techniques, yet explained these within a Christian framework, as seen in the initial story.

Discussion - The Noaidi and Healers of Today

A major and clear difference between the tradition of the noaidi and that of the healers in this study is the fact that the drum is no longer in use. Neither was there any apparent use of other tools for modulating awareness. However, healers here do tell of experiences of expanded states of awareness, receiving knowledge from somewhere inside themselves, or other planes of consciousness and encountering spirit beings, all themes linked with the earlier tradition of the noaidi. In this light it is interesting to note that some of the literature on the tradition of the noaidi indicates that they may have been less dependent on the use of the drum for their visionary and divinatory practices than often thought (Miller 2007). The centrality of the use of the drum or other tools for inducing trance, ecstasy or non-ordinary states has also been questioned in

research among some Siberian tribes where it has been pointed that those considered to be especially powerful shamans were less dependent on such tools (Barkalaja 2004). These observations have led some to propose that shamanism should be considered more a system of beliefs than a technique of ecstasy (Barkalaja 2004), in which case, the question of links between today's practices and those of the past should focus more on beliefs and understandings of reality than outer tools and techniques. In other words we should not necessarily equate the loss of the drum, with the loss of the healing tradition that it was a part of.

The initial account of the elderly healer speaks of the potential for helpers from another plane to appear and help in times of need, a theme also found in other stories we heard, and clearly mirroring the shamanic tradition of the past where spirit helpers were central in the function and work of the noaidi. Another theme in her narrative which also possibly echoes past tradition and beliefs is the theme of the boat, or ferry. In her dream she interpreted the ferry as a shuttle to the next life. Boats are known to have often been depicted both on the drums of the noaidi from the seventeenth century as well as on petroglyphs as far back as 4000 BC, and are believed to have symbolic meaning as vehicles connecting the plane of the living and the spirit plane of the dead (Bayliss-Smith and Mulk 1999) – a meaning she similarly interpreted within her own dream. Though a direct connection to her own dream interpretation, and the past symbolic understanding of the boat is hard to make, the parallel is of special interest here, and one of a number of examples of refrences to symbolism that seemingly had a possible connection with the past shamanic culture in our study.

Another possible parallel with earlier traditions, may be the cultural role Sámi healers today have as "mediators" between the visible and invisible, or physical and spiritual realities. This may be seen in the view that they have extraordinary gifts and abilities. It might also be seen in

their “initiation” into special knowledge (the verses read) that can be used to contact a transpersonal source of healing. The concepts and views of healing also seem to have certain parallels to earlier belief systems. The understanding of healing as a force that can act over a distance, be transmitted between people or between a healer and his or her chosen successor seems to resonate with a shamanic world view in which reality is seen as a spirited continuum connected by unseen forces. The view of a spiritually embodied Universe also seems to underlie some of the healing approaches we found in this study. Examples being reading to water, fire or even a swampy area when an illness is thought to have its origin in that element. The cleansing of a home for unwanted presences with light from candles, is another example of such an understanding.

Though it may be important to see the possible connections with the practices and worldviews of the past, as well as with other shamanic cultures when trying to understand today’s tradition, it is not suggested here that healers necessarily be considered shamans. A similar situation has been pointed out in other regions, and has been described as a “post shamanic thought world in which old ideas are still potent but obscurely transformed....involving a kind of shamanism without shamans, which can perhaps best be formulated as a “shamanic approach to life””(Price 2001). On the other hand one may ask the question as to whether there is truly much difference between healers today, and the noaidi of the past.

One can wonder how and why some aspects of the shamanic culture, such as the drum, have (until the present revitalization) been completely lost and other aspects, such as the belief system, seemingly persisted. One reason the drum was severely suppressed, may be that drumming and spirit travel seemingly provided a direct source of contact with the divine that was particularly threatening for the church. The suppression of the drum as “a tool of

knowledge" may also have resulted in some form of its function being integrated within the society or individuals in new ways, helping to explain the large number of accounts we heard of other forms of knowing, precognition and similar experiences among participants. Such an integration of the function of the drum may have been especially relevant in certain family lines as some families could keep the tradition more intact through social and genetic inheritance. This perspective of the importance of family is supported in literature which looks at the close link between shamanic practices and our neuro-biological heritage (Winkelman 2000), as well as in studies which show that the ability to access trance states is both inherited (McClenon 1997) and developed through social processes (Nelson 1975). This may explain why the familial inheritance within Sámi healing tradition could have become especially important when the outer tools of healing as well as the cultural fabric for preserving tradition were lost and weakened.

The fact of a persistent and strong narrative tradition certainly also helps to explain why world views and belief systems have endured, especially as many of the stories and experiences told are interspersed with experiences that are found within shamanic tradition. Jens Ivar Nergård who has done extensive field work in Northern Sámi areas of Norway has pointed out the central importance of such narratives in preserving Sámi culture and providing a blue print for both experiencing and understanding reality among people today (Nergård 2006).

An additional point in the continuance and transformation of Sámi tradition is the Læstadian church which was established by a man with Sámi background in the mid eighteen hundreds, and known to have incorporated ecstatic group worship with parallels to healing ceremonies of the past (Miller 2007; Nergård 2006). This form of Christianity seems to have been used as a legitimizing vessel for local traditions as suggested by several participants in this study. A

similar continuation of traditional beliefs and ritual elements within church settings has also been described in a number of arctic regions such as Greenland, Finland and Alaska (Dutton 2007) (Kan 1991), as well as in other cultural and geographical settings such as the syncretic churches of Brazil which include indigenous, African and Christian elements (De Alverga 1999).

Though some aspects of the worldviews inherent within local tradition seem to persist, it is also clear that knowledge is being quickly lost. According to the elders in Sámi areas, certain healing techniques such as cupping and the use of herbs are far less, or not at all, used today. On the other hand, there is a renewal of tradition in process. An interest in the ancient traditions of the Sámi has been spurred among some of the younger generation, as well as in urban centres where many with Sámi background today live. Some have taken up building and using drums similar to those of former times. Though the potential for reviving traditions which were originally embedded in a very different historic and social framework is often questioned, these latest steps may possibly be seen as part of the ongoing efforts to revitalize Sámi culture. They may also be steps longest in the coming do to the earliest and most powerful suppressions being aimed directly at such practices. The exploration of other healing traditions seen among some may also be an important part of supplementing and reinvigorating common elements within different yet possibly related traditions. These efforts may also portend a continued confluence of tradition, now on a wider global scale than before.

The changing nature of local healing tradition, the age-old and holistic paradigm which it is based on, and the fact that it is often practiced in silence in a home environment and outside of the modern economical system provides a number of challenges for any possible future integration of local tradition within the health services. However, considering the suggestions both by patients and service providers, it is important to find and create bridges between

traditions. Hopefully future research and endeavours within the health services will provide guidance as to how such bridges might best be built.

Acknowledgements

This study has been a communal effort in which a number of people have contributed. First we would like to thank those healers and clients who have shared their experiences and knowledge. We would also like to thank Tore Sørlie for his guidance in developing this article, as well as Jens-Ivar Nergård, for his perspectives on the narrative tradition. Many thanks also to Marit Einejord who has transcribed the Sámi interviews in Sámi and translated them into Norwegian. This translation was, needless to say, quite a major work. We would also like to thank those who have written earlier work on these traditions, an important source of information and knowledge that has been built on here. Finally, we would like to thank Helse-Nord, The Sámi Parliament, and The Sámi National Center for Mental Health for their financial support.

References

Balzer, Marjorie Mandelstam
1996 Flights of the sacred: Symbolism and theory in Siberian shamanism. American Anthropologist 98(2):305-318.
Barkalaja, Anzori
2004 Shamanism as information design. Boca Raton, Florida.
Bayliss-Smith, Tim, and Inga-Maria Mulk
1999 Sailing boats in Padjelanta: S·mi rock engravings from the mountains in Laponia, northern Sweden. Acta Borealia 16(1):3-41.
Berglund, Birgitta
2005 Recently Discovered Gievrie (South-Saami Shaman Drums). Acta Borealia 22(2):128-152.
Bergman, Ingela, et al.
2008 Varro Muorra: The Landscape Significance of Sámi Sacred Wooden Objects and Sacrificial Altars. Ethnohistory 55(1):1-28.
Blain, Jenny, and Robert J. Wallis
2000 The Ergi Seidman: Contestations of Gender, Shamanism and Sexuality in Northern Religion Past and Present. Journal of Contemporary Religion 15(3):395-411.
De Alverga, Alex Polari
1999 Forest of Visions: Ayahuasca, Amazonian Spirituality, and the Santo Daime Tradition: Park Street Pr.
Dutton, Edward
2007 A Shared Pre-Christian Past? Contemporary Finnish Baptism in Light of Greenlandic Naming Rituals' in Anpere: Internet Journal of the Anthropology of Religion.
Gergen, Kenneth J.
1999 An invitation to social construction. London: Sage.
Grof, Stanislav
1996 Theoretical and empirical foundations of transpersonal psychology. Transpersonal psychotherapy:43-64.
Haetta, Ole Mattis
1993 The Sámi. An Indigenous People of the Arctic Karasjok: Dav
vi Girji.
Hagen, Rune
2002 Harmløs dissenter eller djevelsk trollmann? Trolldomsprosessen mot samen Anders Poulsen i 1692. Historisk tidsskrift 81(319-346).
Hatch, Amos J., and Richard Wisniewski
1995 Life history and narrative: Questions, issues, and exemplary works. Great Britain: Burgess Science Press.
Ingman, Max, and Ulf Gyllensten

2007 A recent genetic link between Sámi and the Volga-Ural region of Russia. European Journal of Human Genetics 15:115-20.

Kan, Sergei
1991 Shamanism and Christianity: Modern-Day Tlingit Elders Look at the Past. Ethnohistory 38(4):363-387.

Keski-Säntti, Jouko, et al.
2003 The Drum as Map: Western Knowledge Systems and Northern Indigenous Map Making. Imago Mundi 55(1):120-125.

Kirmayer, Laurence. J., Gregory. M. Brass, and Caroline. L. Tait
2000 The mental health of Aboriginal peoples: transformations of identity and community. Canadian Journal of Psychiatry 45(7):607-616.

McClenon, James
1997 Shamanic healing, human evolution, and the origin of religion. Journal for the Scientific Study of Religion 36(3):345-354.

Miller, Barbara H.
2007 Connecting and Correcting. A Case Study of Sámi Healers in Porsanger. Volume Phd. Leiden Netherlands: CNWS Publications.

Myrhaug, Marit L.
1997 I modergudinnens fotspor. Sámisk religion med vekt på kvinnelige kultutøvere og gudinnekult. Oslo: Pax Forlag A/S.

Nelson, Geoffrey K.
1975 Towards a Sociology of the Psychic. Review of Religious Research 16(3):166-173.

Nergård, Jens-Ivar
2006 Den Levende Erfaring, en studie i Sámisk kunnskaps tradisjon. Oslo: Cappelen.

Noll, Richard, et al.
1985 Mental Imagery Cultivation as a Cultural Phenomenon: The Role of Visions in Shamanism Current Anthropology 26(4):443-461.

NOU, 1994:21
1994 Bruk av land og vann i Finnmark i historisk perspektiv. Pp. 443 pages. Oslo: Statens forvaltnngstjeneste, seksjon statens trykking.

Organization, World Health
2002 WHO: Traditional Medicine Strategy 2002-2005 [Internet]. Geneva: World Health Organization.

Pollan, Brita
1993 Sámiske sjamaner: religion og helbredelse. Oslo: Gyldendal.

Price, Neil S.
2001 An archaeology of altered states: shamanism and material culture studies. London: Routledge.

Sergejeva, Jelena
2000 The Eastern Sámi: A short account of their history and identity. Acta Borealia 17(2):5-37.

Sexton, R., and T. Sorlie
2008 Use of traditional healing among Sámi psychiatric patients in the north of Norway. International Journal of Circumpolar Health 67(1):135-46.

Sexton, Randall, and Tore Sørlie

In Press Should Traditional healing be integrated within the Mental Health Services in Sámi areas of Northern Norway ? Patient views and related factors. International Journal of Circumpolar Health.

Sørlie, Tore, and Jens-Ivar Nergård

2005 Treatment Satisfaction and recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. Transcult Psychiatry 42(2):295-316.

Winkelman, Michael

2000 Shamanism: The neural ecology of consciousness and healing: Greenwood Press.

ARTICLE 2

Running head: : INTERFACES AND INTEGRATION OF TRADITIONAL HEALING

Exploring interfaces between traditional and western health practices and views towards integration within the mental health services in Sámi areas of Northern Norway

Randall Sexton, MD[a]
&
Tore Sørlie, MD, PhD[a,b]
[a]Department of Clinical Psychiatry
Institute of Clinical Medicine
University of Tromsø
Postbox 6124
N-9291 Tromsø
Norway

[b]Department of Specialised Psychiatric Services
University Hospital of North Norway
Norway

Corresponding author Randall Sexton, e-mail: randallno@yahoo.com
Phone number: mob. +47 95808049; Fax number: +47 77627806

ABSTRACT

Objectives. This study qualitatively explores some interfaces of traditional and western health practices within the setting of the mental health services in Sámi areas of Northern Norway. It looks both at how therapists and patients relate to the subject of traditional healing within the health services as well as at their own, and healers, views towards a greater integration of traditional healing.

Study Design. Interview study among patient, therapists and healers in Finnmark and Nord-Troms Norway.

Results. Though no contact existed between therapists and healers, therapists were generally supportive of their patients' use of healers and could sometimes suggest seeing a healer. Views towards a greater integration demonstrate many differing perspectives. As a whole, they suggest the importance of keeping an awareness of the natural context of traditional healing when considering an integration as well as finding ways to bridge the differences between traditional and western systems of healing and therapy.

Conclusion. Bridging western and traditional approaches and perspectives within the mental health services are called for. However, interviews in this area show that this is an issue that needs to be considered from a number of perspectives. These include creating understanding and respect among the different practitioners as well as recognizing the importance of the context and setting of traditional practices.

Key words: Sámi Traditional Healing Integration Indigenous Psychiatric Mental

INTRODUCTION

The awareness of the importance of holistic approaches, spirituality and traditional healing has been especially emphasized for indigenous people and the disparities between indigenous cultures and western mental health services has been pointed out in a number of articles and books (1-5). Including traditional healing within health services has been given emphasis both by The World Health Organization (6, 7), and in much recent literature within medicine and transcultural psychiatry (8-13). National guidelines for developing health care services for the Sámi in Norway also suggest a cooperation with traditional helpers (14).

This article looks at this question from within the mental health services in the two most northerly counties of Norway, Finnmark and Nord-Troms. This is an area which is a crossing point between three cultures, or as it is said locally, the meeting point of three tribes. These are the Sámi, an indigenous people residing in the area for at least nine-thousand years (15, 16), the Kven, Finnish descendents who first came to farm in the area around three hundred years ago, and Norwegians who have had a presence in the area probably since the thirteenth century, originally arriving in connection with the fishing trade (17). The Sámi do still have a distinct culture, although it is today more visible in some areas than others as these three groups are to a great degree interwoven.

Background

The Sámi have suffered a number of cultural losses and repressions through forceful Christianization and political assimilation polices. The first major loss being that of the traditional nature based religion which was practiced widely until around the seventeen hundreds. Later, much of their culture and language was repressed through forceful

assimilation policies set in swing by the Danish, Swedish and Norwegian governments which have ruled during different eras. Despite these repressions, Sámi language is still used in some parts of Norway, and much of the culture is preserved and undergoing a current revitalization process.

Though the area has undergone major changes, local healing traditions are still in use (18). Healers are generally considered to have a gift, and are often from a long family line of healers. Herbs can be used, but healing is often given through the laying on of hands, or through "reading", a practice where special verses are "read" for the patient (19) either with the patient present or from a distance.

In an earlier article based on a survey study, we found that Sámi patients had used traditional healing approaches significantly more than Norwegian patients. This use was highly associated with the personal importance of religion and spirituality, and the majority of Sámi patients are in favour of including traditional healing within the health services (20). In the present article, we use a qualitative approach to examine this question further. We look at 1) How Sámi mental health therapists meet their patients' use of traditional healers and whether there is some form of informal cooperation. 2) Patient, therapist and healers views towards including healers within the mental health services.

METHOD

Theoretical perspective

The conceptual framework draws on reflexive (21) and social constructivist perspectives (22). The data is therefore not seen as a neutral body of knowledge, but as generated through a process interlinked with the historic and social settings from which the interviews have come. Likewise, the researchers are not seen as "objective" observers, but as participatory parts of this process. The framework of this study can therefore only illumine some facets of the questions here, as these are part of a many layered historic and cultural fabric.

Participants and interview approach

The interview material is gathered from nine patients, six healers, and seven therapists. The patients, therapists and healers interviewed were from one of five different areas covered by different outpatient mental health clinics. Either because of multiple backgrounds, or due to living in Norway, many Sámi today consider themselves both Sámi and Norwegian. All in this study had Sámi background, but could also have some Norwegian or Kven background as well.

Patients participated in the questionnaire study previously referred to (20), and had specified in it that they were open for an interview. Therapists with a Sámi background working within the mental health services were at most participating centers in minority. They were chosen due to the depth of their personal experience and knowledge of both traditional and Western approaches. Healers were people the first author and interviewer had come into contact with during stays in the region. He had lived in the area for around three years, and earlier worked within the mental health services as a physician. Prior to the study, he had gained some knowledge of local healing traditions in the area, as well as some similar traditions through stays in South America.

The meetings with patients and healers were when possible carried out in their homes in order to provide a space for them to share their own personal stories. Interviews with Sámi therapists were carried out at their place of work. The interview approach was to try and let themes arise naturally in the course of the conversations. Themes referred to in an example or story could also be returned to later in an interview when it seemed most appropriate to discuss them more in depth. The interviews were therefore more circular than linear in form. Due to the sensitive nature of the topics, it was important to try and remain open to cues suggesting what people were willing to share, or not, and when - an approach similar to that of others taken within research on inherently sensitive topics (23). All but three of the interviews were recorded and transcribed. In these three interviews, either the person did not wish to be recorded, or it did not seem appropriate. Here, audio notes of the meeting were recorded immediately after the interview.

Analysis

The analysis is based on a within case and cross-case analysis of themes (24, 25). An advantage of such an approach is that significant patterns draw their significance from arising out of diversity (24). The themes have been found through a submersion in the material that has included the transcription process, rereading interviews and in depth discussions between the authors and colleagues whom have lived and done anthropological fieldwork in the area.

RESULTS

Quote from therapist:

"In the official Norway, there are rules about things you can do in therapy and things you can't do. It has always been like that. When I studied, 10-15 years ago, it was taboo to talk about religion. So we could absolutely not do that because it did not have anything to do with therapy. And that's how it's been for a long, long time with respect to traditional healing and other ways of healing oneself or being healed. I think it's very strange that that's how it is. I wish we could be so open here that we could in fact bring in a healer, and offered healers also from our institution, but we have not come so far yet. My position is that I ask people if they are in contact with others in addition."

Does an integration exist today?

Relating to the use of healing

Though therapists in this study did not have any open cooperation with healers, they shared a number of ways in which they supported and met patients' use of healers. One therapist who worked on a ward said she was often asked by patients to call a healer, in which case she would most often give the patient a number to a healer so they could call the healer themselves. She would write this in the journal.

Another Sámi therapist working at an outpatient clinic said she could on occasion suggest that a patient contact a healer, giving the example of one patient who had strong dreams and visions that scared her and included symbolism linked to Sámi culture. She

was suggested to talk with a healer about this and though the dreams and visions continued they became more meaningful and less frightening for her.

One therapist would often ask her patients if they knew of anyone whom they thought might be able to help them outside of the health services. If they did, she would suggest they contacted the person. Those therapists who did not take such an active role believed that patients' contact with healers could be important for them. In the words of one describing why healers could be useful:

> I think they have a different perspective on things. Like about having contact with the dead. How should one relate to those who are dead, and all the things people experience (referring to visions and spiritual encounters)? Relating to it in a little different way than we do. Maybe they have some rituals we don't have, that I have not learned, some rituals that can help in a different way than we do. We are so logical; we act from reason and scientific theories…"

Unclear guidelines on relating to healers

The therapist in the above example who suggested her patient to contact a healer felt that she might have gone outside her limit as a therapist in this case and discussed it with a doctor at the clinic who on the contrary supported her suggesting the patient visit a healer. He said it was an important patient history that should be documented and shared. Another therapist said she could write in the journal that she "supported the patients' use of a traditional healer". Other therapists she had discussed this with said they would never feel comfortable writing this in a patients' journal. In general, therapists felt unsure of what is acceptable or good practice with respect to relating to patients use of healers. At an institutional level, no standpoint on the subject had been formulated within the clinics that therapists were aware of.

Patients- Reservations towards being open about traditional practices and views

The patients interviewed, most of whom had been to different therapists than those interviewed here, said they often did not share their use of traditional helpers at the mental health clinics:

"It is very holistic when I use both a psychologist and natural medicine. I have not told the one that I go to the other. I don't see it as relevant."

Whether they shared this or not could depend on the therapist, and whether the therapist knew of local tradition. One patient said she would "feel out" the therapist to know whether she could speak about her use of healers.

Sámi mental health therapists expressed that patients often came knowing "what to talk about within the health services, and what to talk about with the helpers outside", sometimes out of fear of receiving a diagnosis. The patients' sense of ethnic identity and related use of healers as well as their own cultural understanding of the problem might not be openly discussed before a longer time within therapy.

Sámi therapists bridging tradition

Several of the patients did express having experienced very positive and beneficial treatments that were in tune with their own backgrounds. One patient expressed how important it had been that her therapist, a Sámi from the area, had been able to help her relate to ongoing experiences of the presence of her grandfather after his death. As this article focuses on healers outside of health services, details of Sámi therapists approach will not be explored further here, but rather in a follow up article. However, it must be mentioned that the interviews suggest that Sámi therapists naturally provide an important bridge between the health services and the Sámi world view, an integral part of traditional healing.

Views towards integration

A number of views and perspectives were raised with respect to the question of integration. Some were very positive, some open but concerned about some issues and others did not feel including healers within the health system was a good idea.

Western approaches and traditional practices can supplement each other

Some patients felt that an integration would help to make the health services more holistic, pointing out that healers and therapists could more easily supplement each other. One patient had found the stories a local healer shared of her own life as very inspiring and said he would like to hear his own psychologist and this healer exchange views on his situation. Another patient thought that healers could help doctors understand their patients better.

One healer told that from her perspective people had seven bodies arranged in layers. The first three layers connected with the present physical life and the remaining to the spirit world and past lives. While doctors worked with the physical, healers could help patients through accessing information connected with the spirit world and past lives. Another healer said that both healers and doctors needed to refer to each other, and explained that even healers need the knowledge of medical professionals in some cases.

Importance of "serious" healers

Two of the patients felt that bringing healers within the health services could insure that they were genuine and sincere. Traditionally healers have not taken money, and many in the area still do not. The sincerity of those that do is sometimes questioned. In the words of one therapist who also voiced concerns about bringing local tradition into the official health system with its rational perspectives and formalized structure:

"I am very afraid if healing comes within the health system. Because I myself feel that (within this system) you need to explain, it has to be scientific. You come into a system where you have to research....And then there is the issue with healers who only are going to earn money, people who want money for healing. It was not like that before, and then you get a little skeptical to it. If it comes within a system such as this, you earn money,

they have to within a system. I don't think you can live within a public system in Norway without being swallowed by it, without loosing the essence."

The importance of context

One Sámi therapist expressed that having a healer working at the clinic would have been very strange for her, and did not seem to belong.

"It would be highly unusual within the sterile health system of ours. I would be very alarmed, and I don't know if I could relate to it. I am taught in the Western school, even though I am used to people using healing. I have gone to the Western school so these thoughts and theories are deeply ingrained in me. Maybe I have a foot in each world."

One patient from Kautokeino in inland Finnmark, an area where Sámi culture is particularly strong, said that for her, going to a healer is a private matter, and that she would not like to do it at a health center where it could be seen by others. She emphasized that the Sámi community is closed. Another expressed that the place where healers work is important, that the spirits and energies they work with are connected to the place, and for this reason having healers at a health or mental health clinic might be pointless.

Two healers also mentioned this issue of context, saying they were unsure how natural it would be for them to see patients at a clinic, but said that they would be open to be contacted by health professionals if they were having difficulties helping a particular client.

Related to this issue of context is the question of the form of cooperation. One therapist felt any cooperation should go through the patient and not be done at an institutional level:

"I think that the path goes together with those who experience the problem, those who use another helper. I don't think the specialist services should ask for anything there. That won't work"

Need to first develop respect and mutual understanding

The perspective that any cooperation would have to be based on a mutual understanding and respect of tradition was brought up in several ways. Though all healers were positive towards some form of cooperation, several reminded that the official Norway had not given the tradition recognition. One healer said that the model of a circle would be important in any cooperation, explaining that this meant that doctors, therapists and healers were on equal footing in a circle that encompassed the patient. Therapists within the health service also expressed the importance of an acknowledgement of the local healing tradition:

"I think this would be a particularly exciting project in Troms and Finnmark, connecting a helper to the system…. I think that would be very exciting. But then it also has to be such that the public system actually acknowledges and accredits, because I think it's important that there is an acknowledgement, and that it is official."

Two therapists underlined the importance of knowing about the approach and perspectives of the healer. One who felt she did not know enough about the healing tradition suggested creating opportunities to learn more about healing traditions:

"I would very much like to talk to the healer, yes really. To learn, what can he do that I can not. Because I have not learned about those things, I wish I knew more about those things my ancestors knew, and what they believed.....It would be very interesting to have a school in Finnmark to preserve it. Maybe it is disappearing. To understand more."

DISCUSSION

Though no contact existed between healers and therapists, a certain form of informal bridging of traditions seems to exist, at least within the approaches of some of the Sámi therapists. However, at an institutional level, it is clear that there is no integration between traditions, or guidelines relating to local tradition. This might seem surprising

considering the importance of healing in the area, the special emphasis on culture within health services to the Sámi minority as well as the suggestions from the World Health Organization and in the literature within cross-cultural psychiatry towards cooperation. However, as alluded to in the interviews, local healing traditions have never been given official recognition, and echoes of the history of repression are still felt in the area. These may be reasons why channels between local healers and the mental health services have as yet not opened.

The lack of cooperation, along with the reluctance of patients to share their use of healers may reflect what Gone has pointed out as a "divergence between the culture of the clinic and the culture of the community" (26). He also underlines the potential for health services that do not "cultivate and develop therapeutic institutions and activities that actually resonate with local thought and practice" to carry on, in more subtle ways, the colonizing effects of earlier eras. Though some Sámi therapists here actively meet their patients use of healers, these therapists are, at most clinics, a minority. Clinics for the most part reflect the Norwegian health care system. A potential integration of traditional healing is thought to be one possible way of bridging the culture of the clinic and community. However, views found in these interviews suggest that the strength of such a bridge would depend upon how an integration is approached. Without care, it might even have unfortunate consequences.

Especially some of the therapists voiced concerns about a possible integration. Not only of the more obvious challenge of bridging the diverging world-views, but also of the potential for local traditions to loose their essence within the health system. Difficulties in finding and creating common ground between traditional and Western science and health approaches has been discussed widely in the literature (27-30). This and the preservation of local tradition may be the greatest challenge if an integration is attempted, especially when the western system is already in a position of power as the dominant paradigm in medicine today.

The importance of context, of finding healers that are recognized as sincere, developing mutual respect and understanding, and even honoring the privacy which practices are carried out in may make an integration challenging, but not necessarily unachievable. These issues reflect both the condition of traditional healing in the area today, as well as

its perceived relationship with western medicine. They are also reflected in some of the literature looking at interfaces and integration of western and traditional approaches (10, 31-33) elsewhere, indicating that many of these issues are more global than purely local. Any attempt at integration would naturally also raise the question of including treatments that have not undergone "effect studies" considered acceptable within western medicine. However, the starting point of this article is the wide literature already suggesting a cooperation within mental health services catering to indigenous peoples, and the inherent logical dissonance of a health service that does not openly acknowledge local tradition in an area with a long history of repression and colonization. These considerations go beyond the discussion of "proven effect" of treatments as it is generally carried out. However, it would be important to evaluate such programs in a way which itself reflected the culture and local tradition.

The question of interfaces between local culture, traditional healing approaches and health services is wide and encompassing. The interviews that this article is based on are relatively few in number and carried out by a person not grown up with local tradition. There are obvious limitations in such an approach, and other approaches carried out by people with different backgrounds, especially from the area, could be highly important in adding light to this topic.

In sum, the idea of having healers within the existing health services has generated different perspectives. For some the two systems are so contrasting that it is hard to imagine an integration. Others view the contrasts as exactly the reason for bringing the differing systems together. If more formal forms of cooperation do develop, it seems clear that these might be most fruitful if they manage to preserve the context and essential core elements of the healing traditions in the area.

REFERENCES

1. Gone JP. Mental health services for Native Americans in the 21st century United States. Prof Psychol Res Pr. 2004;35(1):10-8.
2. Williams A. Therapeutic landscapes in holistic medicine. Soc Sci Med. 1998;46(9):1193-203.

3. Vicary D, Andrews H. A model of therapeutic intervention with Indigenous Australians. Aust N Z J Public Health. 2001;25(4):349-51.
4. Kirmayer L, Simpson C, Cargo M. Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. Australas Psychiatry. 2003;11(s1):15-23.
5. Brown R. Australian Indigenous mental health. Aust N Z J Ment Health Nurs. 2001;10(1):33-41.
6. WHO. Declaration of Alma-Ata. 1978 [cited 2009 040109]; Available from: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
7. WHO: Traditional Medicine Strategy 2002-2005 [Internet]. 2002 [cited December 19]; Available from: http://www.who.int/medicines/publications/traditional/policy/en/
8. Stephens C, Porter J, Nettleton C, Willis R. Disappearing, displaced, and undervalued: a call to action for Indigenous health worldwide. The Lancet. 2006;367(9527):2019-28.
9. Abbott PJ. Traditional and Western healing practices for alcoholism in American Indians and Alaska Natives. Subst Use Misuse. 1998 Nov;33(13):2605-46.
10. Garrett MT, Garrett JT, Brotherton D. Inner Circle/Outer Circle: A Group Technique Based on Native American Healing Circles. J Spec Group Work. 2001;26(1):17-30.
11. Walters KL, Simoni JM, Evans-Campbell T. Substance use among American Indians and Alaska natives: incorporating culture in an" indigenist" stress-coping paradigm. Public Health Rep. 2002;117(Suppl 1):S104.
12. Sorlie T, Nergard JI. Treatment Satisfaction and Recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. Transcult Psychiatry. 2005;42(2):295.
13. Moodley R, West W. (Eds) Integrating Traditional Healing Practices Into Counseling and Psychotherapy. Thousand Oaks, CA: Sage; 2005.348 p.,
14. NOU. Norges Offentlige Utredninger. Plan for helse- og sosialtjenester til den Sámiske befolkning i Norge (Norwegian Governmental Document. Plan for health and social services to the Sámi population of Norway). Oslo: Statens forvaltnngstjeneste, seksjon statens trykking; 1995. 502 pages. Norwegian
15. Haetta OM. The Sámi. An Indigenous People of the Arctic. . Karasjok: Davvi Girji; 1993.79 p.,
16. Ingman M, Gyllensten U. A recent genetic link between Sámi and the Volga-Ural region of Russia. Eur J Hum Genet. 2007;15:115-20.
17. NOU. Bruk av land og vann i Finnmark i historisk perspektiv. Oslo: Statens forvaltnngstjeneste, seksjon statens trykking; 1994.443 pages. Norwegian
18. Altern I, Minde GT. Sámisk Folkemedisin i dagens Norge (Sámi Folkmedicine in Norway today). Tromsø: Skriftserie, Senter for Sámiske studier; 2000.109 pp, Norwegian
19. Mathisen SR. Faith healing and concepts of illness. An example from Northern Norway. Tenemos. 1989;25:41-68.
20. Sexton R, Sorlie T. Use of traditional healing among Sámi psychiatric patients in the north of Norway. Int J Circumpolar Health. 2008 Feb;67(1):135-46.
21. Alvesson M, Sköldberg K. Reflexive methodology: New vistas for qualitative research: Sage Publications Inc; 2000

22. Gergen KJ. An invitation to social construction. London: Sage; 1999
23. Lillrank A. The tension between overt talk and covert emotions in illness narratives: transition from clinician to researcher. Cult Med Psychiatry. 2002;26(1):111-27.
24. Patton MQ. Qualitative research and evaluation methods. Newberry Park, California: Sage; 2002
25. Braun V, Clarke V. Using thematic analysis in psychology. Psychology. 2006;3:77-101.
26. Gone JP. "We Never was Happy Living Like a Whiteman": Mental Health Disparities and the Postcolonial Predicament in American Indian Communities. Am J Community Psychol. 2007;40(3):290-300.
27. Newbold KB. Problems in search of solutions: health and Canadian aboriginals. J Community Health. 1998;23(1):59-74.
28. Maher P. A review of'traditional'Aboriginal health beliefs. Aust J Rural Health. 1999;7(4):229-36.
29. Ashforth A. Muthi, Medicine and Witchcraft: Regulating 'African Science'in Post-Apartheid South Africa? Soc Dyn. 2005;31(2):211-42.
30. Krugly-Smolska E. An examination of some difficulties in integrating Western science into societies with an indigenous scientific tradition. Interchange. 1994;25(4):325-34.
31. Chi C. Integrating traditional medicine into modern health care systems: examining the role of Chinese medicine in Taiwan. Soc Sci Med. 1994 Aug;39(3):307-21.
32. Bodeker G, Chaudhury RR. Lessons on integration from the developing world's experience Commentary: Challenges in using traditional systems of medicine. Br Med J. 2001;322(7279):164.
33. Kaboru BB, Falkenberg T, Ndulo J, Muchimba M, Solo K, Faxelid E. Communities'views on prerequisites for collaboration between modern and traditional health sectors in relation to STI/HIV/AIDS care in Zambia. Health Policy. 2006;78(2-3):330-9.

ARTICLE 3

CULTURE, TRADITION AND MENTAL HEALTH – APPROACHES OF LOCAL THERAPISTS IN SÁMI AREAS OF NORTHERN NORWAY

Randall Sexton, MD

Department of Clinical Psychiatry

Institute of Clinical Medicine

University of Tromsø

Postbox 6124

9291 Tromsø

Norway

Corresponding author Randall Sexton, e-mail: randallno@yahoo.com
Phone number: mob. +47 95808049; Fax number: +47 77627806

Abstract

This study looks at ways in which Western educated health providers, with a Sámi or local background in the region of Northern Norway, use their knowledge of culture in their meetings with patients. The study is based on conversations with seven therapists about their approach. A number of ways in which they adapt psychiatry to the local needs as well as ways in which they work from within the Sámi world-view in their meeting with patients are illustrated. The article draws attention to the need for expanding the treatment paradigm to include local world-view and knowledge as a complementary pillar to the western psychiatric paradigm in the treatment approach.

Introduction

Though there is an increasing literature on the importance of integrating local healing traditions within health services to non-western and indigenous people, there is little literature on the role and approaches of western educated health professionals working within their own indigenous or non-western contexts. The literature that does exist has mostly focused on local mental health workers without a prior western medical education (Giblin 1989; LaFromboise, et al. 1990). Yet, a recent study among native counselors in Canada has pointed out the value they place on community, interdependence, cultural identity and holistic approaches (Stewart 2008), indicating that such counselors function as cultural mediators within the health services.

This article comes from the Sámi and multicultural areas of Northern Norway. It has been a part of a project looking at the possibility of including traditional healers within the mental health services in Finnmark and Nord-Troms, the two most northerly districts of Norway. Part of exploring the potential role of traditional healers has included discussions and interviews with therapists within the mental health services on their own perspectives towards an integration of local healing tradition, as well as their own approaches to therapy. The theme of traditional healing is explored in another article, while the approaches of the therapists coming from the local culture is looked at here.

Background

The Sámi are an indigenous people believed to have come from the Volga-Ural region and arriving in this northern region of Scandinavia around nine-thousand years ago with the receding of the ice cap at the end of the last glacial period (Ingman and Gyllensten 2007). Today there is a total population of between 50 and 100 thousand Sámi dispersed in the northern areas of Norway, Finland, Sweden and Northwest Russia, with 70 percent residing in Norway. There are several similar Finno-Ugric languages used among the Sámi, which though related to Finnish, are very different from Norwegian and the other indo-European languages used throughout most of Europe. Paralleling this difference in language is the distinction of the Sámi culture and unique position held by the Sámi as an indigenous group living in Western Europe today.

Most Sámi have until quite recently lived a subsistence lifestyle. The culture of reindeer herding is what is most often known and associated with the Sámi people, yet, some groups

of Sámi had other livelihoods, especially along the coast where a culture of fishing and small-scale animal husbandry has been central. Up until the second world war, most lived a very simple life, and sod houses were common throughout the area. As a part of the assimilation policies in the beginning of the 20th century, the Sámi could not own land, and many along the coast took Norwegian names and hid their own background. Children often entered the first grade without knowing Norwegian, and were punished when using their own language (Lie 2003). Many were also sent to boarding schools, only seeing their parents a few times a year. Such boarding schools were common until the nineteen-sixties, and many of those who attended them carry painful memories of this time (Kuokkanen 2003). Today, due to these assimilation policies, intermarriage and close approximation with Norwegian and Kven (Finnish immigrant) communities, much of this area of Northern Norway is a blend of several cultures. At the same time the Sámi are now emerging with a renewed vitality and cultural awareness. This has included a special focus on improving the quality of the health service to the communities and it's resonance with local culture and needs, as well as a deepened understanding among health professionals of the cultural background of patients, and the historic context of the area today.

The *Noaidi* (a Sámi shaman) played an important role as an intermediary between man, nature and a spiritual dimension in traditional society (Pollan 1993). Noaidi were persecuted already during the inquisition, as well as during the seventeenth and eighteenth centuries with the extensive missionary activities carried out in the region (Bergman, et al. 2008) (Keski-Säntti, et al. 2003) (Kuokkanen 2003). A few shamanic drums from the pre-Christian era are still in existence (Pollan 1993), and a rich iconography on these drums has granted some understanding of traditional Sámi world-view (Keski-Säntti, et al. 2003). Here are clear similarities with traditions among Siberian, North-American and Eskimo peoples (Price 2001). Though the shamanic practices in their original form seemed to have died out, the world-view underlying these practices has lived on (Bergman, et al. 2008)(13), and forms a part of the literature, theatrical presentations and films that have come out in recent years from within the Sámi community.

Though local healing and curative traditions are still alive and important throughout the area, very little is written in the academic literature about these traditions, how they interface with official western-oriented health services, or on how therapists within the health services accommodate to multicultural and Sámi patients from the area. One study from the University Hospital in Northern Norway has shown that Sámi patients are less satisfied with the psychiatric services (Sørlie and Nergaard 2005), and that therapists working within the

hospital system are in many cases unaware of their own patients use of local healers. Other research from the area has shown that those therapists that do have a Sámi background, mostly a minority within the clinics, are more in tune with their patients experience of the therapeutic encounter than those who do not have Sámi background (Møllersen, et al. 2009).

The study and setting

Conceptual framework

The conceptual framework of this study draws on reflexive (Davies 1999) (Alvesson 2003) and social constructivist perspectives (Gergen 1999), as well as on the narrative tradition of the area, and emphasizes the importance of context in the meetings and interviews which form the basis for the study. A similar framework and approach has also been utilized within the study mentioned from Canada (Stewart 2008). The constructivist perspective recognizes that the idea or concept of "therapy" is, at least to a degree, a social construction and common foundation that guides the interview from the outset. This common foundation is in part one shared between myself and the therapists in this study, having both worked within the local health services – I have spent around three years in the area working as a physician in different rolls within general and mental health care in the region before starting this study. The therapists here differ from myself in their background from within the local culture and long term experience in the area, giving the opportunity to expand upon this idea of therapy based on their experiences and own approach.

Participants

Sámi and local therapists from the area are in minority, and mental health facilities have often been fraught by instability, with health workers from other areas of Norway or other countries only staying for shorter periods of time. However, this situation differs substantially from center to center, with a few having a stable team of knowledgeable local and Sámi speaking therapists. Most therapists that are from the area are psychiatric nurses or social workers, and some of these speak Sámi. Though Sámi speaking therapists are in shortage, their presence is fairly unique within the mental health services relative to other types of health services.

An effort was made to include local therapists with long-term experience in the area. These were found while carrying out a parallel study on patients' use of traditional medicine at several mental health clinics throughout Finnmark and Nord-Troms, two regions that cover a

large area and are sparsely populated. The nine therapists interviewed here had all grown up in the region; seven were Sámi, one had Sámi and Kven background and one was a Norwegian who had grown up in the multicultural region. Six therapists were psychiatric nurses, one a psychiatric nurse aid, one a psychologist and one a social worker. All but one of the therapists worked in outpatient clinics. Few Sámi men work as therapists, and all but one of the therapists in this study were women. All are here referred to as she for anonymity.

Interviews and methods

The study gained approval from the regional ethical committee, and the interviews were carried out between February 2006 and April 2007 at the clinics where the therapists worked. The interviews were open and focused on the narratives of therapists' experiences within psychiatry, therapeutic approach and experiences in the interface between western and the local medical systems.

Seven of the interviews were recorded. Two therapists preferred not to be recorded, and audio notes were taken immediately after the interview. In search for underlying topics and themes within the interviews, they were listened to a number of times, transcribed, reread and discussed with colleagues who had worked in the area or done anthropological field work there. A preliminary write up was then sent back to the participants for comments that were worked into the article.

Findings

Local reality within the consulting room

I would like to start with an example one therapist told of a young woman who heard voices.

> "I had a young woman who told me she heard voices. So I asked her if she could tell me if it was different voices she heard, or just one. No, it was just one voice. And I asked her if she knew who it was, or if it was the voice of a stranger. No, not a stranger, it was her grandfather she heard. (So I asked her) If she experienced that there was something special he wanted to say to her or what it was he said? Yes, then it came out. That was it. He wanted to give her advice about things. He told what she should not do, and that she should watch out for certain things. Then I asked if there were any others in her family who had this same ability, and it turned out that her father had. I didn't feel that this was a hallucination, that she was sick. So how can I

use it in therapy? Because you might say, you have to talk to someone else (such as a healer) about this, because this is therapy, right? But you can use it. What is he trying to tell you? ….That's how I used it with her. To take his words, and in a way, discuss with her why the grandfather said just those things to her. And a lot (of what was said by the grandfather) was in relation to school and social problems, to put it that way. The grandfather came to help her by giving her advice, right. (I tried to help) To get her to reflect on it, and look at how she could further use it….How can you bring out his voice when you really need it, when you are standing there and things are really difficult? Can he then stand by your side so you can feel you are not alone? The way I look at it is that you get an extra tool as a therapist, if you dare to use it.…And I think, as a therapist, you have to ask. It's your job to open up and say; I can listen to this."

This example contains several elements that illustrate facets of the interface between Sámi culture and psychiatry looked at in this article. Two most obvious here are the importance of family and of reframing what might be thought of as a symptom in a positive light.

This therapist met the patient from within Sámi reality. Though she considered the possibility of the voices being a symptom of psychosis, she did not find that the girl had a serious mental illness, and used the voice as an important tool in the ensuing therapy. She referred to the experience of this patient who was hearing voices as an ability, and asked if anyone else in the family had the same ability. Other therapists also looked at similar types of experiences as abilities or gifts, and said they were traditionally seen as such from within a Sámi perspective. However, they were also clear that some of the people with such abilities or gifts were especially sensitive individuals who might be more inclined to have psychological problems, especially at certain periods of their life. This understanding was also said to be a part of the culture, and therapists called for guidelines to help them acknowledge what constitutes a cultural specific experience, and when similar experiences are signs of mental illness or psychosis, explaining that such guidelines were not available in the services today. Interviews I have carried out with Sámi patients in a parallel study support these same themes. One patient explicitly expressed how important it had been for her that her therapist had helped her in dealing with contact she had had with a deceased grandfather (this was a patient of another therapist than the above example). Another patient, who was hearing voices, said that from a Norwegian perspective, this was an illness, from a Sámi

perspective, a gift. When asked what it was for him, he responded that it was both an illness and a gift.

A similar example was given of a Sámi reindeer herder who heard a crying baby every time he passed a certain place where a child had died before it was baptized. In local tradition, the babies can remain on earth if having died without being baptized. The therapist told of a discussion between her and a psychologist, who was not aware of this aspect of Sámi culture, and how they would have approached the patients' problems differently, one as a cultural expression and the other as a delusional symptom.

Therapists backgrounds and experiences within the mental health services

Knowledge of local tradition and history

All therapists had lived and grown up during a period in which the living circumstances had undergone much change - with for example the boarding schools first disappearing in the nineteen-sixties and the revitalization of Sámi culture during the nineteen-eighties. During their experience within psychiatry, some therapists had seen situations where Sámi patients had received poor treatment, especially before, and at larger central institutions. Some felt that this had inspired them to do work in bettering the circumstances for Sámi patients.

> "I have experienced, with respect to the Sámi, very many difficult sensitive situations where Sámi patients did not get the help they needed, and in some cases received what I thought was degrading and poor treatment…The weakest could experience things that were unfortunate. Especially during my education I saw great lacks with respect to the treatment of Sámi patients."

Therapists seemed to generally agree that the situation for Sámi patients was improving, but that there was still much ground to cover in order to reach the goal of a mental health service more in tune with the needs of patients from this Sámi and multicultural area.

The therapists in this study were also accustomed with traditional approaches to dealing with health problems, and some had close relatives who had been healers:

> "And when I grew up, it was hard to get to a hospital. I was used to people using traditional medicine, helpers and healers; for toothache, for headache, it was used for everything. Mostly healers (those who used the laying on of hands) were used, but also herbs." (Continues giving examples of a number of herbs

and how they were used as well as a number of other treatment forms used locally).

Widening the framework

Some therapists found aspects of the mental health services, such as the diagnostic system, as confining:

> "I feel quite pressed into a system.... you have to give a diagnosis, and I don't think it's easy. I think it's very difficult to give a diagnosis to everyone who comes here. It bothers me a lot.... It can be very wrong, because you give it from a system, you categorize people, and it becomes a tool of power. That is what is the most difficult for me. It becomes power and can have serious consequences for people."

On a practical level, one of the limitations experienced at most of the clinics, who did not have an acute team, was the limited possibility of meeting clients outside of the office context and trying to offer the kind of help the patients themselves desired:

> "There are in fact people who, for a variety of reasons, do not dare to come into a building such as this (the policlinic), and meet a psychiatric nurse or psychologist. They are very afraid of it...So it would be my wish that we could go out to people much more often, and be more focused on their everyday life, and less with diagnostics. What is it that concerns them, what do they want to talk about, what kind of help do they want?"

Several of the therapists pointed out the importance of widening the framework within the mental health services both from a conceptual and practical standpoint:

> "I believe that the wider the framework of understanding that we have, the more we can manage to include in it, and the more flexible we are, the greater the ability we will have to meet the patient. If we have a limited understanding, I think something happens with the communication with the patient. We are within a small radius....The health system has its own definitional framework,

> and I think we have forgotten to ask people: How do you understand what is happening right now."
>
> "I do evaluations, and I feel I work with a western orientation, because I am part of the system. But then I have some therapies, like I am talking about now, where I go out of the western system, and these are maybe more difficult to explain."

As seen here, some of the therapists clearly distinguished the western system and another perspective that was sometimes less easy to define. There seemed to be a general idea of "the system" made up of the perspectives emphasized within the health services, and a perspective and approach that was defined as outside the system yet integral to the culture.

Modern life

While Sámi identity is still quite strong in more isolated inland areas, it is generally weaker along the coast where there has been a greater degree of intermarriage and greater pressure of assimilation policies. Today, the lifestyle is to a large degree interwoven with modern life in Norway, and most people with a Sámi background consider themselves both Sámi and Norwegian (Sørlie and Nergaard 2005). Some are from families where Sámi background was not openly acknowledged and others from families where some siblings of the same parents consider themselves Sámi and some Norwegian. The modern Sámi culture is not uniform. It takes diverse forms playing on different streams of cultural influences such as traditional Sámi as well as modern and Christian influences. One example of where this is seen most clearly is within modern Sámi music of which there are many expressions. Today there is also a common Northern Norwegian identity and culture that has been influenced by all cultures and people in the area.

Identity and belonging in times of change

Most therapists mentioned the personal importance their own sense of cultural identity had meant for them, and at the same time emphasized that the issue of identity in the area is not always easy. While patients from inland areas, especially those connected with the traditional livelihood of reindeer-herding were described by therapists as having a strong Sámi cultural identity, identity was said to be an critical issue for the patients of those therapists working along the coast where the assimilation policies have been the strongest:

> "It is about asking who one is, an experience of belonging, and I often here people searching for whether they are acceptable enough, worthy, and I think it is about the communication that has gone on at home. The last generation had a lot of problems with not being defined as good enough. They were not good enough Sámis and not good enough Norwegians. My generation and the one after have toiled a lot with acceptance of themselves. My thoughts are, that for many, this is a painful process, and also a process that has not been ok to talk about in ones own family.... In some families you can say that the mother, father and one of the children are Norwegian, but three of the children define themselves as Sámi and I can just feel how it is to communicate about it, my thoughts are that it is pretty difficult."

In inland areas, the rapid change of society during the last generation, with the reduction in the number of reindeer-herders has also, according to therapists, given major challenges for parents and child raising. While before people did not get a longer education, and youth were expected to begin working from an early age, they were now dependent on their parents for longer periods of time. Another issue important in the generation gap and transition to modern era is the difference in knowledge of the youth and the grown up generation - The youth today being far more familiar with modern society and culture than their parents, sometimes creating tension within the families.

Revitalization

The damming of the Alta-Kautokeino watershed, an area that had traditionally been used by reindeer-herders, was of special importance in spurring the revitalization of Sámi culture. It was a damming project met by strong resistance from many Sámi during the late 1970s, and from this time onward there has been increasing political recognition and development of Sámi institutions such as the Sámi parliament as well as educational and health facilities. Special guidelines have also been framed in developing culturally attuned health services to the Sámi people, and today, in some areas known as "core Sámi areas", the Sámi and Norwegian languages have been given equal status as official languages.

To some extent this revitalization has had its parallels within the health services which now are giving increased focus on Sámi culture. In 1995, guidelines for health and social services

to the Sámi people were laid down in a governmental document which has been followed up by several documents and initiatives since then.

One therapist gave an example of how revitalization is an issue at the clinic. She told of "Ridu Ridu", a yearly indigenous music festival started recently by local youth in a coastal area of Nord-Troms that has become an important symbol of Sámi revitalization. The festival gathers indigenous musicians from around the world. One consequence has been that some of the generation of parents who had not acknowledged Sámi heritage suddenly had to confront their own backgrounds when their own children were active in arranging the Sámi festival:

> "It was a very quick transition, the adult generation did not have time to think through the consequences. Suddenly the youth were on the barricades, so it has been a very difficult process for many...to be said you are something (Sámi) you have never acknowledged yourself. Because that's what happened."

Despite this revitalization, therapists pointed out that the knowledge of local culture has still been far from fully integrated into the mental health services in a flexible and applicable way. One therapist put it this way:

> "If you don't have knowledge of the culture, you will have difficulties meeting a part of the group of patients we meet here, so we just can't continue like this.....I think the first step is education. One needs a cultural and historic perspective, and this should be made a priority. When patients are referred here, it should be just as natural to ask about Sámi ancestry, or something related to it, as symptoms of anxiety.... and I think we need training in talking about these things just as we need training for other types of conversations."

Treatments

Space, an open ear, the non-verbal

Therapists felt that patients often might hold back their important personal experiences within the health services, or even be misdiagnosed within the mental health system when they shared experiences that are related to Sámi culture and world-view. They stressed the importance of giving patients time, and being aware of a different set of codes. Several spoke of how people may experience some form of contact with deceased relatives as illustrated in

the initial case. The importance of creating space for patients to share such experiences and beliefs that they might otherwise have been reluctant to talk about within the medical system was highly emphasized by nearly all therapists. Such stories and experiences were often those of a more visionary or spiritual nature in the tradition of local stories of encounters with non-material realms or phenomena. Creating such space was one general and non-verbal facet of the treatment that was inherent in the narratives of therapists yet sometimes difficult for them to explain. As said by one:

> "It is pretty difficult to explain what you do in a therapy situation. That you might not necessarily say so much, are not so verbal. It is just felt that it's good for patients to be there, and one understands that that is part of the therapy."

Therapists felt that having been raised in close contact with the Sámi culture had helped them become open for such stories and experiences, and understand them in light of the culture. As one put it, "I don't think I'm so afraid of it, when people tell about these things. Because I have heard about such things in my childhood, even though it was called superstition at that time. Those were the words they put on it".

Several of the therapists said they gave special awareness to the positive abilities of the patient, and less to the presenting symptom or problem. Though keeping an awareness on the disease model, and when a more serious illness might be indicated, they would often look at what might be thought to be a symptom as a positive potential. This mirrors a theme also found in talks I have had with helpers and healers working outside the health services who emphasized that the symptom itself contains a path to greater health.

Dream, body and an experiential approach

Beyond the emphasis on providing an open space and ear for patients to share their stories and experiences, therapists used different approaches that were more experiential and less verbal in form. Two therapists used deep relaxation techniques and guided visualization in their work with clients, explaining that they felt that these tools were especially useful with Sámi patients as they are based on felt experience and not necessarily requiring a lot of talk. The visualization approach was a form of guided imagery where the patient, if open for it, and after a relaxation exercise, was guided through some of the difficult situations he or she had experienced as a way of clearing difficult emotions that might be associated with it.

Another therapist with a Jungian perspective worked actively with clients' dreams in addition to relaxation and visualization. Parallel to these approaches was the use of a body-oriented therapy by therapists working at a local ward connected to the policlinic. These approaches were, however, not very acknowledged at the clinic. Though I had worked earlier at the same center as one of these therapists, I had not been aware of their body-oriented approach.

Family, social network and the reflecting team

Therapists emphasized that they actively tried to include patients' network and extended family in a wider treatment approach. They also emphasized the importance of meeting patients in their own home, and providing an opening for patients to bring family members to sessions:

> "I think people wish to be more with their family and friends when they come here. When you come alone, you go out of your system, and it becomes in a way individual. And I think if we had asked people; who do you want to bring, who do you want to meet, and where do you want to meet. We could get to know a lot. It would be great if we could ask people what they want, and to be open for it, and meet them there."

One therapist also mentioned that the experience people could have of contact with deceased family members could possibly reflect the role of family in the area.

One of the therapists had worked within the "reflecting team", at a special acute unit that could travel out to patients and their family on short notice, a service quite unique within the mental health services in Norway. Here two therapists would travel out to patients, a distance of up to five hours away, and work together with the patient and family in a form of reflective dialogue. Therapists would trade rolls of being active in the dialogue with the family and listening and reflecting back to the group at intervals. This approach developed as a part of the systemic therapy by Tom Andersen (Anderson, et al. 2007), and is thought to be especially relevant to patients in the area. It is popular with a number of therapists throughout the area as is the network perspective in general. The approach however was controversial at the clinic, in part due to its cost and use of resources, and the unit was closed down. At the time of this writing, it has re-started and several teams are now working in a similar way at different clinics in the area. This is one initiative central to the work of the Sámi National Center for Mental Health.

Language, metaphor and song

Two therapists used metaphors in their work with patients. Metaphors are an integral and colorful part of the language and dialect of the north, both in Sámi and the local colloquial Norwegian. A way in which one therapist used this was through asking clients to explore and explain what they really meant when they used a particular metaphor such as "to wade in a swamp". The other therapist, an active outdoors-person, consciously used examples and metaphors from nature in conversations with patients.

Two therapists were hoping to research and integrate Sámi Yoik in therapy. Yoik is a form of song that is both important in the area and characteristic of the Sámi culture. It is comparable to the chanting of some Native American cultures, and was also used in earlier times during shamanic healing sessions. It uses sounds in addition to words and is partially improvised. In the tradition of Yoik, one speaks of yoiking a situation, person or an animal, not only singing about them. Though strongly repressed by missionaries and during the period of assimilation policies, it has undergone revival during the last years, and has been said by some people in the area to have been an important part of their own personal healing.

Healers, religion and spirituality within mental health services

Several therapists spoke of the importance of patients' beliefs in giving them extra strength to deal with the challenges of life; not only beliefs coming from belonging to an organized religious group, but also those of a deep religious or spiritual world view independent of organized religion. At the same time, the area also has many who are involved in the Læstadian Christian movement which was started in the eighteen-hundreds, and has been thought to conserve some of the traditional Sami culture.

> "Læstadianism is strong here, and it has been thought that it is strongest among the elderly, but in fact many youth today are strongly connected to Læstadianism. There is a vital youth group. So it is something that has given a sense of group worth that has been important for Coastal Sámi who have been through such a tough Norwegianization process."

Importance of healers

Most therapists saw it as important for some clients to have contact with both western and local tradition and some openly supported this. However, they pointed out that the landscape of traditional healing, religion and spirituality though highly significant for many in the area, has been considered a terrain one generally does not enter within the health services. Expressed here by two therapists:

> "In the official Norway, there are rules about things you can do in therapy and things you can't do. It has always been like that. When I studied, 10-15 years ago, it was taboo to talk about religion. So we could absolutely not do that because it did not have anything to do with therapy. And that's how it's been for a long, long time with respect to traditional healing and other ways of healing oneself or being healed."

> "Use of traditional healing was very common where I was working, and I felt that when patients within psychiatry used this, it was not accepted. It was looked at as humbug, and people just could not talk about it. It was not o.k. It was more respected in somatic treatment."

One therapist expressed that she felt that this subject of traditional healing was particularly difficult for those working within the health system to recognize:

> "I think the tension is within the health system, least among the users. The patients have learned about healers, maybe since they were small. But I think it is with us where the difficult processes lie."

Discussion

The diversity of culture, the nuances of history and the dynamics of change in the area all provide a special and challenging framework for the work of these therapists, who themselves come from the region and local culture. Illustrated within these interviews is that their presence helps to insure a culturally attuned service informed by the personal knowledge and experience of those coming from the region.

Most of the therapists in this study are from the indigenous Sámi minority. As most Sámi today, they live in a world where two cultures meet and interconnect in a great variety of ways that has impacted each family, and even each person differently. The history of the region illustrates that this meeting has in many ways been fraught by difficulties, pain and hardship for the Sámi, who today are emerging out of this history with a renewed force and revitalized culture. Still, this history, the cultural setting, and the demands of finding ones place somewhere within modern Norway and the emerging cultural renewal is indeed a special challenge for those with a Sámi background. A challenge that therapists emphasize accompanies many of the patients who seek help from within the mental health service in this area.

The mental health clinics nested throughout the rural areas of Finnmark and Nord-Troms are a setting where the interfaces of culture become particularly highlighted. Integral to the narratives of the therapists in this study is that these clinics are a part of the "official" Norway, reflecting the administrative systems, thinking and western orientation of health services throughout the country. Though a cultural focus has during the last years been highlighted within the mental health services, there is here, as in any meeting of two cultures, a potential of conflicting values and perspectives. Only one of the clinics was located in the inland areas where Sámi cultural identity is strong, and where it may be more natural for the clinic to reflect this culture in its outward features and approach. Along the coast, the clinics are more embedded in a multicultural setting, and some of the tensions that accompany the history of the area are most readily felt here. It is within the context of these tensions that the work of the therapists in this article should be seen.

Though multicultural, this is also an indigenous region, which shares many similarities with that of other indigenous people, and its placement within an industrialized western country parallels the situation of for example Native Americans. A study among native therapists from Canada was referred to at the outset of this article (Stewart 2008), and was the only study I have found on the approaches of western therapists with an indigenous background. Here, native identity was emphasized as an important part of "attaining and maintaining" mental health, and parallels the importance of belonging and identity in the present study. However, a special challenge in the multicultural area of Norway exists where the mix of Sámi, Norwegian and Kven (Finnish immigrants) people and culture implies a need to unite several identities. In one sense, the therapists in this study may be thought to be people who have managed to navigate through this challenge, uniting several streams of culture within

themselves, one result being seen in their own therapeutic approaches. At the same time, those therapists with strong Sámi roots have also continued to hold a strong Sámi identity.

Though the approaches of therapists in this study are not necessarily unique, and many might recognize similarities with their own practice, their focus does differ from that in the common discourse on therapy within the mental health services of this area today. This discourse is often based on cognitive therapies and pharmacological treatment. The focus here on listening, the body, dream, language and experiential approaches also mirrors the holistic approaches emphasized by native counselors in Canada. However, the counselors in Canada included spiritual practices such as prayer and ceremony in their work. These were not used by therapists in this study, spiritual work being reserved for the role of healers outside the clinic. This may possibly reflect the strong secular nature of the official health services in Norway. Spiritual approaches and discussions have also been surrounded by taboo within the health services as mentioned by some of the therapists here.

Some therapists in this study spoke of feeling restricted within the mental health system, others spoke of needing to "widen the framework". Themes again mirrored in the study from Canada and other literature on indigenous health services in the North America (Duran and Duran 1995; Stewart 2008). Of special interest are articles from Duran and Gone. Duran looks at the need of moving towards a new paradigm that would "accept knowledge from different cosmologies as valid in their own right", referring to this as a "post colonial paradigm"(Duran and Duran 1995). Gone emphasizes that in health facilities in indigenous areas there is often a despairing difference between the "culture of the clinic and the culture of the community" (Gone 2004; Gone 2007). Widening the framework for therapists in this study seems to include these issues. Implicit in the narratives is the need for a less exclusive focus on disease, illness and crisis and a greater focus on the positive potential within the clients, as well as an understanding of psychology from within the framework of the culture.

Some aspects of such a local framework or paradigm are gleamed in the initial case of the young woman hearing the voice of her grandfather. The therapist did not diagnose a psychosis (also in tune with the latest version of the DSM which requires the symptom to be not normal within the culture), and referred to the patients experience of her grandfathers voice as an ability, an understanding grounded in Sámi history and culture, and similar to what is known from some other cultures (Peters 1987). Yet, the need for integrating this perspective with that of psychiatry was emphasized.

This project has emerged out of the question of including traditional healers and traditional perspectives within the health system. One might consider the approaches of local therapists as a form of convergence of western and traditional perspectives and approaches. This is most clearly seen in including the body in therapy and in the experiential work of imagery and visualization. This convergence is both interesting and gives exciting perspectives on new ways to understand therapeutic work in the region. It is also in line with the literature on mental health services to non-western cultures (Kirmayer 2000; Kleinman, et al. 2006; Moodley and West 2005).

A "Sámi psychiatry" seems to be available through the therapists in this study, but this is still given within a Western system of diagnosis and pharmacological treatment that some of the therapists find inappropriate and are uncomfortable being a part of. However it also seems clear that a process of emergence of a more flexible culturally attuned psychiatry is underway. Increased focus on patients use of traditional healing and a better understanding of the Sámi vision of reality, greater availability of Sámi speaking therapists and seminars about culture at the policlinics were all mentioned as important changes and initiatives now underway at the psychiatric centers.

Acknowledgement

A special thanks to those therapists who have contributed to this study. Their help and openness has been the foundation of this article. I would also like to personally thank them for what they have taught me underway. I would like to give a special thanks to Tore Sørlie who has supported this work, been a close colleague in the process, and provided important guidance in the development of this article. Also a special thanks to my wife, Sigrid Leinum Sexton, who has transcribed the interviews in Norwegian, and been an important source of feedback and support in this study. Finally, I would like to thank Helse-Nord, The Sámi Parliament, and The Sámi National Center for Mental Health for their financial support of this study.

References

Alvesson, Mats.
2003 Beyond neopositivists, romantics, and localists: A reflexive approach to interviews in organizational research. Academy of Management Review 28(1):13-33.

Anderson, Harlene., Per. Jensen, and Tom. Andersen
2007 Innovations in the Reflecting Process: The Inspirations of Tom Andersen. London: Karnac Books.

Bergman, Ingela., et al.
2008 Varro Muorra: The Landscape Significance of Sami Sacred Wooden Objects and Sacrificial Altars. Ethnohistory 55(1):1.

Davies, Charlotte A.
1999 Reflexive ethnography: A guide to researching selves and others. London: Routledge.

Duran, Edurardo., and Bonnie. Duran
1995 Native American Postcolonial Psychology. New York: State University of New York Press.

Gergen, Kenneth J.
1999 An invitation to social construction. London: Sage.

Giblin, Paul T.
1989 Effective utilization and evaluation of indigenous health care workers. Public Health Reports 104(4):361.

Gone, Joseph P.
2004 Mental health services for Native Americans in the 21st century United States. PROFESSIONAL PSYCHOLOGY RESEARCH AND PRACTICE 35(1):10-18.

—
2007 "We Never was Happy Living Like a Whiteman": Mental Health Disparities and the Postcolonial Predicament in American Indian Communities. American Journal of Community Psychology 40(3):290-300.

Ingman, Max., and Ulf. Gyllensten
2007 A recent genetic link between Sami and the Volga-Ural region of Russia. European Journal of Human Genetics 15:115-20.

Keski-Säntti, Jouko, et al.
2003 The Drum as Map: Western Knowledge Systems and Northern Indigenous Map Making. Imago Mundi 55(1):120-125.

Kirmayer, Laurence J.
2000 Rethinking psychiatry with indigenous peoples. Australian and New Zealand Journal of Psychiatry 34:37-37.

Kleinman, Arthur., Leon. Eisenberg, and Byron. Good
2006 Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Pp. 140-149, Vol. 4: Am Psychiatric Assoc.

Kuokkanen, Rauna.
2003 " Survivance" in Sami and First Nations Boarding School Narratives. The American Indian Quarterly 27:697-726.

LaFromboise, Teresa D., Joseph E. Trimble, and Gerald V. Mohatt
1990 Counseling intervention and American Indian tradition: An integrative approach. 18(4):628-654.

Lie, Kari.

2003 Sami Heritage Language Program Models: Balancing Indigenous Traditions and Western Ideologies within the Norwegian Educational System. Scandinavian Studies 75(2):273-293.

Møllersen, Snefrid, Harold. C. Sexton, and Arne Holte
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.

Moodley, Roy., and William. West
2005 (Eds) Integrating Traditional Healing Practices Into Counseling and Psychotherapy. Thousand Oaks, CA: Sage.

Peters, L arry
1987 The Tamang Shamanism of Nepal. Wheaton IL: The Theosophical Publishing House.

Pollan, Brita
1993 Samiske sjamaner: religion og helbredelse. Oslo: Gyldendal.

Price, Niel S.
2001 An archaeology of altered states: shamanism and material culture studies. London: Routledge.

Sørlie, Tore, and Jens Ivar Nergaard
2005 Treatment Satisfaction and recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. Journal of Transcultural Psychiatry 42(2):295-316.

Stewart, Suzanne L.
2008 Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. INTERNATIONAL JOURNAL OF HEALTH PROMOTION AND EDUCATION 46(2):49.

ARTICLE 4

ORIGINAL ARTICLE

USE OF TRADITIONAL HEALING AMONG SÁMI PSYCHIATRIC PATIENTS IN THE NORTH OF NORWAY

Randall Sexton, Tore Sørlie

Department of Clinical Psychiatry, Institute of Clinical Medicine, University of Tromsø, Tromsø, Norway
University Hospital of North Norway

Received 15 August 2007; Accepted 24 January 2008

ABSTRACT

Objectives. The purpose of this study was to learn more about the extent of, and factors related to, the use of traditional and complementary healing modalities among Sámi psychiatric patients.
Study Design. A quantitative survey among psychiatric patients in Finnmark and Nord-Troms, Norway.
Results. A total of 186 Sámi and Norwegian patients responded to the survey, a response rate of 48%. Of these, 43 had a strong Sámi cultural affiliation. Use of traditional and complementary treatment modalities was significantly higher within the Sámi group. Factors related to use differed between Sámi and Norwegian groups. Sámi users were found to give greater importance to religion and spirituality in dealing with illness than Sámi patients who had not used these treatments. They were also found to be less satisfied with central aspects of their psychiatric treatment.
Conclusions. In this study, we found several differences in factors related to the use of traditional and complementary treatments between Sámi and Norwegian psychiatric patient groups. Sámi users were found to give greater importance to religion and spirituality and were less satisfied with the public psychiatric services than Sámi patients who had not used traditional or complementary treatments. The study implies that finding ways to include different aspects of traditional healing within the health services to the Sámi community should be given consideration.
(Int J Circumpolar Health 2008; 67(1):135-146)

Keywords: Sámi, traditional healing, complementary medicine, spirituality, psychiatry, treatment satisfaction

INTRODUCTION

The history of the Sámi people and the history of their traditional forms of healing are closely interwoven. We know that the culture of the Sámi people, who lived throughout what are now the northern areas of Norway, Sweden, Finland and Russia, was originally based on Shamanism and a nature-oriented religion. Although important details of this tradition are now mostly lost, it is believed that certain aspects of the Shamanic healing practices were preserved, although in a form more acceptable to the Christian church, and might have found a special place within the Laetadian movement that arose in the latter part of the 1800s (1). Today, many aspects of traditional medicine and healing are still being used, and the narratives and belief systems, which provide a strong cultural foundation for this tradition, are kept alive within the community (1).

Although some knowledge of traditional Sámi healing exists from research done within the humanities, little has been studied about this tradition and its use by Sámi patients from the perspective of those working in the health care field. Two studies, however, indicate that traditional Sámi healing is still used by Sámi patients.

In a Sámi-Norwegian health survey among nearly 16,000 individuals in northern Norway, between 12% and 32% of the population reported to have used healers at some point in their lives. Those with a higher Sámi affiliation had more often made use of healers (2). The frequency of using other complementary treatments, which are readily available in the region today, has not been published.

In a recent study among 68 patients admitted to a general psychiatric hospital in northern Norway, 37% of the Sámi patients and 14% of the Norwegian patients reported using traditional helpers during their current crisis (3). The therapists at the hospital were generally unaware of which patients had been in contact with traditional helpers, seeming to indicate that there may be little dialogue between psychiatric therapists and their patients on the subject of traditional healing (at least in the hospital setting).

Knowledge that we have gathered both from the literature (1,4,5) and through speaking with patients and their helpers indicates that traditional healing can include herbal remedies, but most often it is based on the laying on of hands or the reciting of special verses believed to have a strong healing power. The use of these verses, which have their origin in the Christian tradition, is a local practice called "laesing," which means "reading" when directly translated. Healing abilities are understood to be carried within certain family lines, and the verses are only disclosed to a family member or chosen successor when a healer grows old (4). Treatments are customarily given in a home atmosphere, although today, healers are often contacted by phone, and a form of distance healing is practised where the healer later recites the verses for the patient. Although this is the general picture of traditional healing that we have found, there most probably are many aspects of the local healing practices that we know little about.

Today, traditional healing is under the influence of a large range of other traditional and complementary practices, such as Traditional Chinese medicine. Complementary and traditional healing practices are closely related, as can be seen by definitions given by the World Health Organization. It has defined traditional

medicine and healing as health practices and beliefs with a history or tradition in a local culture, and complementary medicine as adaptations of traditional medicine in industrialized countries (6). Some Sámi helpers, mostly from the younger generation, now include more newly arrived complementary approaches in their practice (5). This makes it more difficult to consider traditional and complementary practices separately. A key question is whether traditional healing still plays an important role in Sámi culture today, since the community has undergone major changes and most live a modern Western life-style.

In Europe and North America, around 50% of the population have used complementary medicine at least once (6), but this percentage varies from study to study depending on how complementary medicine is defined and where the study is carried out. A recent study from Germany among psychiatric inpatients showed that half had used traditional or complementary medicine parallel to psychiatric treatment, and that those patients from a migrant background had predominantly used traditional forms of healing in comparison with the German patients who had used complementary treatment forms (7). A study from the U.S. showed that the total number of visits to complementary therapists exceeds that of visits to all primary physicians throughout the country (8). The exact reasons for the popularity of complementary medicine are not well understood (9). Reasons that have been identified involve dissatisfaction with conventional treatments, the need for more personal choice over health care decisions and congruence of complementary therapies with personal values and beliefs about health and illness (9). Some studies have found a higher use of complementary medicine among better-educated people, women and those with poorer health (8,10,11). Higher rates of use have also been found among people with psychiatric problems (12). A large longitudinal study from Switzerland showed that the vast majority of use was in addition to Western treatments and that use was a complex phenomenon which could not be adequately explained by simple theoretical models (13).

Some of the reasons for the use of traditional healing will naturally differ from that of complementary medicine. One large study from two American Indian reservations showed that close to half of those seeking help for substance abuse problems sought it from outside the biomedical health services (14). Indigenous patients also used traditional healers for psychological problems relatively more than they did for physical problems when compared with use of biomedical services, and use was generally correlated with identification with American Indian culture (15). A spiritual world view and intuitive forms of knowledge have been identified as central to the healing traditions of indigenous cultures throughout the world (16,17).

The international literature from other areas suggests that the success of traditional healing in treating mentally ill patients rests on the fact that the techniques are related to the relevant cultural premises of the patient (18) and that traditional healing can provide an understandable and integrated system of meaning for some psychiatric disorders (19). In addition, positive expectations of the treatment may be greater for traditional healing (20), or it may be based on a stronger therapeutic alliance and therefore be more clinically beneficial (21).

American Indians and Alaska Natives have preserved and revitalized a number of traditional healing practices and applied these to

the treatment of alcohol-related problems. These healing practices include sacred dances, sweat lodges, talking circles, four direction circles and cultural enhancement programs (22). However, with regards to traditional Sámi healing, there has been no organized renewal of healing traditions or rituals, or use of these in health programs. Nevertheless, the general revitalization of Sámi culture may include an increase in traditional healing practices among Sámi people today.

For several years there has been a national initiative in Norway to develop culturally appropriate health services for the Sámi population. Within the psychiatric health services there has been a specific emphasis on increasing cultural awareness about and the knowledge of the Sámi language among health professionals (23). A national plan for Sámi health services encouraged co-operation between traditional Sámi healers and health professionals (24), and although a centre for such co-operation was proposed (25), to this date, more than 10 years after the national plan was launched, there has been no formal co-operation between these traditions. Today, the mainstay of treatment at the district psychiatric centres throughout Finnmark and Nord-Troms is Western psychotherapy, often in combination with psychopharmacological treatment. Although a few clinics offer, to a limited degree, less verbal forms of therapy, such as thought field therapy and the Rosen method, modalities such as music therapy or body-mind therapies are, like the traditional forms of healing, poorly represented at the clinics.

We know little about how extensively traditional and complementary healing modalities are used among the wider population of Sámi patients using the psychiatric services, and what factors this use might be related to. Based on the literature from other areas, and the importance of traditional healing in Sámi culture, we hypothesized that Sámi patients would use these methods more widely than Norwegian patients, and that these practices might be more widely used among Sámi patients who had a greater spiritual orientation, a more distressing or serious condition or less satisfaction with Western psychiatric treatments. Other potential factors we chose to look at specifically were personality and beliefs related to health (health locus of control). With respect to personality, the study was more exploratory, and the measures we chose to use were extraversion, emotional stability and conscientiousness from the Big 5 personality inventory.

MATERIAL AND METHODS

This was a cross-sectional study over a 3-month period between February and April 2006. Patients received information about the study through brochures and a poster left at each clinic and in the survey packet their therapist or the secretary at the reception gave them. The survey was anonymous, and all patients in a stable phase who were evaluated as being able to understand the implications of informed consent were invited to participate.

The questionnaire, which was available in both Sámi and Norwegian, was developed in co-operation with 4 of the study centres and the National Research Centre in Complementary and Alternative Medicine (NAFKAM). It was accepted by the regional ethical committee. The following measures were assessed through the questionnaire.

Cultural affiliation

Fourteen items were selected from a 20-item questionnaire (26) assessing self-defined cultural affiliation, how ethnicity was perceived by others, languages learned at home, and languages spoken by grandparents. In this study, we used self-defined cultural affiliation as a measure of ethnicity. This was shown to be a valid measure of ethnicity in an earlier study among psychiatric patients (3). The series of questions used in scoring self-defined cultural affiliation rated this on a 5-point scale, ranging from "not at all" to "very much" with respect to Norwegian, Sámi, Finn, Kven or other cultural affiliation.

Extent of use of traditional or complementary treatments

Patients were asked if they ever had contacted therapists or helpers outside the public health services, either in person or by phone, if this treatment was for physical or psychological health problems, and what form of treatment they had received. They were also asked when the last contact had been.

Factors associated with use

All items in the following measures were on a 5-point scale, ranging from 1 (not at all) to 5 (very much). The Chrobach alpha coefficients refer to the present study.

Quality of the patient–therapist relationship and global satisfaction with treatment

We selected 6 items from the patient version of the 12-item Working Alliance Inventory (WAI) (27) and 3 items from "the quality of contact with the therapist" factor from a patient satisfaction questionnaire (28). A factor-analytic approach showed that all 9 items were included in a 1-dimensional relationship factor (alpha=0.92, scoring range 9–45).

Global satisfaction with treatment was assessed through a single Likert scaled question in which patients were asked how satisfied they were with the treatment they had received within the psychiatric services.

Spirituality and religious mindedness

A 3-item scale addressed the degree to which the patients' religious or spiritual beliefs had supported them and whether they had been searching for spiritual help or had used prayer during their illness (28) (alpha=0.68, scoring range 3–15).

Emotional symptoms, daily level of function and social support

The SCL-5 version of the Hopkins Symptom Checklist (29) was used in evaluating emotional symptoms (5 items; alpha=0.87, scoring range 5–25).

Daily level of functioning was assessed through 2 intercorrelated items assessing the degree to which patients' needed practical help and support in their daily lives (alpha=0.64, scoring range 2–10).

In assessing social support, we used a 4-item scale measuring how likely the patients believed they would receive necessary help from family, friends neighbours and colleagues if they were bedridden due to illness (30) (alpha=0.73, scoring range 4–20).

Personality and multidimensional health locus of control (MHLC, form A)

A 10-item version of the Big 5 personality inventory was used (31). We used the emotional stability (2 items; alpha=0.49), extraversion

(2 items; alpha=0.50) and conscientiousness (2 items; alpha=0.56) dimensions.

The MHLC (32) is an 18-item measure evaluating the expected relationship between ones own behaviour and its consequences on personal health. It includes questions that rate an individual's belief in the importance of personal factors such as life-style or outer factors such as the importance of family or therapists in preventing illness. The instrument has been shown to have 3 subscales corresponding to internal, powerful others and chance control. For the present study we used the internality and powerful others subscales. The alpha coefficients were 0.76 for the internal control scale and 0.63 for the powerful others control scale.

Statistical analysis

Missing values raged from 0–10%, and percentages given in the text are valid percentages based on the number of patients answering. Missing values in the variables used in the analysis were replaced by the mean of the user or non-user group to which the patient belonged. The most frequent answer in this group was also used for missing dichotomous values.

Cross-tabs and chi-square analysis were used to determine relationships between the different variables and use of traditional and complementary treatments for psychological problems. The comparison groups were those patients who had not used traditional and complementary treatments for psychological problems, this group included some patients who had used these treatments for physical problems. Those variables that were significant or trended to significance ($p<0.1$) in the univariate analysis were included in a multiple logistic regression analysis. The strength of the associations was expressed as odds ratios (ORs) with 95% confidence intervals (95% CI). All statistical tests were done as 2-tailed tests, and the significance level was set at $p=0.05$. We used SPSS for Macintosh 13.0 for all statistical analyses.

RESULTS

Of the 389 patients invited to participate, 186 responded to the survey, a response rate of 48%. The mean age was 39 (SD=12.7); 140 (77%) of the patients were women and 98 (53%) were married or living in common law; and 156 (84%) of the patients were being treated as outpatients.

Cultural affiliation

Seventy-two (39%) of the patients considered themselves as being "a little" Sámi or "more than a little," while 43 (23%) considered themselves as being "quite a lot" or "very much" Sámi. We have chosen to define this last group ("quite a lot" or "very much") as the Sámi group, and will use this group in comparison with the non-Sámi group (n=114), which we will call the Norwegian group since it primarily consisted of Norwegians. There was no significant difference between the Sámi and Norwegian groups with respect to age, gender, years of schooling, marital status, hospital admissions, length of psychiatric problems or satisfaction with psychiatric treatment. However, the Norwegian group had a significantly higher symptom level ($p=0.02$), scored lower on daily functioning ($p=0.04$) and emotional stability ($p=0.01$), and had used significantly more psychopharmacological treatment ($\chi^2(1)=10$, $p=0.002$). In addition, the Sámi patient group also scored higher

on the scale of spirituality and religious mindedness (p=0.001)

Within the Sámi group, 30 (70%) had learned Sámi at home and 39 (91%) had 1 or more Sámi-speaking grandparents. Thirty-three (77%) had 1 or more Sámi-speaking grandparents on both their mothers' and fathers' sides of the family.

Extent of use

Within the Sámi group, 29 (67%) had used traditional and complementary healing modalities for all problems, and 19 (50%) for psychological problems.

Within the Norwegian group, 49 (45%) had used traditional and complementary healing modalities for all problems, and 32 (31%) for psychological problems.

In comparing the Norwegian group to the Sámi group, Sámi patients had used significantly more traditional and complementary healing modalities than Norwegian patients for all problems ($p<0.01$) as well as for psychological problems ($p<0.05$).

Extent of use of "healing"

In defining "healing," we have chosen the laying on of hands, distance healing and "reading" or prayer. This likely includes the help given by traditional helpers. Eighteen (42%) of the Sámi group, and 36 (33%) of the Norwegian group had used some form of healing; however, this was not a statistically significant difference at the .05 level. Besides healing, the other forms of treatment used were complementary treatments such as acupuncture, massage and herbal remedies.

Factors associated with use for psychological problems found in the univariate analysis

Sámi patients who had used traditional or complementary healing modalities rated both their global satisfaction with the psychiatric services and the quality of their relationship with the psychiatric therapist, as lower than those Sámi patients who had not used traditional and complementary treatment for psychological problems ($p<0.05$ for both). They also scored significantly higher on the scale of spirituality and religious mindedness ($p<0.001$) and were found to have used psychopharmacological treatment more often ($p<0.05$). One other result that was close to significant and that was included in the multivariate analysis was the lower scores on the scale of conscientiousness ($p=0.06$). There were no other significant differences with respect to duration of psychiatric problems, hospitalizations, symptoms, level of functioning, social network, gender, age, marital status or personality factors.

Norwegian patients using traditional healing modalities for psychological prob-

Table I. Frequency of use of traditional and complementary treatment modalities among Sámi and Norwegian patients.

	Sámi patients (n=43)	Norwegian patients (n=109)	Pearson chi-square	p
Use of traditional and complementary medicine for all problems	29 (67%)	49 (45%)	6.2	0.01
Use of traditional and complementary medicine for psychological problems	19 (50%)	32 (31%)	5.2	0.02

lems also rated their global satisfaction with the psychiatric services as lower than those Norwegian patients who had not used traditional or complementary healing modalities ($p<0.05$). However, in contrast to the Sámi group, a significantly poorer relationship with the psychiatric therapist was not found, and use within the Norwegian group was found to be significantly associated with earlier or current hospital admission.

Other factors that were close to significant with respect to use among Norwegian patients were higher scores on religious mindedness ($p=0.07$), extraversion ($p=0.06$) and locus of control other ($p=0.07$), higher age ($p=0.9$), and lower scores on emotional stability ($p=0.09$).

Regression analysis

All variables that leaned towards significance in the univariate analysis were entered into the regression analysis. For Sámi patients this was spirituality and religious mindedness, global satisfaction with psychiatry, quality of relationship with the therapist, psychopharmacological treatment and conscientiousness. In this analysis, only spirituality and religious mindedness ($p=0.008$) was found to be an independent predictor of use among Sámi patients. However, lower scores on the scale of conscientiousness was close to significant ($p=0.07$).

For the Norwegian group, spirituality and religious mindedness, global treatment satisfaction, emotional stability, extraversion, age and earlier or current hospital admission were entered into the analysis. Lower scores on emotional stability ($p=0.02$), higher scores on extraversion ($p=0.03$), higher age ($p=0.03$) and earlier or current hospital admission ($p=0.04$) were all found to be independently related to use for psychological problems in this group.

Table II. Factors from the univariate analysis found to be related to use for psychological problems among Sámi (above) and Norwegian patients (below).

Sámi group				
	Sámi users M(SD)	Sámi non-users M(SD)	t(df)	p
Spirituality and religious mindedness	10.4 (4.0)	5.7 (3.3)	3.9 (36)	<0.001
Global satisfaction with psychiatry	3.6 (1.1)	4.3 (0.7)	-2.2 (36)	0.04
Quality of contact with psychiatric therapist	34.4 (7.8)	39.1 (6.0)	-2.1 (36)	0.05
		Cross-tab analysis	$\chi^2(1)$	p
Use of psychopharmacological treatments	11 of 18 patients	5 of 19 patients	4.6	0.03
Norwegian group				
	Norwegian users M(SD)	Norwegian non-users M(SD)	t(df)	p
Global satisfaction with psychiatry	3.5 (1.2)	3.9 (0.9)	-2.1 (103)	0.03
		Cross-tab analysis	$\chi^2(1)$	p
Earlier or current hospital admission	16 of 32 patients	18 of 71 patients	6.0	0.01

Table III. Factors from the multivariate logistic regression found to be independently associated with use of traditional and complementary healing for psychological problems.

Sámi group				
	Odds ratio	95% CI		p
		lower	upper	
Spirituality and religious mindedness	1.5	1.1	2.1	0.007
Norwegian group				
	Odds ratio	95% CI		p
		lower	upper	
Emotional stability	0.64	0.44	0.93	0.02
Extraversion	1.45	1.03	2.04	0.03
Age	1.05	1.01	1.20	0.03
Earlier or current hospital admission	3.30	1.08	10.06	0.04

DISCUSSION

It is important to note that this is a multicultural region, and that this study was done in both the inland regions, where Sámi culture and language are well preserved, and the coastal regions. Particularly in these coastal regions, Sámi and Norwegians have lived side by side and have intermarried for generations, and the assimilation policy has served to erode more open cultural differences. Therefore, assigning patients to cultural or ethnic groups is to some degree arbitrary. Most Sámi patients identified themselves with both the Norwegian and Sámi cultures, and Norwegian patients are also influenced by the Sámi cultural heritage of the region.

Although similar with respect to demographics, patients within the Norwegian group may have had more serious conditions, judging by the higher symptoms, lower emotional stability, lower functioning and greater use of psychopharmalogical treatments. However, they did not have more hospital admissions or longer durations of illness, implying that any such difference was probably not large. The differences here would also only serve to underestimate any difference in frequency of using traditional and complementary healing modalities, as both lower emotional stability and use of psychopharmacology is linked to a greater frequency of these treatments in this study. With respect to comparing the Norwegian and Sámi groups in general, it is also important to keep in mind that there may be some cultural differences in the way in which Sámi and Norwegian patients respond to questions relating to health, personality and beliefs in a questionnaire.

The Sámi patients had used significantly more traditional and complementary treatments than Norwegian patients, and also differed from the Norwegians with respect to central factors associated with this use. "Healing" constituted a major portion of their practise, and based on our qualitative interviews and the literature (1,3–5,33,34), we can assume that the healing used by Sámi patients is predominantly from the Sámi tradition.

Use of traditional healing among Sámi patients was highly related to spirituality, the only factor found significant in the multivariate analysis, and possibly the most central finding in this study. Traditional healing in other

indigenous cultures is known to be grounded in a broad spiritually oriented world view (16,17), and although often not explored in studies on the use of complementary medicine in Western populations, spirituality is generally not considered equally central to its use. Among Norwegians, healing practices were not found to be independently associated with spirituality but rather with higher scores on extraversion, higher age and hospital admissions and lower scores on emotional stability, all of which have been earlier linked to the use of complementary treatments (13). These findings together seem to reflect that Sámi patients continue to use a healing practice that is more of a traditional nature, while among the Norwegian patients the practice follows patterns seen in studies of complementary medicine from other Western countries.

Although the factors of lower satisfaction, poorer quality of relationship with the therapist and use of psychopharmacological treatments found to be associated with healing among Sámi patients in the initial univariate analysis were eclipsed by the importance of spirituality in the multivariate analysis, these findings are worth noting. As Sámi users had more often been treated with psychopharmacological medicines, it might be thought that these patients generally had a more serious condition, possibly explaining their poorer satisfaction with psychiatric treatments. However, there were no other findings from this study implying that these patients had more serious conditions. Though we did not have information on their diagnosis, Sámi users were no worse with respect to symptoms, illness duration, hospitalization or daily functioning than Sámi non-users. Medical treatment is frequently used for less serious psychiatric conditions in Norway today, often before patients are referred to a psychiatric clinic. Many patients are not satisfied with this treatment option and might naturally turn to local healing traditions or try other treatment alternatives. Psychopharmacological treatment was moderately correlated with lower treatment satisfaction ($r=-0.41$, $p<0.01$) and poorer patient–therapist relationship ($r=-0.49$, $p<0.001$), but not significantly correlated with length of illness, hospital admissions, symptoms or daily functioning. These associations correspond with findings from other studies where poor satisfaction with conventional treatment options such as psychopharmacological treatment or a sense of being misunderstood by Western-trained therapists has been shown to be an important reason for turning to traditional and complementary treatments (9,35).

The associations between traditional healing, spirituality and lower satisfaction with the psychiatric services among Sámi patients are important and outline a special challenge in the encounters between psychiatric services and Sámi patients. The practical and ideological separation of the physical, mental and spiritual within Western medicine and psychiatry both contrasts and potentially complements the more intuitive and integrated approach towards healing in Sámi culture. For patients, both systems must be valuable as they are clearly used by many, as seen in this study as well as in earlier studies from this area. However, the practical separation of Western and local healing traditions may give rise to frustration in some Sámi patients, as the lower satisfaction and poorer quality of patient–therapist rela-

tionship among users might indicate. Some form of integrating the perspectives of both traditions may help remedy this situation.

The issues of ethnicity and the use of traditional healing by patients using the public health services are particularly sensitive for many in this area, and it was challenging to prepare a questionnaire that adequately addressed these issues in a sensitive manner. Questionnaire studies have a negative reputation in this area, and though Sámi consultants helped develop the questionnaire, it too may have had its shortcomings with respect to fully and sensitively addressing the use of traditional and complementary healing by Sámi patients. Some patients may not have wished to participate in this study due to these issues, which could be reflected in the somewhat low response rate. Others may have under-reported their use of traditional practices as we found some had unintentionally done when interviewing a small group of the patients after they had completed the questionnaire.

Beyond these reservations, the central findings of this study are clear. These findings highlight the broad use of traditional and complementary healing modalities among Sámi patients and the key factors associated with their use, such as spirituality and lower satisfaction with psychiatric treatments. These factors should be given serious consideration when applying Western psychiatric treatments in this area as well as in further adapting the psychiatric health services to the Sámi population.

REFERENCES

1. Nergård JI. Den Levende Erfaring, en studie i samisk kunnskaps tradisjon (The living Experience, a study in Sámi knowledge tradition). Oslo: Cappelen; 2006. 269 pp. (in Norwegian)
2. Bakken K, Melhus M, Lund E. Use of hypnotics in Sami and non-Sami populations in Northern Norway. Int J Circumpolar Health 2006;65(3):261–270.
3. Sørlie T, Nergaard JI. Treatment Satisfaction and recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. Transcult Psychiatry 2005;42(2):295–316.
4. Mathisen SR. Faith healing and concepts of illness. An example from Northern Norway. Tenemos 1989; 25:41–68.
5. Altern I, Minde GT. Samisk Folkemedisin i dagens Norge (Sámi Folkmedicine in Norway today). Tromsø: Skriftserie, Senter for samiske studier; 2000. 109 pp. (in Norwegian)
6. WHO. Traditional medicine. 2003 [cited]. Available from: http://www.who.int/mediacentre/factsheets/fs134/en/.
7. Assion HJ, Zarouchas I, Multamaki S, Zolotova J, Schroder SG. Patients' use of alternative methods parallel to psychiatric therapy: does migrational background matter? Acta Psychiatr Scand 2007;116 (3):220–225.
8. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, T.L.D. Unconventional medicine in the United States. Prevalence, costs, and patterns of use. N Engl J Med 1993 Jan 28;328(4):246–252.
9. Eisenberg L. Complementary and alternative medicine: What is its role? Harv Rev Psychiatry 2002 Jul–Aug;10(4):221–230.
10. Astin JA. Why patients use alternative medicine: Results of a national study. JAMA. 1998 May;279(19): 1548–1553.
11. MacLennan AH, Wilson DH, Taylor AW. The escalating cost and prevalence of alternative medicine. Prev Med 2002 Aug;35(2):166–173.
12. Unutzer J, Klap R, Sturm R, Young AS, Marmon T, Shatkin J, et al. Mental disorders and the use of alternative medicine: Results from a national survey. Am J Psychiatry 2000 Nov;157(11):1851–1857.
13. Rossler W, Lauber C, Angst J, Haker H, Gamma A, Eich D, et al. The use of complementary and alternative medicine in the general population: results from a longitudinal community study. Psychol Med 2007 Jan;37(1):73–84.
14. Beals J, Novins DK, Spicer P, Whitesell NR, Mitchell CM, Manson SM. Help seeking for substance use problems in two American Indian reservation populations. Psychiatr Serv 2006 Apr;57(4):512–520.
15. Novins DK, Beals J, Moore LA, Spicer P, Manson SM. Use of biomedical services and traditional healing options among American Indians: sociodemographic correlates, spirituality, and ethnic identity. Med Care 2004 Jul;42(7):670–679.

16. Vance B, Gaw AC, Geller JL. Handbook of Culture, Therapy, and Healing. Mahwah, New Jersey: Lawrence Erlbaum Associates; 2005. 456 pp.
17. Yeh CJ, Hunter CD, Madan-Bahel A, Chiang L, Arora AK. Indigenous and interdependent perspectives of healing: implications for counseling and research. J Couns Dev 2004 Fall;82(4):410.
18. Asuni T. The dilemma of traditional healing with special reference to Nigeria. Soc Sci Med 1979(13B):33-39.
19. Lemelson RB. Traditional healing and its discontents: efficacy and traditional therapies of neuropsychiatric disorders in Bali. Med Anthropol Q 2004 Mar;18(1): 48–76.
20. Koss JD. Expectations and Outcomes for Patients Given Mental Health Care or Spiritist Healing in Puerto Rico. Am J Psychiatry 1987 Jan;144(1):56.
21. Al-Krenawi A, Graham JR, Maoz B. The healing significance of the Negev's Bedouin Dervish. Soc Sci Med 1996 Jul;43(1):13–21.
22. Abbott PJ. Traditional and Western healing practices for alcoholism in American Indians and Alaska Natives. Subst Use Misuse 1998.
23. Abelsen B, Henriksen M, Hauglin O, Josefsen E. Oppfølging av plan for helse- og sosialtjenester til den samiske befolkning Norge (Follow up report on the plan for health and social services to the Sámi population of Norway): Agenda Utredning & Utvikling AS and Norut NIBR Finnmark as.; 2003. 143 pp. (in Norwegian)
24. NOU. Norges Offentlige Utredninger. Plan for helse- og sosialtjenester til den samiske befolkning i Norge (Norwegian Governmental Document. Plan for health and social services to the Sámi population of Norway). Oslo: Statens forvaltnngstjeneste, seksjon statens trykking; 1995. 502 pp. (in Norwegian)
25. Johnsen E, Linstad L. Nye helse- og sosialtjenester for den samiske befolkningen (New health and social services for the Sámi population). ISBN 82-92092-30-7; 2003. 54 pp. (in Norwegian)
26. Kvernmo S, Heyerdahl S. Ethnic identity in aboriginal Sami adolescents: The impact of the family and the ethnic community context. J Adolesc 1996 Oct;19(5): 453–463.
27. Tracey TJ, Kokotovic AM. Factor structure of the Working Alliance Inventory. J Consult Clin Psychol 1989;1:207–210.
28. Sørlie T, Sexton HC, Busund R, Sorlie D. Predictors of satisfaction with surgical treatment. Int J Qual Health Care 2000 Feb;12(1):31–40.
29. Tambs K, Moum T. How well can a few questionnaire items indicate anxiety and depression? Acta Psychiatr Scand 1993 May;87(5):364–367.
30. Sørensen T, Torgersen S, Abrahamsen P, Sørensen Te. The feeling and satisfaction of social support; life stress, and their impact on mental health. Psychiatry at the crossroads between social science and biology. Norwegian University Press; 1991. pp. 32–43.
31. Gosling SD, Rentfrow PJ, Swann WB, Jr. A very brief measure of the Big-Five personality domains. J Res Pers 2003;37(6):504-528.
32. Wallston KA, Wallston BS, DeVellis R. Development of the Multidimensional Health Locus of Control (MHLC) Scales. Health Educ Monogr 1978;6(2):160-170.
33. Sexton R. Unpublished conversations with patients, healers and psychiatric therapists in Troms and Finnmark Norway.: University of Tromsø, Norway; Unpublished.
34. Mathisen SR. Samisk folkemedisin i dagens Norge (Sámi Folkmedicine in Norway Today). Tromsø: Skriftserie, Senter for samiske studier; 2000. 109 pp. (in Norwegian)
35. Baarnhielm S, Ekblad S. Turkish migrant women encountering health care in Stockholm: a qualitative study of somatization and illness meaning. Cult Med Psychiatry 2000;24(4):431-452.

Randall Sexton, MD
Department of Clinical Psychiatry
Institute of Clinical Medicine
University of Tromsø
Postbox 6124
9291 Tromsø
NORWAY
Email: randallno@yahoo.com

ARTICLE 5

Running head: : INTEGRATION OF SÁMI TRADITIONAL HEALING

Should Traditional healing be integrated within the Mental Health Services in Sámi areas of Northern Norway? Patient views and related factors.

Randall Sexton, MD[a]

&

Tore Sørlie, MD, PhD[a,b]

[a]Department of Clinical Psychiatry

Institute of Clinical Medicine

University of Tromsø

Postbox 6124

N-9291 Tromsø

Norway

[b]Department of Specialised Psychiatric Services

University Hospital of North Norway

Norway

Corresponding author Randall Sexton, e-mail: randallno@yahoo.com

Phone number: mob. +47 95808049; Fax number: +47 77627806

ABSTRACT

Objectives. The purpose of this study was to evaluate whether including traditional healing within mental health services is desirable among users of the these services in Northern Norway.

Study Design. A cross-sectional questionnaire based survey among users of the mental health services in Finnmark and Nord-Troms Norway.

Results. A total of 186 users responded to the survey, of which 72 reported some degree of Sámi cultural affiliation. Forty-eight had Sámi speaking grandparents on both sides of the family. The desire for an integration of traditional healing was high among all with a Sámi cultural background. Eighty-one percent of those with Sámi speaking grandparents on both sides of the family desired such an integration and 75% of those with any degree of Sámi cultural affiliation. Sámi cultural affiliation and the fact of having used traditional healing forms were both independent predictors of a desire for an integration of traditional healing within the health services.

Conclusion. The integration of traditional healing within health services has been suggested both by the World Health Organization, and is used in a number of services to indigenous populations in Western countries. This study shows that such an integration is desirable among Sámi users of the mental health services in Norway.

Key words: Sámi Traditional Healing Integration Indigenous Psychiatric

INTRODUCTION

Today, there is internationally a strong emphasis on integrating local healing traditions within the health services to those who have such traditions (1). These traditions seem to "address some of the many shortcomings of conventional medicine and health care" (2), and have been given special emphasis within mental health services as Western psychotherapies may be experienced as foreign in cultural frameworks where entirely different approaches have been used for generations (2).

This article comes from Finnmark and Nord-Troms Norway. These lie at approximately 70 degrees North and 30 degrees East, or as far north as the most northerly regions of Alaska, and as far east as Istanbul. This is an area which is considered a cross roads between three cultures, the Sámi, Norwegian and Kven, finnish immigrants from the seventeen-hundreds. It focuses primarily on the Sámi who are an indigenous people (3), and have lived in Norway, Sweden, Finland and Northwest Russia for thousands of years (4). The three groups in the area are today to a great degree interwoven through close proximity, intermarriage and common participation in modern life. However, the Sami have played an important part in the formation of the collective culture of the area, and are still very visible and particularly characteristic in inland areas of Finnmark where the Sámi language is still in daily use.

The Sami have suffered a number of cultural losses and repressions. First, of the traditional nature based religion which was practiced widely until around the seventeen hundreds, and later of much of their culture and language through forceful assimilation policies which were particularly strong from the middle of the eighteen-hundreds (7). Though the area has undergone major changes, local healing traditions are still very alive (8). Though it is unclear to what degree traditional healing among the Sámi today has its roots back to the nomadic era when the Shaman was a central figure (9), it would be hard to consider these traditions as isolated from other traditional and indigenous aspects of the Sámi culture such as the language, handiwork and continuing use of natural

resources.

Healers are generally considered to have a gift, and are often from a long family line of healers. Herbs can be used, but healing is often given through the laying on of hands. Healers are also contacted by phone and many practice a form of distance healing that is often called “reading”, a practice where special verses are "read" for the patient (10). Intuitive forms of knowledge and clairvoyance seem to be integral to the tradition, and helpers are contacted to help find lost or stolen articles, and today sometimes as counsellors.

In a recent study carried out at the regional University mental hospital, it was found that an awareness of patients’ cultural heritage was lacking within the treatment context of the hospital. Sámi patients tended to repress their own cultural identity within this context, and therapists were to a large degree unaware of patients use of traditional healing (20). A cooperation between healers and health professionals was suggested. An integration has also been suggested in an early document framing guidelines for health services to the Sámi population in Norway (16), but has not been followed up in practice.

American Indians and Alaska Natives have preserved and revitalized a number of traditional healing practices, and the official medical services in both the U.S and Canada have also integrated traditional medicine within the health services (11-14).
Such an integration of traditional healing within the public health services has been suggested for many years by the World Health Organization which has also emphasized peoples “right and duty to participate individually and collectively in the planning and implementation of their health care” (15).

A number of articles on traditional medicine and medical services from throughout the world have also suggested creating or described nascent centres of cooperation (13, 17-19). However, we have not found any studies examining users’ views on integrating traditional healing within health systems or outcome studies from existing integrative programs.

The present article is based on a survey carried out within the local mental health services of the counties of Finnmark and Nord-Troms in which we found that traditional healing approaches were the most commonly used of both traditional and complementary modalities. There was a correlation between this use and lower satisfaction with the

official mental health services. Use was highest among Sámi patients and highly associated with the importance of spirituality (21). In the present article, we examine patient views towards an integration of traditional healing. In keeping with the suggestions of the World Health Organization with respect to traditional healing, and the local work on developing services to the Sámi population, other complementary modalities such as acupuncture and massage are not considered here.

Though we hypothesized that Sámi patients might be particularly favourable to an integration, their use of traditional healing modalities might not necessarily translate into a desire to have these included within the health services as the two paradigms are very different. A desire for an integration even be more associated with other factors such spirituality, satisfaction with the health services, and views on what influences ones health. These potentially associated factors are also explored in this article.

MATERIAL AND METHODS

This was a cross-sectional study throughout a three-month period between February and April of 2006. It was carried out among patients at nine different treatment centres throughout Finnmark and Nord-Troms, the two northernmost counties in Norway. These treatment centres included five psychiatric outpatient clinics, two local inpatient wards, one private psychologist, and two hospital wards at the University of Tromsø. All the treatment centres served patients from rural areas, and with the exception of the University hospital in Tromsø, were located in small rural towns. All participants were, before being invited to participate, evaluated by their therapists as capable of understanding the implications of informed consent, and had recovered from any acute psychiatric crises.

Information about the study was made available through brochures and posters at each treatment center. All patients in a stable phase and evaluated as able to understand the implications of informed consent were invited to participate in the study. Their primary psychiatric therapist who informed them briefly about it and gave them a packet with more information on the survey as well as the questionnaire.

Development of Questionnaire

The questionnaire was developed in cooperation with 4 of the study centres and the National Research Centre on Complementary and Alternative Medicine (NAFKAM). While a number of the items have been used in earlier studies, the items relating to patient perspectives towards integration of traditional medicine were developed for this study. This was necessary as few similar studies have been carried out on this subject, and the local situation and goals of the study required more locally developed questions. In this process, we had initial discussions with patients and therapists about the local use of treatments outside the official health services. An earlier version of the questionnaire was tried among a small group of patients. Improvements were thereafter made in questions until the final version was as clear and precise as possible. The questionnaire was made available in both Sámi and Norwegian. The study was approved by the regional ethical committee and the national centre for electronic storage of personal data (NSD).

The following measures were assessed through the questionnaire:

Patients' attitudes towards integration

We asked participants which treatment modalities they had used and which they would like to see included within the health services. The questions included Prayer, Healing/The laying on of hands, Reading, Herbal medicine, Conversations with a clairvoyant, Shamanism, A list of other complementary methods and Other (with space to specify). In this article, we have chosen to look specifically at Healing, Reading and Conversations with clairvoyant which are the methods strongest related to local healing traditions today. Herbal medicine and prayer are very unspecific as they are used in many forms of complementary medicine and religious contexts. Shamanism is not a term frequently used in the north today, but is growing more specifically in urban centres in the form of neo-shamanic practices.

Potential predictors of attitudes towards integration

General demographic factors

Age, gender, marital status and years of education.

Cultural affiliation

We used items from an earlier questionnaire (22) assessing different aspects of cultural affiliation. In this study, we have used two different measures of Sámi cultural affiliation and background:

a) The self-defined cultural affiliation. This has been shown to be a valid measure of ethnicity in an earlier study among psychiatric patients (20). It was evaluated through five questions in which patients were asked about their own sense of cultural affiliation with Norwegian, Sámi, Finn, Kven or other cultural backgrounds. These were scored on a five point scale ranging from not at all to very much with respect to each affiliation.
b) Having Sámi speaking grandparents on both (mothers and fathers) side of the family.

The Norwegian group which is used here as a comparison to the Sámi group are those with no Sámi, Kven or Finn background.

Spirituality and Religious mindedness

A three item scale addressing the degree to which patients had used prayer for healing or guidance, sought help from a spiritual force or felt that their inner belief was important for them during illness (23). (three items, scoring range 3-15, Alpha = 0.68,).

Emotional symptoms

The SCL-5 version of the Hopkins Symptom Checklist (24) was used in evaluating emotional symptoms (five items, scoring range 5-25, Alpha = 0.87).

Multidimensional Health Locus of Control (MHLC, form A)

The MHLC (25) is an 18-item measure evaluating the expected relationship between ones own behavior and its consequences to personal health. It includes questions rating ones belief in the importance of personal factors such as lifestyle, or outer factors such as the importance of family or therapists in preventing illness. The instrument has been shown to have three sub-scales corresponding to internal, powerful others and chance control. For the present study we used the internality and powerful others sub-scales.. (6 items, scoring range 1-30 for each subscale , Alpha = 0.76 for the internal control scale and 0.63 for the powerful others control scale

Global satisfaction with treatment and treatment type.

Global satisfaction with treatment was assessed through a single Likert scaled question in which patients were asked how satisfied they were with all treatments received within the mental health services (single item, scoring range 1-5). Participants were also asked in a single yes or no question whether or not they had been treated with medicine for their psychological problems.

Verbatim item

A generous amount of space was included at the end of the questionnaire where patients were asked to write down additional perspectives on how to improve the psychiatric services and a potential integration of Traditional healing.

Statistical analysis

Missing answers ranged between 0 and 10 percent. Missing values in the variables used in the uni- and multivariate logistic analysis were replaced by the mean value found in the user or non-user group of which each patient belonged to. The most frequent answer in the user or non-user group was used for dichotomous values.

Univariate logistic regression analyses were performed with respect to potential factors associated with a desire for integration. Those variables that were significant or trended to significance ($p< 0.1$) in the univariate analysis were included in this analysis. The strength of the associations are expressed as odds ratios (ORs) within 95% confidence

intervals (95% CI). All statistical tests were two-tailed, $p < 0.05$. We used SPSS for Macintosh 16.0 for all statistical analyses.

RESULTS

186 patients responded to the survey. The calculation of a response rate of 48% is a calculation of a minimum response rate. The original design of the study intended the response rate to be calculated based on therapists noting the number of patients receiving a study packet. However, this was not followed by all therapists. We decided therefore at the end of the study to ask the participating centers to return questionnaires not given to patients back to us in order that we could calculate the number of patients receiving questionnaires (and thereby the response rate). It is probable that not all undelivered questionnaires were returned to us as this was not explicit in the original design. The response rate of 48 % is therefore a calculation of the minimum possible response rate. .

The mean age was 39 (SD = 12.7). 140 (77%) of the patients were women and 98 (53%) were married or co-living. 72 (39%) of the patients had some degree of affiliation with Sámi culture, 48 had Sámi speaking grandparents on both sides of the family. 156 (83%) of the patients were being treated as outpatients at the time of the survey, while 30 (17%) were currently being treated at a psychiatric hospital.

Use of traditional healing

Within the group with Sami grandparents on both sides of the family, 48% (23 of 48) reported to have ever used a healer for physical or psychological problems, while 40% (29 of 72) with any degree of Sámi affiliation and 31% (33 of 106) reported to have used healers. In interviews we had with some patients after their filling out the questionnaire, we found a considerable underreporting of the use of healers.

Patients' attitudes towards integration

Those with a strong Sámi family background, having Sámi grandparents on both sides of the family showed the highest degree of desire for including traditional healing within the health services. Here, 81 % (39 of the 48) desired such integration (TABLE I). Within the group with any degree of Sámi affiliation, 75% (54 of 72) desired traditional healing,

while 37% (39 of 106) of those with no Sámi affiliation, the Norwegian group, desired an integration of traditional healing. This relationship between Sámi background/cultural affiliation and the desire for integration was found to be highly significant ($p<.0001$) in both uni- and multivariate logistic regression analysis.

As mentioned earlier, we have tried to find a definition of traditional healing that is most specific for the traditional approaches, and less likely to cover complementary approaches. For this reason, we have not included plant medicines in our definition of traditional healing. However, plants are used by some healers, and had we included these, the support for an integration would have been even higher among all patients, with 71% of all patients desiring an integration. More specifically, including the use of plants in our definition, we find that 85% (41) of those with Sami grandparents on both sides of the family, 82% (69) of those with any degree Sami affiliation and 63% (67) of the Norwegian group desired an integration.

TABLE I HERE

Factors associated with a desire for integration of traditional healing

In the univariate analysis, we found that the desire for integration of traditional healing was significantly related with any degree of Sámi affiliation ($p<.0001$), having Sámi grandparents ($p<.0001$), having used traditional healing approaches ($p<.0001$) and religious mindedness ($p<.01$). There was a tendency towards a negative relationship with level of symptoms ($p<.06$) (TABLE II). The other demographic factors of sex, age, marital status and education did not show any relationship to a desire for integration - neither did locus of control, having been treated with psychopharmaca or the global satisfaction with treatment within the mental health services.

TABLE II HERE

In the multivariate regression analysis, both Sámi affiliation ($p<.0001$) and having used traditional healing ($p<.0001$) were found to be independent predictors of a desire for an

integration of traditional healing. Patients with Sámi affiliation had an odds of supporting an integration of traditional healing that was 5.3 times higher than that of Norwegian patients (CI 2.6-10.6), and all patients having used traditional healing were found have a 4.9 times higher odds of supporting an integration (CI 2.4-10.3). (Having Sámi grandparents was not included in the multivariate analysis due to a high correlation between this and Sámi affiliation - 82% of those with any degree of Sami affiliation had one or more grandparents who were Sami).

Verbatim item

27 patients provided additional comments in regards to an integration. These comments grouped in three major areas: a) underlining the importance of a holistic perspective towards the patient b) supporting the idea of an integrative treatment approach, and c) receiving economic support for traditional and complementary treatment approaches. Here are some examples of these comments:

> a) *"I would gladly see a greater holistic horizon within the treatments with an acknowledgement of soul and spirit and different forms of spiritual energy with more interest in utilizing this and thereby complementing Western medicine with ancient knowledge about man and the nature of life."*
>
> b)*" A close cooperation will provide a more holistic treatment form where the physical, psychological and spiritual treatment needs and desires of the patients will be better covered."*
>
> c) *"Alternative treatment should be subsidized like Western medicine."*

Several other comments were concerning the importance of a healer or helper having been born with or given the gift or ability, and that healing was not something that could be learned.

DISCUSSION

Patients with a Sámi background were found to be clearly favourable to an integration of traditional healing within the mental health services. This was most clear for those with Sámi grandparents on both sides of the family. Within this group, over 80 % desired an integration, and those with any degree of Sámi background had a five times higher odds of supporting an integration of traditional healing than others. The regression analyses also indicates that Sámi patients are more favourable to an integration even after taking into account their higher use of traditional healers.

Questionnaire studies have a negative reputation in this area and some patients may not have wished to participate for this reason, possibly contributing to the somewhat low response rate. Though a selection bias of patients more favourable towards an integration is conceivable, it might equally be that some patients with a high use of traditional healers, and positive attitudes towards them, did not wish to participate in the study as they might fear it would reveal their use of healers. It is also possible that those patients with the most symptoms may have found the study too taxing and therefore not participated. Patients with stronger symptoms have been shown to have a higher use of healers, and in line with the findings here might therefore also be more favourable to an integration, resulting in a possible selection bias against integration.

Though there are clear limitations to this study, the relatively high support for integration among the Sami found here indicates that an integration should be given more consideration than it has up to this point. Taking into account the perspective of Sámi patients may also be particularly important when considering the historical repression of tradition in the area.

Spirituality was found to be associated with a desire for an integration of traditional healers in the univariate analysis. Though it fell out of the multivariate model, probably due to it being an aspect of Sámi identity, it is an important facet of the holistic perspective of traditional healing. This desire for a more integrative and holistic

perspective was also reflected in a number of the comments received from patients in the verbatim item.

The support for traditional healing was most clear for "healing" and the laying on of hands. Traditional healing within the Sámi perspective, as well as in other indigenous traditions, is not a set of different treatment modalities, and separating them as we have for the sake of the study is artificial. Healers will generally integrate several approaches in their work. When participants have answered that they want "healing" included within the health service, "healing" may for them also include other tools besides the laying on of hands. However, the fact that participants were less favourable to including reading and clairvoyants, despite these being commonly used in the area, may have something to do with them being seen as less likely to fit within the Western treatment model. Though the laying on of hands is not a part of Western medical tradition, it does not necessarily challenge the paradigm to the same degree as reading and clairvoyance might.

Though there was a high degree of support for including traditional healing within the health services, between 20 and 25% of the Sámi participants did not desire any of the three modalities which we have defined as traditional healing. The perspectives of these participants is hard to know, yet from discussions we have had with a number of people on this subject, it seems that some who do use traditional healers would not make use of healers within the health services. Some feel that this is a private matter that they would prefer to keep it within their private activities. Others feel that the context of traditional healing would suffer within health services.

Within Sámi tradition, healers have customarily not taken money for their services, and often wished to remain anonymous. Bringing this tradition into the public health service where accreditation and regulations of practice are in high focus, might be hard to realize, and place traditional healing at a risk of loosing some of its' essential elements. This is a concern that local therapists within the mental health services have voiced in conversations we have had with them on the subject.

Another challenge relates to the argument that traditional healing, like many complementary treatments, is viewed as "unscientific". Evidence based medicine is an underlying principle in the discourse on medical services in Norway. However, in the context of the mental health services, it is important to keep in mind that conventional

psychotherapies as well as pharmacological treatments often do not have local documentation. The efficacy studies these are based on generally comes from patient groups selected in large urban centres with an optimal fit between target complaint and treatment form. Their validity in an area such as Northern Norway where there is a strong history and presence of an indigenous culture can and should be questioned.

From this perspective, there is a need for local research on both treatments already practiced within the mental health services as well as those representative of local tradition. With respect to local tradition however, we believe it would initially be possible to introduce this within the health services based on the argument that they have substantial experiential based evidence from years of practice within the area and a cultural congruence with the population. The lack of evidence-based research has not hindered other public health services in indigenous areas from including traditional healing. Such integration seems to be founded on a reasoning based on the inherent value of local tradition which reflects local belief and understanding of reality. Patients meeting health services that in this way reflect local tradition may also find it easier to be open with their own their identity within the services.

There is today a strong movement within the population as a whole favouring holistic attitudes towards health. An integration might contribute towards shifting attitudes towards the mental health services in Norway which today are viewed by many as a part of a conservative medical establishment. It is hard to see that an integration would compromise the respect for medical and psychological competence which would continue to have a clear presence in the services.

As an integration seems to be supported by the participants in this study, looking further into this question from a more qualitative perspective is warranted. We have carried out an inteview study among patients, therapists and healers on this topic and will follow up the present article with a qualitative one. Other approaches in shedding more light on this topic might be to initiate meetings between healers and health workers within the health services in order to discuss aspects of this topic, or start a pilot study on a small scale in which healers, therapists and counsellors work together.

ACKNOWLEDGEMENTS

This study would not have been possible without the close cooperation and assistance of our many colleagues and co-workers working throughout the local psychiatric services in the counties of Finnmark and Nord-Troms. We wish to thank those who have provided beneficial input in developing the questionnaire, as well as those who have given important practical assistance and patience in carrying out the study. In addition we would like to thank those patients and local helpers who have shared with us some of their experiences related to the local healing tradition. This has provided necessary and valuable background information for this study. We are very thankful for the work Marit Einejord has done with the Sámi translation of the questionnaires, and the invaluable statistical support from Joe Sexton. We are also very grateful for the financial and moral support from The Sámi Parliament, and The Northern Regional Health Authority.

REFERENCES

1. WHO: Traditional Medicine Strategy 2002-2005 [Internet].Geneva: 2002 [cited 2008 Dec 19]; Available from: http://www.who.int/medicines/publications/traditional/policy/en/
2. Moodley R, West W. (Eds) Integrating Traditional Healing Practices Into Counseling and Psychotherapy. Thousand Oaks, CA: Sage; 2005. 348 p.
3. Haetta OM. The Sámi. An Indigenous People of the Arctic. Karasjok: Davvi Girji; 1993. 79 p.
4. Ingman M, Gyllensten U. A recent genetic link between Sámi and the Volga-Ural region of Russia. Eur J Hum Genet. 2007;15:115-20.
5. NOU. Bruk av land og vann i Finnmark i historisk perspektiv (The use of land and water in Finnmark in a historic perspective). Oslo: Statens forvaltnngstjeneste, seksjon statens trykking; 1994. 443 p. (In Norwegian)
6. Niemi E. The Finns in northern Scandinavia and minority policy. In: Sven T (Ed). Ethnicity and nation building in the Nordic world. London: C. Hurst & Co.; 1995. p. 145-78
7. Steinlien O. The Sámi Law: A change of Norwegian government policy toward the Sámi minority. Can J Native Stud. 1989;9(1):1–14.
8. Altern I, Minde GT. Sámisk Folkemedisin i dagens Norge (Sámi Folkmedicine in Norway today). Tromsø: Skriftserie, Senter for Sámiske studier; 2000. 109 p. (In Norwegian)
9. Miller BH. Connecting and Correcting. A Case Study of Sámi Healers in Porsanger [Phd]. Leiden Netherlands: CNWS Publications; 2007. 280 p.
10. Mathisen SR. Faith healing and concepts of illness. An example from Northern Norway. Tenemos. 1989;25:41-68.

11. Abbott PJ. Traditional and Western healing practices for alcoholism in American Indians and Alaska Natives. Subst Use Misuse. 1998 Nov;33(13):2605-46.
12. Garrett MT, Garrett JT, Brotherton D. Inner Circle/Outer Circle: A Group Technique Based on Native American Healing Circles. J Spec Group Work. 2001;26(1):17-30.
13. Sharma M. Traditional Aboriginal Medicine From Illicit to Vogue. History of Medicine days; 2005; Calgary AB; 2005.
14. Southcentral-Foundation: Traditional Healing Clinic [Internet]. [cited 2008 Jul 7]; Available from: http://www.scfhealthinfo.com/haw/traditionalhealing.cfm
15. WHO: Declaration of Alma-Ata [Internet]. Geneva. 1978 [cited 2009 Jan 04]; Available from: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
16. NOU. Norges Offentlige Utredninger. Plan for helse- og sosialtjenester til den Sámiske befolkning i Norge (Norwegian Governmental Document. Plan for health and social services to the Sámi population of Norway). Oslo: Statens forvaltnngstjeneste, seksjon statens trykking; 1995. 502 p. (In Norwegian)
17. Yeh CJ, Hunter CD, Madan-Bahel A, Chiang L, Arora AK. Indigenous and Interdependent Perspectives of Healing: Implications for Counseling and Research. J Couns Dev. 2004 Fall;82(4):410.
18. Balde S, Sterck C. Traditional healers in Casamance, Senegal. World Health Forum. 1994;15(4):390-2.
19. Al-Krenawi A, Graham JR. Culturally sensitive social work practice with Arab clients in mental health settings. Health Social Work. 2000 Feb;25(1):9-22.
20. Sørlie T, Nergård JI. Treatment Satisfaction and Recovery in Saami and Norwegian Patients Following Psychiatric Hospital Treatment: A Comparative Study. Transcult Psychiatry. 2005;42(2):295-316.
21. Sexton R, Sørlie T. Use of traditional healing among Sámi psychiatric patients in the north of Norway. Int J Circumpolar Health. 2008 Feb;67(1):135-46.
22. Kvernmo S, Heyerdahl S. Ethnic identity in aboriginal Sámi adolescents: The impact of the family and the ethnic community context. J Adolesc. 1996 Oct;19(5):453-63.
23. Sørlie T, Sexton HC, Busund R, Sorlie D. Predictors of satisfaction with surgical treatment. Int J Qual Health Care. 2000 Feb;12(1):31-40.
24. Tambs K, Moum T. How well can a few questionnaire items indicate anxiety and depression? Acta Psychiatr Scand. 1993 May;87(5):364-7.
25. Wallston KA, Wallston BS, DeVellis R. Development of the Multidimensional Health Locus of Control (MHLC) Scales. Health Educ Monogr. 1978 Spring;6(2):160-70.

TABLE I

The types of traditional healing approaches desired in the two Sámi and the Norwegian comparison groups

	Any form of traditional healing	Healing	Reading	Clairvoyant
One or more Sámi grandparents on both sides (N=48)	39 (81%)	30 (63%)	12 (25%)	9 (19%)
Any Sámi affiliation (N=72)	54 (75%)	41 (57%)	17 (24%)	16 (22%)
Norwegian (N=106)	39 (37%)	30 (28%)	13 (12%)	22 (21%)
All (N=186)	97 (52%)	75 (40 %)	30 (16%)	40 (22%)

TABLE II

Variables found to be significantly related to a desire for an integration of traditional healing in the univariate analysis (N=186)

	df	OR	Lower CI	Upper CI	p
Sámi affiliation	1	4.95	2.58	9.53	<.001
Religious mindedness	1	1.12	1.03	1.22	<.01
Used Traditional Healing	1	4.66	2.38	9.12	<.001
A Sámi grandparent on both sides	1	5.44	2.36	12.59	<.001
Symptoms	1	.95	.89	1.00	.061

Variables tested, but not found to be significant were age, gender, education, marital status, locus of control, level of emotional symptoms, having been treated with psychopharmaca, and satisfaction with the mental health services.